DIAGNOSTIC MEDICAL SONOGRAPHY

PROGRAM POLICIES

AND

CLINICAL EDUCATION MANUAL

2017-2018
TABLE OF CONTENTS

PART I

<table>
<thead>
<tr>
<th>Textbooks</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Program Mission Statement</td>
<td>4</td>
</tr>
<tr>
<td>II. Code of Ethics of the Society of Diagnostic Medical Sonographers</td>
<td>4</td>
</tr>
<tr>
<td>III. Program Overview</td>
<td>5</td>
</tr>
<tr>
<td>IV. Course Description</td>
<td>6</td>
</tr>
<tr>
<td>V. Student/Faculty Expectations</td>
<td>8</td>
</tr>
<tr>
<td>VI. Channels of Communication</td>
<td>10</td>
</tr>
<tr>
<td>VII. Course and Instruction Evaluation</td>
<td>10</td>
</tr>
<tr>
<td>VIII. Program Policies</td>
<td></td>
</tr>
<tr>
<td>A. Program Health Policies</td>
<td>11</td>
</tr>
<tr>
<td>B. Communicable Diseases</td>
<td>12</td>
</tr>
<tr>
<td>C. Pregnancy Policy</td>
<td>12</td>
</tr>
<tr>
<td>D. CPR Policy</td>
<td>13</td>
</tr>
<tr>
<td>E. Health Insurance Policy</td>
<td>13</td>
</tr>
<tr>
<td>F. Behavioral/Dress Code for Clinical Experience</td>
<td>13</td>
</tr>
<tr>
<td>G. Attendance</td>
<td>14</td>
</tr>
<tr>
<td>H. Progression in DMS Program</td>
<td>16</td>
</tr>
<tr>
<td>I. Disciplinary Action</td>
<td>16</td>
</tr>
<tr>
<td>J. Readmission Policy</td>
<td>17</td>
</tr>
<tr>
<td>K. Grading Policy:</td>
<td>18</td>
</tr>
<tr>
<td>L. Clinical Remediation</td>
<td>19</td>
</tr>
<tr>
<td>M. Technical Standards</td>
<td>19</td>
</tr>
<tr>
<td>N. Students with Special Needs</td>
<td>19</td>
</tr>
<tr>
<td>O. College Safety and Security</td>
<td>20</td>
</tr>
<tr>
<td>P. Course/Classroom Policies</td>
<td>22</td>
</tr>
</tbody>
</table>

PART II – Clinical Education and Course Descriptions                     | 25   |

APPENDIX                                                                 | 26   |
TEXTBOOKS/PUBLICATIONS

(Includes Requirements & Recommendations)

Callan, Peter W.; Ultrasonography in Obstetrics and Gynecology, 5th Edition; Saunders; 2007

Craig, Marveen; Essentials of Sonography and Patient Care, 3rd Edition; Saunders; 2012

Curry & Tempkin; Ultrasonography – An introduction to normal structure and functional anatomy 3rd Edition; Saunders; 2011

Curry & Tempkin; Workbook & Lab Manual for Ultrasonography – An introduction to normal structure and functional anatomy, work 3rd Edition; Saunders; 2011


Kawamura, D.M. & Lunsford, B. M.; Abdomen and Superficial Structures, 3rd Edition; Lippincott, Williams & Wilkins; 2012
I. MISSION STATEMENT - Trocaire College

Trocaire College, a private career-oriented Catholic college in the spirit of the Sisters of Mercy, strives to empower students toward personal enrichment, dignity, and self-worth through education in a variety of professions and in the liberal arts. Recognizing the individual needs of a diverse student body, Trocaire College provides life learning and development within a community-based environment. Trocaire College prepares students for service in the universal community.

Mission Statement – Diagnostic Medical Sonography Program

The faculty of the Diagnostic Medical Sonography Program accepts the philosophy and mission of Trocaire College and functions within its framework.

The mission of the Diagnostic Medical Sonography Program is to provide students with the theoretical foundation, laboratory, and clinical experiences which will prepare them for entry positions in the field of Diagnostic Medical Sonography. The Diagnostic Medical Sonography faculty sees as its mission the need to instill those values which will aid the student in his/her development to become a competent practitioner. This education, requiring academic and technical competence, should prepare him/her for a career in Diagnostic Medical Sonography and foster a desire for continuous learning.

Program Goals:

1. Diagnostic Medical Sonography students will be clinically competent.
2. Students will communicate effectively.
3. Students will use critical thinking and problem solving skills.
4. Students will appraise the importance of professional growth and development.
5. The program will graduate entry-level Diagnostic Medical Sonographers.

Program Assessment Method

Assessment of program effectiveness in the program mission and the program goals will be determined by didactic, clinical, and program effectiveness goals and criteria.

II. CODE OF ETHICS OF THE SOCIETY OF DIAGNOSTIC MEDICAL SONOGRAPHERS

Preamble

The Code of Professional Conduct of the Society of Diagnostic Medical Sonographers is a statement of the high standards of conduct toward which sonographers are committed to strive. Sonographers,
as members of a health care profession, acknowledge their responsibilities to their patients, to other health care professionals and to each other.

Sonographers shall act in the best interests of the patient.

a. Sonographers shall provide sonographic services with compassion, respect for human dignity, honesty and integrity.
b. Sonographers shall respect the patient’s right to privacy; safeguarding confidential information within the constraints of the law.
c. Sonographers shall maintain competence in their field
d. Sonographers shall assume responsibility for their actions.

III. PROGRAM OVERVIEW

DIAGNOSTIC MEDICAL SONOGRAPHY CERTIFICATE

Admission Requirements:
- Must be a graduate of an AAS, BS or Certificate in Radiologic Technology R(RT)
- Minimum 3.0 cumulative average
- Immunizations/physicals: updated medical records from within one year of the start of the program are required and must be submitted prior to attending clinicals.

The program of study includes thirty-six (36) credit hours of didactic, college laboratory and clinical sessions. Learning experiences emphasize ultrasound, physics, echocardiographic principles and instrumentation, and adult and pediatric examinations. Related topics, correlation with other imaging and special procedures are also included.

Approximately six months of clinical experience is required during the year. Competencies in the identification of normal anatomy as well as abnormal findings, along with effective communication skills and professionalism are necessary learning to function as a Diagnostic Medical Sonographer.

Graduates are eligible to sit for the American Registry of Diagnostic Medical Sonography Certifying Examinations for Abdomen and OB/GYN.

General goals of the program include achieving competencies such as:

a. Appropriate use of oral and written medical communication.
b. Perform appropriate mathematical and algebraic functions.
c. Provide basic and emergency patient care.
d. Identify human anatomy (including cross-sectional anatomy) and physiology as well as pathology and disease processes which affect the anatomy.
e. Integrate laboratory tests and other pertinent patient history to enhance sonographic findings.
f. Describe instrumentation options and give rationale for optimal choices for different procedures.
g. Provide patient education related to diagnostic ultrasound and promote principles of good health.

h. Perform appropriate scanning techniques for optimal scanning.

i. Outline general functions of an ultrasound department, including quality control and image processing and storage.

j. Describe production and interactions of ultrasound.

k. Describe ultrasound biological effects.

l. Exercise discretion with professionalism and ethical behavior in communication with physicians, co-workers, patients and the public.

m. Identify personal goals for maintaining high standards professionally, making every effort to keep up-to-date through professional and continuing education.

IV. COURSE DESCRIPTIONS

DIAGNOSTIC MEDICAL SONOGRAPHY CERTIFICATE

First Semester Courses (Fall)

DMS 300 Cross Sectional Anatomy (3 Credits)

This course will focus on the basic sectional anatomy of the neck, abdomen and pelvis building upon the basic knowledge of anatomy. It will prepare the student to recognize sectional anatomy of major human structures amenable to sonographic technique.

DMS 301 Introduction to Diagnostic Medical Sonography (3 Credits)

This course provides the student with an orientation to the field of diagnostic medical sonography followed by techniques for assisting and monitoring patients. Ethics and patient care procedures pertinent to sonography will be covered. Chart reading and recordkeeping relative to clinical medicine will be presented. In this course, the student will study and investigate the principles underlying sonographic visualization. This will include the theoretical concepts of image reproduction, pertinent equipment considerations and alternative methods of information storage and display. This course includes college laboratory experience on basic scanning techniques relative to college lecture material.

DMS 306 Physics of Ultrasound I (2 Credits)

Fundamental principles of acoustical physics including wave propagation, acoustical impedance properties, and transducer characteristics will be presented. Basic types of equipment and instrumentation are discussed. Doppler Principles are introduced.

DMS 310 Abdominal Sonography I (2 Credits)

Abdominal Sonography I provides the student with information necessary to perform an abdominal sonographic examination. Normal anatomy will be reviewed as well as an emphasis on the detection of pathology, anomalies and deviation from the normal sonographic appearance. Correlation with clinical tests and related clinical signs and symptoms will be included.
DMS 311  **Abdominal Sonography Laboratory I (1 Credit)**

The student is provided with college laboratory experiences on abdominal scanning techniques and protocol relative to the abdominal structures and their physiology.

DMS 315  **Pelvic Sonography (2 Credits)**

Pelvic sonography provides the student with information necessary to perform a pelvic sonographic examination. Normal anatomy will be reviewed as well as an emphasis on the detection of pathology, anomalies and deviation from the normal sonographic appearance. Correlation with clinical tests and related signs and symptoms will be included.

DMS 316  **Pelvic Sonography Laboratory (1 Credit)**

The student is provided with college laboratory experiences on pelvic scanning techniques and protocol relative to the pelvic structures and their physiology.

DMS 320  **Sonography Clinical Practicum I (3 Credits)**

This course concentrates on the development of initial practical skills in basic sonographic procedures. Emphasis is on the role of initial observer to assistant under the close supervision of faculty and sonography staff, and is provided at regional diagnostic medical sonography clinical sites. (Twenty-four hours per week).

**Second Semester Courses (Spring)**

DMS 405  **Obstetrical Sonography (3 Credits)**

This course provides the student with the fundamentals of obstetrical scanning of normal and abnormal anatomy. Fetal development, including abnormal etiology and diagnostic techniques are presented. The detection of abnormalities, pathologies, and deviation from normal are stressed.

DMS 406  **Physics of Ultrasound II (1 Credit)**

This course focuses on practical applications of principles and concepts presented in “Physics of Ultrasound I.” In addition, the student is provided opportunities for preparation for the American Registry of Diagnostic Medical Sonographers (ARDMS) certification examination in Ultrasound Physics and Instrumentation.

DMS 410  **Abdominal Sonography II (2 Credits)**

This is a continuation of the in-depth study of abdominal sonography. The didactic and clinical knowledge necessary to perform basic sonographic examinations of anatomy classified as “small parts” will also be presented.
DMS 411  **Abdominal Sonography Laboratory II (2 Credits)**

The student is provided with college laboratory experiences on advanced abdominal scanning techniques and protocol relative to the abdominal structures and their physiology.

DMS 415  **Seminar/Research Course (1 Credit)**

This course is devised to help the student become familiar with describing sonographic images and correlating the descriptions with clinical histories. This is accomplished with case study presentations. The student will also develop research skills by writing a paper on an approved topic. A brief presentation of their topic will complete the course.

DMS 419  **Special Sonographic Procedures (2 Credits)**

This course introduces the student to the field of vascular sonography with the main focus on the carotid arterial and lower peripheral venous system. Obstetrical and Gynecological doppler applications will also be presented.

DMS 420  **Sonography Clinical Practicum II (3 Credits)**

This supervised off-campus experience continues to provide the student development of skills in scanning abdomens, with progression into the areas of obstetrical and gynecological applications. Small parts and Doppler techniques will be introduced. (Twenty-four hours per week).

**Summer Session Courses**

DMS 430  **Sonography Clinical Practicum III (6 Credits)**

In this final and extended period of clinical study, the student progresses to full independence under the supervision of faculty and sonography staff. Upon demonstration of full competency, the student will have an opportunity to refine his/her skills through more independent practice. (Forty hours per week for twelve weeks).

V.  **STUDENT/FACULTY EXPECTATIONS**

Faculty members are here to assist the student in acquiring knowledge and techniques to meet our combined goals. However, the students must make the decision to learn as well as to have strong motivation to succeed. In order to work together successfully, students and faculty need mutual expectations.

*Students may expect the following from the faculty:*

1. Lectures designed to emphasize important information.
2. Faculty to function as role models.
3. Clinical experiences allowing the application of theoretical knowledge to practice with appropriate supervision.

4. Assignments that are designed to meet classroom objectives and clinical competencies.

5. Assignments that are returned at an agreed upon time.

6. Classes and laboratories that begin and end on time.

7. Office hours observed as stated.

8. Clinical experience to include advanced imaging applications in updated modalities within the field.

**Faculty expect the following from students:**

1. Be informed of, and adhere to College policies and procedures, as published in the Student Handbook and/or Catalog. These include: academic, financial aid, student services, student conduct, disciplinary action, alcohol, drugs, health program, AIDS & HIV, sexual assaults, smoking, speakers, release of student records, Family Rights, and privacy, etc.

2. Adhere to regulations concerning cheating, plagiarism, and misrepresentation in general, as outlined in Trocaire College Student Handbook.

3. Report to classes and laboratories on time and be prepared to learn.

4. Read assignments and objectives prior to classes and laboratories. Submit any written assignments on time.

5. Report to clinical education center on time, in proper attire according to the uniform standards set for Trocaire Imaging Department students, and be prepared to give safe, effective care.

6. Notify the clinical instructor/preceptor of absence prior to the start of the clinical day (see directions under Program Policies).

7. Treat each patient with dignity and respect.

8. Adhere to clinical instructor's/preceptor’s directives in all aspects of patient care.

9. Maintain confidentiality regarding patient information, which includes strict adherence to HIPPA Guidelines.

10. Seek appropriate guidance, contact instructor for an appointment during instructors scheduled office hours.

11. Make and keep scheduled appointments.

12. Complete clinical competencies within required period of time.

13. Check the appropriate bulletin board(s) for current information.

14. **NO** cell phones, beepers or text messaging during any learning activities at the College and the Clinical Education Centers (CEC).

*When faculty and students adhere to these expectations, our combined goals will be met.*
**Student-Faculty Appointments**

Students may make appointments to see faculty members during scheduled office hours or at other pre-arranged times. Office hours will be found posted on individual office doors. Faculty may also be contacted by leaving a message via voice mail or e-mail.

**VI. CHANNELS OF COMMUNICATION – DIAGNOSTIC MEDICAL SONOGRAPHY**

Every Diagnostic Medical Sonography student is appointed an advisor. The advisor is a faculty member who assists an individual student in matters related to academic progress within the program/College.

If a problem should arise, the student initially sees the faculty member directly involved to seek a resolution. If the student feels the problem has not been satisfactorily resolved, the Program Director should then be consulted. If no resolution is reached, the matter will be brought to the Academic Dean.

**Channels of Communication**

<table>
<thead>
<tr>
<th>STEP</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEP I</td>
<td>Faculty Member Directly Involved (Professor, Advisor, Adjunct Faculty and/or or Clinical Instructor)</td>
</tr>
<tr>
<td>STEP II</td>
<td>Director of Medical Imaging: Ms. Patricia Gauthier, RT(R), BA, MA</td>
</tr>
<tr>
<td>STEP III</td>
<td>Dean of Health Professions Dr. Linda Kerwin</td>
</tr>
</tbody>
</table>

**VII. COURSE AND INSTRUCTIONAL EVALUATION**

*Evaluation of Diagnostic Medical Sonography courses* - At the end of every semester, students are asked to constructively evaluate the instructor(s) and courses they have completed. The purpose of evaluation is to rate the course in an objective manner and offer constructive suggestions. This is done on a written form which includes a rating scale and an opportunity to write comments. Evaluation forms are reviewed by the Diagnostic Medical Sonography faculty and administration. Changes in the curriculum have resulted from student evaluations.

An exit interview with each graduate is conducted to evaluate the entire program and to discuss future plans.
VII. PROGRAM POLICIES

A. Program Health Policies

In order to participate in Health Science Programs, the student must be in good health and free from communicable diseases and, further, must be physically (See Technical Standards) and emotionally capable of performing all of the required responsibilities of clinical experiences and meeting program objectives. Students must also meet health requirements of Health Science Program affiliates as stated in clinical affiliate agreements and/or clinical affiliate policies. Students are expected to provide a safe level of patient care and must understand that the welfare of the patient supersedes the special needs of the student.

A health report consisting of a medical history, an immunization record and a physical examination is required of each accepted student. The health report "shall be of sufficient scope to ensure that no person shall assume his/her duties unless he/she is free from a health impairment which is of potential risk to patients or personnel or which might interfere with the performance of his/her duties, including the habituation or addiction to depressants, stimulants, narcotics, alcohol or other drugs or substances which may alter the individual's behavior." (New York State Department of Health Code 405.3 [b] [10]).

1. The student must have adequate visual and auditory (with or without hearing aids) acuity, and communication skills necessary to meet objectives of the program.

2. The student must have sufficient physical ability and manual dexterity to meet program requirements including: the physical ability to stand, walk, kneel, lift, bend, push, carry, hold, grasp without assistance and draw up solutions in a syringe.

3. Any students with a seizure disorder must present medical certification from the attending physician, of being seizure free for one year.

4. Any student who has been treated, hospitalized or absent due to pregnancy, surgery, injury, serious physical and mental illness or emotional disorders must present medical documentation of:
   a. Ability to participate without restriction in classroom, college laboratories and clinical areas.
   b. Adequate physical, mental and/or emotional ability to continue in the program of study.

5. Any student who, because of medical restriction, is unable to meet program objectives will be required to withdraw from the respective program. (See Appeals Process)

6. Students must have submitted proper documentation of all required health information or provide a documented statement of medical/religious exemption prior to the commencement of classes and/or continuance in a Health Science Program.
7. New DMS Students must meet all immunizations and health record requirements prior to the start of clinic. Yearly TB tests and influenza vaccines or a declination form are required. Students not meeting these requirements will not be permitted to attend classes, clinic or laboratory experiences.

8. **The student will be responsible for submitting to the Health Office all required updated immunization records, test results, medical clearance forms, and annual health assessments. Failure to do so will result in suspension of clinical experiences, and in some cases, suspension from class attendance.**

9. The College must provide student health information to clinical agencies as required by New York State Department of Health regulations and legal contracts with affiliating agencies. Any student accepted into a Health Science Program at Trocaire College will be required to meet the technical criteria outlined above. Students are advised that the College and clinical agencies associated with the Health Science Programs will rely upon the health information supplied by and for the student. Any student who withholds or knowingly submits incorrect health information shall be subject to disciplinary action (Student Handbook).

**B. Communicable Diseases**

Any Trocaire College student who has been exposed to and/or has any communicable disease or condition **must** do the following:

1. The student **must** contact the Director of Health Records and Services to discuss the condition with the school nurse. (716-827-2489) Room 118
2. Students will need a written physician’s release to once again attend classes or clinical.
3. If they have seasonal flu and/or H1N1 flu, students must stay home. A letter of proof diagnosing the flu must be submitted. Students must stay home until symptoms subside and their temperature is normal for 24 hours without Tylenol, etc.

**C. Pregnancy Policy**

(1). A student may **voluntarily** declare that she is pregnant in writing to the Program Director.

**It is the woman’s choice to declare her pregnancy. If she chooses to do so, it must be in writing to the program director and must indicate the expected date of delivery.**

In absence of this voluntary, written disclosure, a student cannot be considered pregnant, and restrictions and options of appropriate radiation protection cannot be made available to the student. The student will be given the following options:

1. The student has the right to completely withdraw from the program.
2. The student can withdraw from the program with the possibility to return to the program at a later time, and begin at the beginning of the semester/session that was not completed.
3. The student may continue in the program without modification and radiation exposure will be regulated and kept to a minimum. (e.g., LIFTING WITHOUT RESTRICTIONS) In addition, a student may voluntarily withdraw her declaration at any time. (See Pregnancy Declaration Form)

(2). Pregnancy – Banked Time

The pregnant student will be allowed to “bank” a maximum of 6 clinic days, which are to be used strictly for maternity leave.

The male student will be allowed to “bank” a maximum of 2 clinic days, with proper medical documentation.

D. CPR Policy

CPR certification must be submitted prior to the start of Clinical Practicum Experience and must be kept current for the duration of the Program. (Students not in compliance will NOT be allowed to participate in clinical experience until this requirement has been met).

Required CPR Program:

CPR/BLS for Health Care Providers 6 hour Sessions for health care professionals covering adult and pediatric cardiopulmonary resuscitation and basic life support (2 year certification)

The Clinical Coordinator is responsible for student CPR verification and health insurance verification.

E. Health Insurance Policy

A copy of the student’s health insurance card must be submitted to the clinical coordinator prior to the start of the Clinical Practicum Experience.

F. Behavioral/Dress Code for Clinical Experience

1. Expected Behavior at Clinical Site:
   See SDMS Code of Ethics.

2. Personal Grooming

   The personal appearance and demeanor of Diagnostic Medical Sonography students at Trocaire College reflects both the College and Program standards. Students are expected to be professionally groomed at all times. Students not in compliance with dress code will not be permitted in the clinical area. Professional grooming includes meticulous personal hygiene.
   - Hair will be neat at all times. Tie back long hair and keep it off the face.
   - Appropriate color make-up is acceptable. For nails, only clear or light colored polish is
permitted. Trendy colors are unacceptable.
- Nails must be no longer than ¼” inch above the fingertips.
- All tattoos must be covered.
- Males must be clean shaven.
- Beards, mustaches, and sideburns must be well trimmed. While in the operating room, beards must be contained by a surgical mask.
- No perfumes, colognes, excessive makeup, jewelry and rings (except wedding bands and watches) are to be worn.
- A maximum of two small, plain post earrings may be worn in the ear - no dangling earrings.
- NO OTHER VISIBLE BODY JEWELRY AND/OR BODY PIERCINGS ALLOWED.
- Gum chewing during the clinical experience is NOT permitted.
- Valuables are to be left at home.

G. Attendance Policy

General

Attendance affects the quality of academic performance. Therefore, prompt and regular attendance in lectures and laboratory sessions, as well as in the clinical education centers, is expected of all students.

1. Academic Attendance

   a. See current College Student Handbook and current College Catalog for Class/Academic Attendance Policies.
   b. Diagnostic Medical Sonography courses may have specific attendance policies relative to particular courses. See instructor for details.
   c. College Closing/Cancellation of Classes - Cancellation of classes will be posted. Closures for inclement weather will be announced over all major Buffalo radio and TV stations (e.g. WBEN, WGR, etc.), and the Trocaire Emergency Notification System.

2. Clinical Attendance

Starting times may vary as per clinic site/adjunct faculty. There will be no special arrangements made for individual circumstances.

   a. Clinical Absenteeism Policy:

      In case(s) of absence(s) from the clinical site, it is the student's responsibility to:

      1) Call the clinical affiliate one hour prior to site start time.
      2) Ask to speak with, or leave a message for the assigned adjunct faculty or instructor, Diagnostic Medical Sonography supervisor.
3) Adjunct Faculty will notify the clinical coordinator of ANY clinical absence. Absences per given course are to be made up according to the clinical make-up policy. (See below).

4) All medical notes and/or legal documentation must be submitted to the Adjunct Faculty **within 2 weeks** from date of absence. The adjunct faculty will write the date received on the note. Medical notes will indicate student illness or injury (while maintaining confidentiality). Regularly scheduled appointments are not acceptable.

5) For additional information regarding absenteeism, please see Non-Compliance Attendance Record Form.

b. **Banked Hours** are granted by the following terms

1) Proof of attendance at a **pre-approved** seminar/event, with a complete summary report (See Appendix). In order to receive banked hours for clinical use, the student must seek approval from the Diagnostic Medical Sonography faculty for the specific seminar he/she plans to attend.

2) Banked hours may not be used to shorten the length of the program. They may **NOT** be used during the LAST 3 DAYS in any semester/session.

3) Banked hours may be used during the semester session they were accrued, or during the following semester. The time will be “LOST” if not utilized.

c. **Clinical Make-Up Policy:**

   Should a student require clinical make-up hours, he/she **must** be scheduled with the written permission of the clinical instructor and Medical Imaging department supervisor at the clinical education center where the student is presently assigned. Make-up days **must** be completed at the specific clinical site where the student was scheduled when the absence(s) occurred.

   These days must be completed on the assigned days as stated on the Make-Up Verification Form, available from the clinical instructor at the Clinical Education Center (CEC). Weekends, holidays, evening and night hours are not allowed.

1) **Fall & Spring Semesters:**

   Make-up dates are to be scheduled as soon as possible after the absence has occurred and must be completed **no later than the final week of the semester.** Failure to do so will result in an F(X) grade for the course.

   Extenuating circumstances will be reviewed on an individual basis.
(2) Summer Clinical Component:
Make-up dates must be completed immediately following the last scheduled clinic day. Extenuating circumstances will be reviewed on an individual basis.

3. **Clinical Assignments** -
   a. The Diagnostic Medical Sonography Program shall not mandate more than (40) hours in one week. This includes formal classes on campus and clinical assignments.
   b. Diagnostic Medical Sonography students will be assigned a particular Clinical Education Center (CEC) for each semester/session. REQUESTS BY STUDENTS FOR SPECIFIC CEC’S WILL NOT BE ACCEPTED
   c. **It is the STUDENT’S RESPONSIBILITY to provide/arrange transportation to/from the site.**

4. **Holidays** -
All holidays observed by the College will be honored for clinical and didactic education. Holidays are printed in the Trocaire College Student Handbook and Planner.

5. **Bereavement Policy** - In the event of the death of a spouse, life partner, parent, sibling, mother or father-in-law, grandparent, or grandchild, a leave not to exceed three (3) consecutive days within the week of death will be granted. Any time that exceeds the 3 days must be made up. Students must bring proof of death.

**H. Progression in the DMS Program**
If a student is unsuccessful in any of the Diagnostic Medical Sonography courses in the major sequence, or if the objectives for clinical education are not met, the student cannot advance to the next semester of the program.

Failure to meet program requirements contained within this handbook (pertaining to specific, general, didactic, and/or clinical requirements) will also prevent progression within the Diagnostic Medical Sonography Program.

**I. Disciplinary Action**
Disciplinary action will be initiated if a Diagnostic Medical Sonography student fails to follow program policy guidelines and/or meet program requirements. Students are also expected to follow the Trocaire College Student Handbook. Action taken may include probationary measures or dismissal.
See the Non-Compliance form in Appendix.
Non-compliance infractions obtained within a semester/session result in a grade adjustment. This is in addition to points lost on clinical evaluation.
Numerous non-compliance infractions within the length of the program may result in immediate dismissal from the program.

J. **Re-admission Policy**

1. If a Diagnostic Medical Sonography student fails to achieve a grade of "C" or better in any Diagnostic Medical Sonography core course, the Diagnostic Medical Sonography Re-admission Committee will review the following criteria to determine if that student is eligible for readmission.
   a) Academic Performance:
      1. Examination, quiz grades, homework and course performance
      2. Attendance
   b) Clinical Performance:
      1. Clinical Evaluations
      2. Clinical Anecdotal Records
      3. Attendance
      4. Mastery Level Competency Sheet
   c) College Lab:
      1. Laboratory Practical Evaluations
      2. Attendance
   d) Diagnostic Medical Sonography Advisor's recommendation
   e) Achievement in other required program and core courses.
   f) Adherence to Code for Professional Behavior

2. The Director of Medical Imaging will then notify the student if he/she is eligible for re-admission to the Diagnostic Medical Sonography Program.
   Re-admission is contingent upon the following:
   a) Completed forms sent to the Director of the Medical Imaging Program, requesting readmission. (See attachment)
   b) Successful completion of the Diagnostic Medical Sonography Program Readmission criteria.
      (See Appendix - “Readmission”)
THIS WOULD INCLUDE ALL LABORATORY READMISSION COMPETENCIES.

* Students failing to complete all Diagnostic Medical Sonography Readmission requirements will be denied readmission to the program.

d) Space availability

3. When space is available, the student will have to follow these Diagnostic Medical Sonography Program Readmission requirements:

   a) Review assigned media and complete a one page summary of each
   b) Successfully complete selected laboratory competencies
   c) Satisfactory completion of the Diagnostic Medical Sonography review multiple choice examination
   d) Clinical auditing (of a specific clinical education course) may be available.
      For more information, see the Diagnostic Medical Sonography Program Clinical Coordinator.

4. A student is allowed re-admission into the Diagnostic Medical Sonography Program only once. A student denied readmission has the right to appeal the decision. A student who desires an appeal should contact the Director of Medical Imaging.

K. Grading Policy - Academic/Clinical

Diagnostic Medical Sonography Program Grading Policy

<table>
<thead>
<tr>
<th>Grade</th>
<th>(Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>95-100</td>
</tr>
<tr>
<td>A-</td>
<td>92-94</td>
</tr>
<tr>
<td>B+</td>
<td>89-91</td>
</tr>
<tr>
<td>B</td>
<td>85-88</td>
</tr>
<tr>
<td>B-</td>
<td>82-84</td>
</tr>
<tr>
<td>C+</td>
<td>79-81</td>
</tr>
<tr>
<td>C</td>
<td>75-78</td>
</tr>
<tr>
<td>C-</td>
<td>72-74</td>
</tr>
<tr>
<td>D+</td>
<td>69-71</td>
</tr>
<tr>
<td>D</td>
<td>65-68</td>
</tr>
<tr>
<td>F</td>
<td>64 and below</td>
</tr>
</tbody>
</table>

FX  - Failure because of excessive absence.
I- Incomplete - See College Catalog under Grading.
W- Withdrawal before mid-semester while performance in the course was satisfactory.
WF - Withdrawal failure (after midterm)

A student cannot progress to the next level in the Diagnostic Medical Sonography Program if he/she receives any grade below “C” in ANY of the DMS core courses.
L. Clinical Remediation

When a Diagnostic Medical Sonography student exhibits difficulty (ies) in clinical psychomotor skills/performance (i.e. patient positioning, radiographic technique, etc.), remediation is highly recommended. The adjunct faculty member(s) and/or clinical instructor will submit the recommendation for remediation. **The student is responsible for arranging an appointment with the DMS Clinical Coordinator.** Whenever possible, remediation will occur within the College laboratory. A clinical remediation form will be utilized and will be placed in the student’s folder upon completion of the stated objective(s). Failure to follow this procedure will be documented and utilized in conjunction with the student’s clinical evaluation(s). (See Remediation form in Appendix)

M. Technical Standards

The Diagnostic Medical Sonography profession requires that technologists/student technologists be able to perform the following:

1. Assist with the lifting of patients from wheelchairs and/or carts onto the examination table.
2. Move and/or manipulate various types of sonographic equipment in all modes (i.e. digital, portable, etc.)
3. Transport patients with wheelchair or cart.
4. Transport patients with intravenous medication(s), monitoring devices, etc.
5. Position patients which may involve lifting of extremities and trunk.
6. Draw up medication(s)/contrast media in a syringe.
7. “Drape” equipment (i.e. portable x-ray machine), and possibly the patient, without contamination.

N. Students with Special Needs

Trocaire College students who wish to receive accommodations to allow access to programs and services of the College must provide documentation of the disability to the Office of Accessibility Services in the Wellness Center at (716-827-2412) at the time of admission to the College.

No accommodations can be provided until documentation is received. Students should meet with the Office of Accessibility Services in the Wellness Center with their complete documentation package as soon as possible after admission, well before orientation and classes begin.

All records and documentation submitted to the Office of Accessibility Services in the Wellness Center is considered medical information. It is not shared with other College personnel (including faculty) except on a need-to-know basis without the explicit written permission of the student.
Documentation of a disability to support eligibility for services must meet the following criteria:

- Must submit a diagnostic statement from a qualified professional (psychologist, neuropsychologist, educational psychologist, learning disability specialist, psychiatrist) identifying the disability, the date of the evaluation, and a date of the original diagnosis of the disability. (Please note: Scripts from the professionals listed above are acceptable forms of documentation).
- Must document the presence of a disability that substantially impairs the ability of the student to perform a major life activity necessary for the academic program.
- Must be within three (3) years and sufficient to document the current status of the impairment and its impact on the student’s ability to perform major life activities necessary for the academic program.
- Must include a diagnosis, test scores and a description of the assessment procedures used.
- Must include the credentials of the evaluator indicating that the person is appropriately licensed or certified to make the diagnostic statement for the disability.
- Must include recommendations detailing accommodations that would be implemented for the specific disability. (Please note: NO accommodations will be provided if it causes an undue hardship on Trocaire College and/or if it changes the nature, service or activity of the institution.)
- Must complete a form for the release of physical disability information and/or submission of documentation of any disability or special need signed by the student.

NOTE: The Individual Educational Plan (IEP) developed for use in elementary or secondary school DOES NOT APPLY in post-secondary education. The Student Exit Summary (SES), high school transition plan and assessment provided by a licensed psychologist or licensed school psychologists may be acceptable. Students should discuss the documentation that is needed with the Office of Accessibility Coordinator for Students with Special Needs as soon as possible after acceptance to the college so that the proper documentation can be provided prior to the beginning of classes or need for other services. If your documentation is not sufficient, you will be required to provide more current testing results before services may be provided.

O. College Safety and Security

Campus Safety and Security at Trocaire College works in conjunction with students, faculty, and staff toward ensuring their security throughout the campus. Trocaire employs uniformed guards through a private security service. The guards work closely with the Buffalo Police Department.

In order to support emergency services on and around the Trocaire campus, we rely upon a strong working relationship with not only the Buffalo City Police Department, but also the Buffalo Fire Department. We also call on the services provided by local first responders.

In keeping with the Cleary Act, we provide vital information and statistics about incidents on and around the campus community in an annual security report published on the Department of Education website.

We believe in a well-informed community; in keeping with this, notices of pertinent security related happenings and incidents are posted on security boards throughout campus.

For additional information contact Security, Choate Campus Main lobby.
**Crime Prevention**

The key to a safe and secure environment in any area is crime prevention. Campus Safety and Security utilizes uniformed guards in most cases when classes are in session. The college also utilizes security cameras which are installed in several areas on campus. Crime prevention is a joint effort however, and cannot be accomplished without the assistance of the entire Trocaire community of students, faculty, and staff. The security committee has composed a list of several crime prevention and safety tips which are distributed at the beginning of each semester.

In addition to uniformed security officers, there is a campus-wide Security Advisory Committee comprised on faculty, staff, administration and students.

**Campus Safety and Security Phone Numbers**
716-826-2500: Non-emergency – Main Desk Choate Campus
716-445-2104: Emergency – Choate Campus Only
716-827-2405: Director of Facilities

**Fire Safety:**
If the alarm sounds, all occupants of the building must vacate immediately. Close office and classroom doors.


P. Classroom Policies

1. Testing and Classroom Attendance Policy

Testing Policy

1. Examination dates will be given at least one week in advance. There will be no individual rescheduling of exams. Special requests will not be honored.

2. No make-up examinations will be given. If an absence occurs on a test date, the student must present documentation that the absence was unavoidable.
   Example: ............... A doctor’s excuse
   ................. An excuse from a judge
   ................. Proof of death of an immediate family member
   If proper documentation is submitted, the percentage missed will be added to the final exam percentage. Without proper documentation, a permanent grade of “O” will be recorded.

3. Examination grades will be determined from computer answer sheets only. This will be the only indicator of the student’s grade. There are no exceptions.

4. Computer answer sheets will not be handed back to the student. If the student wants to review his/her answer sheet, it is the individual’s responsibility to arrange an appointment with the instructor.

5. The examinations will be handed back to the students during a class period for a review of each question. Following the review, exams will be returned to the instructor.

6. If a student receives an examination grade below 75%, it is highly recommended that the student make an appointment with the professor to review the exam/grade.

Final Examination

Final examinations in the Diagnostic Medical Sonography courses occur during the last two (2) weeks of the college academic semesters. Students are EXPECTED TO BE IN ATTENDANCE the assigned time. Final exams will NOT be re-arranged for any reason (i.e. vacation), except in extenuating circumstances (i.e., illness, death of immediate family member). Failure to take the final exam at the assigned time will result in a grade of zero (0) for that exam.

Students are required to be present and/or available on Tuesday and Thursday the last week of the semester.

Academic Dishonesty

Academic dishonesty, may include but is not limited to cheating, plagiarism & furnishing information to other students.

Cheating & Plagiarism Policy
Any student who (1) knowingly represents the work of others as his/her own (2) uses or obtains unauthorized assistance in the execution of academic work, and (3) gives fraudulent assistance to another, is guilty of cheating.

Cheating and plagiarism will not be tolerated. If detected, the following procedure will be followed:
1. A failing grade of F or 0% will be entered for the test or other educational activity in question.
2. If the activity is a major test, the student will be assigned a failing grade for the course, midterm or final.
3. The College system for reporting cheating or plagiarism will be followed. See Student Handbook for further information.
Classroom Policy During Test Taking

- All personal belongings are required to be placed in the front of the room, or on the window ledge. This is to include, but not limited to: books, papers, backpacks, book bags, purses, cell phones, and pagers.
- Cell phones are to be turned off, including vibration mode. Cell phones are not to be used as calculators. No ear pieces are to be used.
- Hair should be styled away from the face. No hats or hoods are to be worn during testing.
- Shoes must remain on at all times during testing.
- No food, beverages, or other objects allowed on desk during testing.
- Students are not allowed to ask questions of any kind during tests, quizzes and/or exams unless he/she is verifying a typographical error.

Attendance Policy

ATTENDANCE IS MANDATORY.

As taken from the Trocaire College Student Handbook: “Students are expected to attend all regularly scheduled classes. Each instructor will determine the requirements for attendance within specific courses.”

Any student having absences greater than what is allowed will see a lowering of the final grade. Specifics for individual courses are stated in the course syllabus.

Attendance will be taken at the start of each class. If it is necessary to miss a class, please notify the instructor at least 30 minutes prior to the start of that class.

You are responsible for all missed material.

Tardiness Policy

Classes begin promptly. Tardiness will not be tolerated; it is very disruptive to classmates as well as instructors. If you are not present when attendance is taken at the start of class, you will be considered tardy.

Tardiness will result in a lowering of your final grade.

Late 1X = verbal warning
Late 2X = (mini step) EX: B+ to B
Late 3X = (2 mini steps) EX: B+ to B-
More than 3X = 1 full step EX: B+ to C+

1. Cell Phone Policy

   Cell phones should be silenced or shut off and out of sight during class/laboratory. Cell phones will not be used as a time piece or a calculator. (See Non-Compliance Form – Category II)

2. Dress Code for Class

   Faculty expects students to:

   Dress Appropriately
   1. Students may wear walking type shorts but not ultra-short athletic (running shorts or unusually tight shorts (i.e. Spandex)
   2. Tee shirts are acceptable provided that the shirt is clean and does not contain any offensive language or pictures.
3. No “tube tops”, “halter tops”, deep-set necklines, and very short, tight skirts should not be worn to class. Shirts and blouses must extend to the waistband. Bare midriffs are not acceptable. Please be conscious of the “fit” of your clothes when you are in different positions such as leaning forward or bending at the waist.
4. No underwear should be visible above pants that are riding below hip line.
5. Sunglasses, hats or hoods should not be worn in the classroom.

4. Social Media Policies

The student will respect the policies of confidentiality related to social media. Any statements, pictures or expressions that could cause harm or injury to an individual or to the school will be considered grounds for dismissal from the program. Recording of class is prohibited without prior approval. This includes tape recordings, video recordings, mobile/cell phone recordings, etc. Under NO circumstance may any item be posted to on-line services such as You Tube or FaceBook.
PART II

Clinical Education

I. STRUCTURE OF CLINICAL EDUCATION FOR DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Clinical Education for Diagnostic Medical Sonography at Trocaire College is divided into three semesters. Each unit will be termed Clinical Practicum. The three semesters include the following:

1. DMS 320 - Clinical Practicum I
   Fall Semester

2. DMS 420 - Clinical Practicum II
   Spring Semester

3. DMS 430 – Clinical Practicum III
   Summer Semester

III. COURSE DESCRIPTION

DMS 320  Sonography Clinical Practicum I (3 Credits)

This course concentrates on the development of initial practical skills in basic sonographic procedures. Emphasis is on the role of initial observer to assistant under the close supervision of faculty and sonography staff, and is provided at area diagnostic medical sonography clinical sites. (Twenty-four hours per week).

DMS 420  Sonography Clinical Practicum II (3 Credits)

This supervised off-campus experience continues to provide the student development of skills in scanning abdomens, with progression into the areas of obstetrical and gynecological applications. Small parts and Doppler techniques will be introduced. (Twenty-four hours per week).

DMS 430  Sonography Clinical Practicum III (6 Credits)

In this final and extended period of clinical study, the student progresses to full independence under the supervision of faculty and sonography staff. Upon demonstration of full competency, the student will have an opportunity to refine his/her skills through more independent practice. (Forty hours per week for twelve weeks).
### APPENDIX

<table>
<thead>
<tr>
<th></th>
<th>Master Plan for Clinical Competency Testing</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>General Patient Care</td>
<td>28</td>
</tr>
<tr>
<td>3</td>
<td>Clinical Record</td>
<td>29</td>
</tr>
<tr>
<td>4</td>
<td>Abdomen Competency</td>
<td>31</td>
</tr>
<tr>
<td>5</td>
<td>Pelvic Competency</td>
<td>33</td>
</tr>
<tr>
<td>6</td>
<td>Obstetrical – First Trimester Competency</td>
<td>35</td>
</tr>
<tr>
<td>7</td>
<td>Obstetrical – Second &amp; Third Trimester Competency</td>
<td>36</td>
</tr>
<tr>
<td>8</td>
<td>Advanced List Competency</td>
<td>38</td>
</tr>
<tr>
<td>9</td>
<td>Patient Care Competency</td>
<td>40</td>
</tr>
<tr>
<td>10</td>
<td>Clinical Behavior Evaluation</td>
<td>41</td>
</tr>
<tr>
<td>11</td>
<td>Examination Log Sheet</td>
<td>42</td>
</tr>
<tr>
<td>12</td>
<td>Medical Clearance</td>
<td>44</td>
</tr>
<tr>
<td>13</td>
<td>Student Incident Report</td>
<td>46</td>
</tr>
<tr>
<td>14</td>
<td>Non-Compliance</td>
<td>48</td>
</tr>
<tr>
<td>15</td>
<td>Remediation Form</td>
<td>50</td>
</tr>
<tr>
<td>16</td>
<td>Make-Up Verification Form</td>
<td>52</td>
</tr>
<tr>
<td>17</td>
<td>Clinical Make-Up Time Sheet</td>
<td>54</td>
</tr>
<tr>
<td>18</td>
<td>Verification of Attendance at a Professional Seminar</td>
<td>56</td>
</tr>
<tr>
<td>19</td>
<td>Site Evaluation</td>
<td>58</td>
</tr>
<tr>
<td>20</td>
<td>Graduate Exit Interview</td>
<td>60</td>
</tr>
<tr>
<td>21</td>
<td>Clinical Grading Forms</td>
<td>62</td>
</tr>
<tr>
<td>22</td>
<td>Request for Re-Admission</td>
<td>65</td>
</tr>
<tr>
<td>23</td>
<td>Re-Admission Request Form</td>
<td>67</td>
</tr>
<tr>
<td>24</td>
<td>Re-Admission Sample Letter</td>
<td>69</td>
</tr>
<tr>
<td>25</td>
<td>Due Process Procedure (Appeal of Academic Decisions)</td>
<td>70</td>
</tr>
<tr>
<td>26</td>
<td>Student Pregnancy Advisement Packet</td>
<td>76</td>
</tr>
<tr>
<td>27</td>
<td>Service Learning Verification Form</td>
<td>78</td>
</tr>
<tr>
<td>28</td>
<td>Declination of Influenza Vaccination Form</td>
<td>80</td>
</tr>
<tr>
<td>29</td>
<td>Graduate Summative Evaluation</td>
<td>82</td>
</tr>
<tr>
<td>30</td>
<td>Employer Evaluation</td>
<td>84</td>
</tr>
<tr>
<td>31</td>
<td>Memorandum of Agreement</td>
<td>86</td>
</tr>
</tbody>
</table>
The college instructor and/or adjunct faculty will select, administer and evaluate the student in each of the following categories.

<table>
<thead>
<tr>
<th>COURSE</th>
<th>Competency Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>DMS 320</td>
<td>Pelvic Ultrasound Competency</td>
</tr>
</tbody>
</table>
| DMS 420 | Abdomen Ultrasound Competency  
Special #1 Competency |
| DMS 430 | OB (First trimester) Competency  
OB (Second/third trimester) Competency  
Special #2 Competency  
Special #3 Competency |
Diagnostic Medical Sonography
Clinical Competency Requirements

1. General Patient Care

Requirement: Candidates must demonstrate competence in all patient care activities listed below. The activities should be performed on patients; however, simulation is acceptable (see endnote) if state or institutional regulations prohibit candidates from performing the procedures on patients.

<table>
<thead>
<tr>
<th>General Patient Care</th>
<th>Date Completed</th>
<th>Competence Verified By</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Vital signs
- blood pressure
- pulse
- respiration
- temperature
- pulse oximetry

Sterile & Medical Aseptic Technique

Transfer of Patient

Care of Patient Medical Equipment

Verification by Instructor:

____________________________________   ______________________________
Signature                                Date
<table>
<thead>
<tr>
<th>Fall</th>
<th>Attestation</th>
<th>Orientation Quiz</th>
<th>HIPAA Certificate</th>
<th>CPR</th>
<th>FLU Shot Record</th>
<th>Vital Signs Quiz and Competency</th>
<th>Pelvic Ultrasound Competency</th>
<th>Patient Care Competency</th>
<th>Clinical Behavioral Competency</th>
<th>Attendance Sheet, Patient Logs, Anecdotal Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spring</td>
<td>Abdomen Competency</td>
<td>Special 1</td>
<td>Patient Care Competency</td>
<td>Clinical Behavioral Competency</td>
<td>Attendance Sheet, Patient Logs, Anecdotal Records</td>
<td></td>
<td></td>
<td>Patient Care Competency</td>
<td>Clinical Behavioral Competency</td>
<td>Attendance Sheet, Patient Logs, Anecdotal Records</td>
</tr>
<tr>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer</td>
<td>OB (First Trimester) Competency</td>
<td>OB (Second/Third Trimester) Competency</td>
<td>Special 2</td>
<td>Special 3</td>
<td>Patient Care Competency</td>
<td>Clinical Behavioral Competency</td>
<td>Attendance Sheet, Patient Logs, Anecdotal Records</td>
<td>Graduate Exit</td>
<td>ARDMS</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ABDOMEN COMPETENCY

Student Name: _______________________________  Date: __________________
Affiliation: _______________________________  Semester: __________________

Following each statement, check (√) the area achieved. Points for complete competency will total 50. This score will be part of the student's final DMS clinical grade.

The following rating scale will be used:

<table>
<thead>
<tr>
<th>0 pts.</th>
<th>2.5 pts.</th>
<th>5 pts.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory/does not meet clinical competency standards</td>
<td>Need/requires improvement</td>
<td>Meets performance expectations/functions as satisfactory level</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ABDOMEN COMPETENCY</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Left lobe of liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Right lobe of liver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gallbladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Common bile duct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Right kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Left kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Spleen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Pancreas (head, body, tail)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Aorta vs. IVC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Morrison's Pouch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Points: __________________

Student's Signature: _______________________________  Date: __________________
Evaluator's Signature: _______________________________  Date: __________________
Program Director's Signature: ____________________________  Date: __________________

Student must sign this evaluation to verify it has been reviewed
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

PELVIC COMPETENCY

Student Name: ___________________________  Date: ___________________________
Affiliation: ___________________________  Semester: _________________________

Following each statement, check (✓) the area achieved. Points for complete competency will total 35. This score will be part of the student’s final DMS clinical grade.

The following rating scale will be used:

<table>
<thead>
<tr>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pts.</td>
<td>Unsatisfactory/does not meet clinical competency standards</td>
</tr>
<tr>
<td>2.5 pts.</td>
<td>Need/Requires improvement</td>
</tr>
<tr>
<td>5 pts.</td>
<td>Meets performance expectations/functions as satisfactory level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PELVIC COMPETENCY</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uterus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Endometrial lining</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Right ovary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Left ovary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cervix</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Vagina</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Urinary bladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Points: _______________________

Student’s Signature: ___________________________  Date: __________________________
Evaluator’s Signature: ___________________________  Date: _______________________
Program Director’s Signature: ___________________________  Date: _______________________

Student must sign this evaluation to verify it has been reviewed
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

OBSTETRICAL – FIRST TRIMESTER COMPETENCY

Student Name: ___________________________ Date: _________________________
Affiliation: ______________________________ Semester: ____________________

Following each statement, check (✓) the area achieved. Points for complete competency will total 25. This score will be part of the student’s final DMS clinical grade.

The following rating scale will be used:

<table>
<thead>
<tr>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pts.</td>
<td>Unsatisfactory/does not meet clinical competency standards</td>
</tr>
<tr>
<td>2.5 pts.</td>
<td>Need/requires improvement</td>
</tr>
<tr>
<td>5 pts.</td>
<td>Meets performance expectations/functions as satisfactory level</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBSTETRICAL – FIRST TRIMESTER COMPETENCY</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uterus</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ovaries</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gestational Sac</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Size/shape</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Crown rump length</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Heart rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Points: _______________________

Student’s Signature: ___________________________ Date: _________________________
Evaluator’s Signature: ___________________________ Date: _________________________
Program Director’s Signature: ___________________________ Date: _________________________

Student must sign this evaluation to verify it has been reviewed.
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

OBSTETRICAL – SECOND AND THIRD TRIMESTER COMPETENCY

Student Name: ___________________________ Date: ___________________________
Affiliation: ___________________________ Semester: ___________________________

Following each statement, check (✓) the area achieved. Points for complete competency will total 100. This score will be part of the student’s final DMS clinical grade.

The following rating scale will be used:

0 pts. Unsatisfactory/does not meet clinical competency standards
2.5 pts. Need/requires improvement
5 pts. Meets performance expectations/functions as satisfactory level

<table>
<thead>
<tr>
<th>OBSTETRICAL</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fetal number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Heart rate/m-mode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Placental location</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Both adnexa</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Amniotic fluid assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Internal os</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. BPD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. AC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. FL</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. HC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. OFD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. 4 chamber heart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Stomach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Kidney</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Bladder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Spine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. 3 vessel cord</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Cord insertion (placenta &amp; fetus)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Fetal head (cerebellum, ventricles, face)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Points: ___________________________

Student’s Signature: ___________________________ Date: ___________________________
Evaluator’s Signature: ___________________________ Date: ___________________________
Program Director’s Signature: ___________________________ Date: ___________________________

Student must sign this evaluation to verify it has been reviewed.
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

ADVANCED LIST COMPETENCY

Student Name: ___________________________ Date: ___________________________
Affiliation: ______________________________ Semester: _______________________

The following rating scale will be used:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0 pts.</td>
<td>Unsatisfactory/does not meet clinical competency standards</td>
</tr>
<tr>
<td>2.5 pts.</td>
<td>Need/requires improvement</td>
</tr>
<tr>
<td>5 pts.</td>
<td>Meets performance expectations/functions as satisfactory level</td>
</tr>
</tbody>
</table>

Three (3) examinations will be averaged for one clinical grade.

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>EXAMINATION</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>TOTAL</th>
</tr>
</thead>
</table>

Comments: ____________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>EXAMINATION</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Proper gain settings</td>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

<table>
<thead>
<tr>
<th>OBJECTIVES</th>
<th>EXAMINATION</th>
<th>0</th>
<th>2.5</th>
<th>5</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Ability to perform unassisted</td>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments: ____________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Student's Signature: ___________________________ Date: ___________________________
Evaluator's Signature: ________________________ Date: ________________________
Program Director's Signature: ________________________ Date: ________________________

Student must sign this evaluation to verify it has been reviewed
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY/ECHOCARDIOGRAPHY PROGRAM

PATIENT CARE SHEET

Student Name: ___________________________ Date: ____________
Affiliation: ___________________________ Semester: ____________

The following rating scale is to be used:

- 5 pts. Yes
- 0 pts. No

The student will:

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduce oneself to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Verify patient identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explain procedure to patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Assist patient when necessary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Protect patient modesty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Obtain patient history</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Document symptoms of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Select proper transducer according to body habitus of patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Enter patient information correctly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Check if any other procedures are to be performed on patient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Points: ____________

Student's Signature: ___________________________ Date: ____________
Evaluator's Signature: ___________________________ Date: ____________
Program Director's Signature: ___________________________ Date: ____________

Student must sign this evaluation to verify it has been reviewed
<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE*</th>
<th>I.D. #</th>
<th>M/F</th>
<th>REASON/FINDINGS</th>
<th>STUDENT ROLE*</th>
</tr>
</thead>
</table>

*Type: A = Abdomen; P = Pelvic; O = Obstetrical
*Student Role: O = Observe; A = Assist; S = Solo
MEDICAL CLEARANCE
DIAGNOSTIC MEDICAL SONOGRAPHY STUDENT

STUDENT NAME:

ATTENDING PHYSICIAN: NAME:______________________________________________
ADDRESS:_____________________________________________________________________________
PHONE #______________________________________________________________________________

CONDITION BEING TREATED: ________________________________________________________

IF PREGNANT - EDD __________________________________________________________

Physician’s recommendation regarding participation in the academic program.

___ Immediate leave of absence.

___ Withdrawal from clinical rotations with continued participation in didactic instruction.

___ Continued full-time status.

STUDENT MAY PARTICIPATE IN THE FOLLOWING ACTIVITIES:

CLASS ROOM ______

CLINICAL ______

WITHOUT RESTRICTIONS ______

ANY ADDITIONAL COMMENTS PERTINENT TO THE STUDENT’S HEALTH STATUS:
(If additional space is needed, use back of this sheet.)

__________________________________________
PHYSICIAN SIGNATURE

__________________________
DATE
STUDENT INCIDENT REPORT

Name of student filing the report: ___________________________ Date of incident: _________________

Time of occurrence: _____________________ Facility/site: _____________________________________

Specific area of the department at which the incident took place:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Describe in detail how the incident developed (use the back of this sheet if necessary):
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Tell what injuries, damages, violations and/or distress was incurred and to whom these occurred:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Provide the names of those who witnessed the incident:
______________________________________________________________________________________
______________________________________________________________________________________

Add any other information which might be pertinent to this report:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

____________________________________________                  _________________________
Student Signature                                                                       Date

____________________________________________       __________________________
Program Director’s Signature         Date

* Report and file this incident with the Trocaire Student Health Office: 827-2489
# Radiologic Technology Program
## Non-Compliance Form

<table>
<thead>
<tr>
<th>Non-Compliance Incident- Category I</th>
<th>Action to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone Infraction:</td>
<td></td>
</tr>
<tr>
<td>Radiation Protection Infraction</td>
<td>1st infraction – verbal warning</td>
</tr>
<tr>
<td>Inappropriate personal appearance and/or violation of dress code</td>
<td>2nd infraction (per semester/session)- mini grade drop</td>
</tr>
<tr>
<td>Attendance at the mandatory ARRT Registry Exam review session and/or any other mandatory meeting and/or failure to submit mandatory documents in a timely manner.</td>
<td>3rd infraction - a full letter grade drop.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Compliance Incident – Category II</th>
<th>Action to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprofessional/disorderly behavior</td>
<td>1st infraction –mini grade drop</td>
</tr>
<tr>
<td>Leaving assigned clinical area without permission/notification</td>
<td>2nd infraction – full grade drops</td>
</tr>
<tr>
<td>Sleeping/Failure to remain alert</td>
<td>3rd infraction – dismissal from program</td>
</tr>
<tr>
<td>Hindering clinical flow</td>
<td></td>
</tr>
<tr>
<td>Violation of safety rules and/or regulations</td>
<td></td>
</tr>
<tr>
<td>Failure to comply with Direct/Indirect supervision policy</td>
<td></td>
</tr>
<tr>
<td>Unauthorized or intentional misuse of hospital equipment/supplies</td>
<td></td>
</tr>
<tr>
<td>Poor or negligent patient care or comfort</td>
<td></td>
</tr>
<tr>
<td>Improper protocol and/or procedures employed</td>
<td></td>
</tr>
<tr>
<td>Insubordination: repeated negative (verbal or non-verbal) responses, reactions, attitudes; refusal to perform exams at expected competency levels or bias to patient/circumstance; refusal to complete an exam/assignment as requested or required</td>
<td></td>
</tr>
<tr>
<td>Non-Compliance Incident - Category III</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Narcotic/alcohol or other drug infraction</td>
<td></td>
</tr>
<tr>
<td>Theft hospital property/equipment/documents</td>
<td></td>
</tr>
<tr>
<td>Disclosure of confidential information or HIPAA violation</td>
<td></td>
</tr>
<tr>
<td>Falsification/tampering with clinical documents</td>
<td></td>
</tr>
<tr>
<td>Unprofessional/unethical conduct and/or non-compliance with ARRT Code of Ethics of</td>
<td></td>
</tr>
<tr>
<td>Possession of weapons</td>
<td></td>
</tr>
<tr>
<td>Assault, abuse or negligence with respect to any person</td>
<td></td>
</tr>
<tr>
<td>Academic Dishonesty - cheating, plagiarism, furnishing false information to any college/clinic official or office</td>
<td></td>
</tr>
<tr>
<td>Causing dissension between or among other program students, program faculty, clinical officials, and/or clinical staff</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action to be Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dismissal from Program and/or College - in accordance with the Radiologic Technology Policies and Procedures Manual and the Trocaire College Catalog and Trocaire College Student Handbook.</td>
</tr>
</tbody>
</table>

Date of 1st Infraction _________ Date of 2nd Infraction* ___________________
Date of 3rd Infraction* ___________________
(*When applicable)

__________________________                 __________________
Student Signature                         Date

__________________________                  _________________
Clinical Instructor/Adjunct                                                         Date
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
Remediation Form

Student ____________________________  DMS________________

Date _____________________

Competencies to be improved: _____________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Instructor recommendation: ________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Appointment made with Clinical Coordinator Date _____________________

Instructor Signature _____________________________ Date _____________________

Student Signature ______________________________ Date _____________________
(Indicates I have read this form)

Student Comment (optional): _______________________________________________________
_______________________________________________________________________________

Instructor Follow-Up Statement: ____________________________________________________
_______________________________________________________________________________

Signature ____________________________ Date _____________________
TROCAIRE COLLEGE  
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM  
MAKE-UP VERIFICATION FORM  

Student Name: ____________________________________  
Clinical Education Center: ____________________________  
Date: ____________________________  

I understand that I must be in attendance, on time, the date(s) listed below. These dates will constitute the make-up time for the clinical absence(s) I have accumulated.  

I also understand that if I do not make up all of this time I will receive an “F(X)” grade, failure due to excessive absence, in Diagnostic Medical Sonography.  

Student Signature ____________________________________  
Faculty Signature ____________________________________  
Adjunct Faculty Signature _______________________________  

Clinical Make-up time:  

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Site</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>


CLINICAL MAKE-UP TIME SHEET

STUDENT NAME ___________________________   DATE ________________
CLINICAL SITE ____________________________

PATIENT EXAMINATIONS:

Time Period Involved:
DMS __________________

START TIME __________________
END TIME: __________________

________________________
CLINICAL SUPERVISOR
TROCAIRE COLLEGE
Radiologic Technology Program

Verification of Professional Time

<table>
<thead>
<tr>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
<th>SUMMER SESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year -</td>
<td>Year -</td>
<td>Year -</td>
</tr>
</tbody>
</table>

Student Name: ________________________________

Number of Hours in Attendance: ________________________________

Date of Attendance: ________________________________

Topic/Title: ________________________________

Speaker(s): ________________________________

Summary of Main Points:
Discuss how this professional time furthered your development (relative to specific learning, etc.). A one to two page typed summary should be attached to this form.

*If a typed summary is not submitted, an excused absence will NOT be granted.

I, ___________________________, hereby verify that the above named student was in attendance on _____________________, _____________________, at the professional gathering noted on this form.

(Name of Authorized Person)
This form gives the student an opportunity to evaluate the clinical site, clinical staff, and/or adjunct faculty, supervision, and other related clinical education activities. This student form will be administered at the end of each Semester. Answer or complete the following statements:

1. Was this clinical education site conducive to learning?  
   (include strengths and areas in need of improvement)

   | **STRENGTHS** | **AREA(S) IN NEED OF IMPROVEMENT** |

2. Was the quality and quantity of work sufficient?

3. Did learning activities presented at the College correlate with what was presented at this clinical education center?
4. Were you motivated to reach your potential educational ability?

5. Was the supervision helpful and sufficient?

ADDITIONAL COMMENTS:
TROCAIRE COLLEGE
DIAGNOSTIC MEDICAL SONOGRAPHY
GRADUATE EXIT INTERVIEW

Student’s Name _________________________________ Date ____________________

Current Address ________________________________ Phone ___________________

E-Mail ____________________

I. Continuing Education Plans
Do you have continuing education plans?
A. Advanced Level Degree (i.e. – Bachelor’s Degree)
   Circle one YES NO
   Comments:

B. Life-Long Learning Program
   Circle one YES NO
   Comments:

II. Employment Plans:
Circle one and supply information on sites.
A. I have secured a position in Diagnostic Medical Sonography.

B. I am being considered for employment at ____________________________________
   (Name of Site)

C. Position is: Full-time Part-time Per-diem Temporary

D. Do not at present have any job promise.

E. Will not seek employment until completion of American Registry Diagnostic Medical Sonographer Exam

F. Will not seek employment in the diagnostic imaging field.
   Reason:

III. Program/College Evaluation:
A. What were the greatest strengths of the program?

B. What improvements could be made within the program?

C. Were your goals and expectations met in the Program? Yes/No
   Please explain:

D. Overall, how satisfied were you with your academic experience in this program
   Very Satisfied Satisfied Not Satisfied

E. Would you recommend this program to others? Why or why not?

F. Were the informational resources (PLC/Library) sufficient and conducive to your learning at Trocaire?
   Yes/No

G. Please rate the following areas of the college, on a scale of:
1 = Poor
2 = Fair
3 = Good
4 = Excellent

_____ Admissions Process
_____ Bookstore service
_____ Library -- Availability of materials
_____ Library – helpfulness of staff
_____ Financial Aid – helpfulness of staff

IV. Miscellaneous:
a. Do you plan to relocate to a different geographic region? Yes/No
b. If yes, please indicate where you plan to relocate to _______________________

V. Additional Comments:
### TROCAIRE COLLEGE
Diagnostic Medical Sonography Program
Clinical Grading

**Academic Year:** _______

#### FALL SEMESTER

<table>
<thead>
<tr>
<th>Non Compliance</th>
<th>Orientation Quiz</th>
<th>Vital Signs Quiz/ Competently</th>
<th>Clinical Competencies</th>
<th>Patient Care Competency</th>
<th>Clinical Competency Evaluation</th>
<th>Final Grade (Point Total)</th>
<th>Final Grade (Letter)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y/N</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
</tr>
<tr>
<td>9.</td>
</tr>
<tr>
<td>10.</td>
</tr>
</tbody>
</table>

______________  ___________________  
Instructor Signature  Date
<table>
<thead>
<tr>
<th>Name</th>
<th>Non Compliance</th>
<th>Clinical Competences</th>
<th>Patient Care Competency</th>
<th>Clinical Competency Evaluation</th>
<th>Final Grade (Point Total)</th>
<th>Final Grade (Letter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Instructor Signature ______________________________ Date __________________________
## SUMMER SEMESTER

<table>
<thead>
<tr>
<th></th>
<th>Non Compliance</th>
<th>Clinical Competencies</th>
<th>Patient Care Competency</th>
<th>Clinical Competency Evaluation</th>
<th>Final Grade (Point Total)</th>
<th>Final Grade (Letter)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Y/N</td>
<td>50%</td>
<td>25%</td>
<td>25%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Name

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

---

Instructor Signature

Date

---
REQUEST FOR RE-ADMISSION

Please complete this form and return it to the Program Director within 10 business days from receipt.

Name _________________________________________________________________
Last                                                                 First

Address __________________________________________________________________
Street                                                             City     State   Zip

Phone Numbers __________________________________________________________
Home                                                                 Cell

Email _________________________________________________________________

I wish to be re-admitted to:

_____________________________________________________________________

(Indicate the program to which you are seeking re-admission)    (Indicate the level at which you wish to be readmitted)

at the start of the ________________________________________________.

(Semester/year)

Student Signature ___________________________________________________________________

Date ____________________________________________
Trocaire College
Diagnostic Medical Sonography Program
Re-admission Request Form

Student Name_____________________________ Date_________________

Submitted to__________________________________________

Please complete the following questions to request Diagnostic Sonography Program re-admission. Completion of this form DOES NOT GUARANTEE re-admission to the RT program!

1. Why were you unsuccessful in your DMS course(s) for this semester? What went wrong for you?

2. What will you do differently when you repeat this/ these DMS course(s)?

3. Why do you deserve a “spot” in our DMS program? Why do you want to become a Diagnostic Medical Sonography?
4.) What characteristics do you think make a successful DMS student? Do you see those in yourself? EXPLAIN!

5.) Formalize and describe an “action plan” that you will utilize for the DMS program (i.e. work, schedule, study times, use of DMS tutoring, DMS lab. Work, etc.)
Dear,

To successfully complete the Re-admission Criteria for the Diagnostic Medical Sonography Program you must complete the following requirements:

1.) **Test**
   A review multiple choice exam will be taken on the day of the competency performance in the laboratory. This exam encompasses basic review from courses previously taken. A grade of 75% must be achieved.

2.) **Skill Performance**
   The student is required to perform competencies successfully in the College Laboratory.

**Reminder:** If all above requirements are not successfully completed, you will not be allowed to re-enter the Diagnostic Medical Sonography Program. Also, be aware that all College Health Records and CPR Certification must be in order before you will be allowed into the assigned clinical site. We will need a copy of your health insurance card.

_______________________________
Ellen Bowman
Bowmane@trocaire.edu
TITLE: Appeal of Academic Decisions

PURPOSE

Provides procedures for student appeal of an action or decision on the part of faculty or professional staff affecting a student’s academic status.

POLICY

The college provides for procedural steps by which a student might appeal an academic decision on the following grounds:

1. A practice/policy at variance with accepted College practice/policy.
2. Computer/calculation error.
3. Inconsistent application of grading standards within an instructor’s sections of the same course.
4. Capricious or arbitrary application of standards concerning grading, curriculum, or placement status.
5. Allegation of academic dishonesty not supported by evidence.

DEFINITIONS

Academic decisions—decisions affecting the assignment of course grades, academic level placement, curriculum status, and academic dishonesty.

Business day—day when the administrative offices of the college are open.

Administrator—the administrator is the director or designee.

Appeal of Academic Decisions Form (AADF)—form originated in the director or other or Dean’s office of the academic area in question documenting the results of each step in the appeal process.

Respondent(s)—the person or persons making the academic decision.

PROCEDURES

1. The steps in the Appeal Process (AP) must be followed in sequence. The only exception should be the lack of availability of the respondents. In that case the student would begin with step two ( ).

2. Step One—Meeting with the respondents
Step one must be completed within thirty (30) business days of the decision date. This date shall begin 2 days after the last day of the term, or the date shown in any letter or other written communication advising the student of any other academic decision.

The student consults with the respondent(s), the instructor or other persons responsible for the academic decision, to discuss the issue in question. This step shall not be skipped unless the respondent(s) are unable to meet with the student. The supervisor of the respondent(s) shall make every effort to notify the respondent(s) concerning the appeal, but if that is unsuccessful, the student may start with Step Two.

Outcomes of Step One:
A. The respondent(s) may find that an error has been made, or that a compromise can be reached, and take the appropriate steps for correction.
B. The respondent(s) may uphold their decision, in which case the student may either accept the decision or proceed to Step Two.

3. Step Two—Discussion with Program Director or Administrator

Step Two must be initiated within ten (10) business days of the completion of Step One and must be completed within the next ten business days of its initiation. In summer sessions, the administrator or Director may take up to 20 days. Step Two may not be skipped.

If the student feels his/her grievance exists after conferring with the instructor or other professional, he/she may present the complaint in writing to the Program Director or Supervisor of the Director if the decision has been made by a director. There shall again be an attempt at mediation. The complaint in writing must state the grounds of appeal, as explained in the Policy of this regulation.

Outcomes of Step Two:
A. A mutually agreeable resolution might be reached.
B. The Director or Supervisor may find that the appeal is not timely, is without merit, or does not meet the appeal criteria set forth within the appeal procedure.
C. The Director or Supervisor may find that he/she cannot sustain the academic decision.

In any case, the Director or Supervisor will note the outcome on the Form, sign it, notify both the student and the respondent(s) of the outcome, and secure their signatures on the AADF. A copy of the form will be given to all parties. At this time, if appropriate, the student will be reminded of the right to proceed to Step Three and any impending deadlines in the appeal process.
After receipt of the AADF, the student may:
   a. accept the decision and take no further action
   b. proceed to Step Three

4. Step Three—Appeal Committee

Step Three must be initiated within five business days of the completion of Step Two and must be completed within the next ten business days of its initiation. In summer sessions this may take up to twenty days.

If the grievance remains unsettled the Director or Dean shall refer the decision to the chief academic officer (CAO). The CAO shall appoint an Appeal Committee to hear the case. The appeal committee shall consist of three faculty members for a grade appeal. The committee will be supplemented by a Director or Dean (appointed by the CAO) for other academic decisions and one other professional. The mandated three faculty will be selected in the following manner:
   a. The student selects a faculty member.
   b. The faculty member or other respondent selects another faculty member.
   c. The CAO selects a faculty member.

Efforts shall be made to avoid conflicts of interest for any member of the Appeal Committee.

Attendance at the Appeal Committee meeting shall be limited to only persons with pertinent information.

The student and the respondent are not present when the other party is presenting.

At this step the appeal shall be in writing and shall:
   1. Describe the decision form which the appeal is taken, name the respondents, if known, and state the reason for the appeal (noted in Policy above).
   2. Include any documents to be relied upon, including grades, reports, correspondence, themes or other papers.
   3. Be signed by the student.
   4. The CAO shall send copies of the appeal to the respondent, the supervisor of the respondent, and other names parties prior to the Appeal Committee meeting.

The respondent comes prepared with documents such as grade books, testing information, reports of actions taken, copies of grading or other policies, and other appropriate evidence.

Outcomes of Step Three

   1. The Appeal Committee may reverse the decision in the previous step, with a two-thirds vote of the Committee. The AC must render its decision within three business days of the date of the hearing(s). The student and respondent(s) will be informed in writing of the ruling of the AC.
   2. The AC may meet informally with either or both parties and obtain a written resolution. Such resolution may grant the student’s request or establish a compromise solution.
   3. The AC may communicate the committee’s decision to the student that the appeal is not timely, without merit, or that it does not meet the appeal criteria set forth within this administrative regulation.
The AADF shall be completed and signed by the respondents, the student, the supervisor of the respondent(s), and the CAO. This shall terminate the process.

GUIDELINES

1. Confidentiality of information is to be maintained at all steps with only those college officials having a right and reason to know being advised and/or consulted about the appeal, and being allowed to attend any meetings or hearings.
2. The CAO is responsible for ensuring that this procedure is administered properly and for resolving procedural issues which may arise.
3. The Vice President, AA keeps notes of any hearing committee meetings and limits the review to clarification of the issues.
4. Tape recordings and verbatim records may be maintained only upon agreement of all parties concerned. Legal advice may be requested by the Hearing Committee through the Office of the President of the college.
5. The procedure does not apply to student appeals of the content of college policies such as academic probation, satisfactory academic progress, academic suspension, readmission, disciplinary actions, or other college policies of a similar nature.
6. The CAO develops standard operating procedures for the Hearing Committee.

Tm/tm
Approved:
Effective:
Review Date:
Appeal of Academic Decisions Form

(Attachment to Reg 663)

REASON FOR APPEAL (From list found in Reg 663): _________________________________________________________

Step One: Student Meets with Respondent

Date of Initial Meeting: _________________
Outcome: ___________________________________________________________________________________________
_______________________________________________________________________________

Student's Name ___________________________ Respondent(s) Name(s) (printed)

Student's Name (signature) Respondent(s) Name(s) (signature)

Date: _____________________________

Step Two: Administrator Meets with Student and Respondent (individually or together)

Date of Initial Meeting: _________________
Outcome: ___________________________________________________________________________________________
_______________________________________________________________________________

Student's Name (signature) Respondent(s) Name(s) (signature)

Date: _____________________________

Administrator's Name (printed) Administrator's Name (signature)
Step Three: Appeal of Academic Decisions Committee Meeting

Date of Initial Meeting: _________________

Outcome: _____________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

CAO's Name  (signature)

Date: ________________________________

<table>
<thead>
<tr>
<th>Deadlines (Business Days)</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Fall/Spring Semester)</td>
<td></td>
</tr>
<tr>
<td>*D to D + 30</td>
<td>Complete Step One - meeting with respondents</td>
</tr>
<tr>
<td>Within 10 days of completing Step One</td>
<td>Initiate Step Two</td>
</tr>
<tr>
<td>Within 10 days of initiating Step Two</td>
<td>Complete Step Two - discussion with administrator or program director</td>
</tr>
<tr>
<td>Within five days of completing Step Two</td>
<td>Initiate Step Three</td>
</tr>
<tr>
<td>Within ten days of initiating Step Three</td>
<td>Complete Step Three - AAD committee action</td>
</tr>
</tbody>
</table>

*D = Date of Decision
This letter will serve to formally notify the Diagnostic Sonography Program of my pregnancy. My estimated due date is: ___________________.

I am voluntarily notifying the Diagnostic Sonography Program of my pregnancy. I understand that I may voluntarily withdraw my declaration at any time.

Signed: ____________________________   Date: ________________________

I wish to withdraw my pregnancy declaration.

Signed: ____________________________   Date: ________________________
Trocaire College
Diagnostic Medical Sonography Program
Service Learning Verification Form

Please return completed form to:
Pam Jablonicky
Coordinator of Service Learning
Student Affairs Offices, Phone 827-2543

SUMMER \( \text{YEAR} \)

Community Partner Site: ____________________________________________

Address: _______________________________________________________

Instructor: _____________________________________________________

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Number of Hours</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Community Partner comments: ______________________________________

Instructor comments: _____________________________________________
Declination of Influenza Vaccination for Healthcare Personnel

I have been advised to receive the influenza vaccine to protect myself and the patients I serve. I understand that by refusing the vaccination against influenza, that from November 1 to May 1 of the designated year, or a time period as otherwise designated “prevalent” by the Commissioner of the New York State Department of Health (NYSDOH) I will be required to wear a surgical mask in areas where patients and residents may be present.

I have read the information above and declare the following:

_____ I am declining the vaccination due to having a severe allergy to eggs (or other components of the vaccine).

_____ I am declining the vaccination because I have a medical condition that might worsen by receiving the vaccine.

_____ I do not wish to receive the vaccine because of religious reasons.

_____ I have been informed of the risks and benefits of the vaccine and I do not wish to receive it.

I am aware that I can change my mind at any time and accept an influenza vaccination.

Name (print): __________________________________________________________

Signature: ___________________________ Date: ________________
## TROCAIRE COLLEGE

### DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

#### GRADUATE SUMMATIVE EVALUATION

**Rating:**
4 - Demonstrates superior ability; performs with consistent distinction.  
3 - Demonstrates above average ability; performs with consistent quality.  
2 - Demonstrates average ability; performs with supervision because of limited practice and/or experience.  
1 - Demonstrates minimal ability; needs continued supervision and instruction to improve performance.

**STUDENT:** ___________________________________________________________________

**DATE:** ___________________________________________________________________

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance/Punctuality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. Professional appearance and demeanor.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Adherence to assigned lunch &amp; break times.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Constructive comments – accepts and profits from constructive suggestions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Demonstrates accountability for own actions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Identifies and records deviations from normal for a patient with an acute and/or chronic health problem.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Organization and efficiency of work.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. Willingness to work independently and ask questions when appropriate.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Ability to work cooperatively with other students and with staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Quality of work performed.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. Ability to handle stressful situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Initiative by seeking additional assignments.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. Respect towards patients, staff and peers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Willingness to help others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. Motivation – assumes responsibility for professional growth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Instructor/Adjunct Faculty Signature** ________________________________________
DISGNOSTIC MEDICAL SONOGRAPHY PROGRAM
EMPLOYER EVALUATION

IF YOU HAVE EMPLOYED ANY OF OUR GRADUATES IN THE PAST FIVE (3) YEARS, PLEASE CHECK (√) THE APPROPRIATE BOX

Graduate’s Name: __________________________________________________

Year of Their Graduation: ___________

Place Employed: ____________________________________________

Status: Full-time _____
        Part-time _____
        Per Diem _____

<table>
<thead>
<tr>
<th></th>
<th>Exceeds Expectation</th>
<th>Regularly Meets Expectations</th>
<th>Seldom Meets Expectations</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Educational Sufficiency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is knowledgeable regarding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>positions required for each</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>examination.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is knowledgeable about radiation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>safety practices.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is knowledgeable about anatomy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and physiology.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is knowledgeable about contrast</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>agents commonly encountered in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>radiologic practice.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes medical terminology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>properly.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands prime exposure factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of mAs, kVp, &amp; SiD.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands the concepts of CR,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DR &amp; PACS.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employs cultural diversity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>awareness on a daily basis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Clinical Competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Produces quality images (Positioning, collimation, marker placement, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Correctly utilizes radiation safety procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capable of evaluating images for appropriate image quality.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

84
<table>
<thead>
<tr>
<th>Exceeds Expectation</th>
<th>Regularly Meets Expectations</th>
<th>Seldom Meets Expectations</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implements changes needed to improve image quality.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adapts to and improvises for patient condition, age, and pathology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes cases thoroughly.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly completes all written documentation pertaining to case.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Professionalism**

|                               |                           |                           |                |
| Maintains patient confidentiality. |                               |                           |                |
| Demonstrates initiative. |                               |                           |                |
| Is receptive to constructive criticism and assumes responsibility for actions. |                               |                           |                |
| Effectively communicates with professional personnel. |                               |                           |                |

**Signature of Evaluator:** ____________________________________________

**Date:** _____________
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Memorandum of Agreement

This signature verifies that I have read and fully understand the Trocaire College Radiologic Technology Program Policies and Clinical Education Manual and that I agree to abide by its guidelines for the duration of time that I am in the Radiologic Technology Program.

Student Signature: ___________________________    Date: __________________

Student Name (printed): __________________________

Program Director’s Signature: _______________________    Date: __________________

CUT HERE

DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

Memorandum of Agreement

This signature verifies that I have read and fully understand the Trocaire College Radiologic Technology Program Policies and Clinical Education Manual and that I will abide by its guidelines for the duration of time that I am in the Radiologic Technology Program.

Student Signature: ___________________________    Date: __________________

Student Name (printed): __________________________

Program Director’s Signature: _______________________    Date: __________________