Thomas Jefferson University

College of Health Professions

Department of Medical Imaging & Radiation Sciences

Academic Policies and Clinical Education Student Handbook

Sonography

2026-2027

Equal Opportunity

Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran's status or any other protected characteristic. The consideration of factors unrelated to a person's ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning Thomas Jefferson University's compliance with Title VI, Title IX, the Age of Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean, the Title IX Coordinator, or Human Resources—Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution's efforts to comply with these laws. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University's compliance with the equal opportunity laws.

Required Background Check

Students who are offered admission to Jefferson in a health-related program are generally required to pass a criminal background check and child abuse clearance. Please consult with the Program Director of the Office of Admissions for clarification on the required paperwork for admission. Additionally, some departments and/or programs within the College, as well as some clinical sites may require students to be fingerprinted and/or drug tested. The Office of Admissions, along with your academic program, will provide you with the appropriate information to complete these requirements.

Clinical rotation, fieldwork, and residency sites that require a criminal background check, child abuse clearance and/or fingerprinting may deny a student's participation in the clinical experience, rotation, fieldwork, or residency because of a felony or misdemeanor conviction or a record of child abuse. Clinical sites may also deny participation in clinical experiences for other reasons, including but not limited to failure of a required drug test, or inability to produce an appropriate health clearance. As participation in clinical experiences, rotations, fieldwork, or residencies is a required part of the curriculum and a requirement for graduation, denial of participation by a clinical site may result in delay of graduation or the inability to graduate from the program.

Regardless of whether a student graduates from Jefferson, individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

Disclaimer Statement

The Department of Medical Imagining and Radiation Sciences reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

Diversity Statement

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging, and opportunity.

Updated August 2026

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ENTERPRISE MISSION, VISION & VALUES

Mission

We Improve Lives.

Thomas Jefferson University is a national leader in professional education, preparing students for the future of work, while also engaging in groundbreaking research and creative discovery. Dedicated to inclusive and experiential learning, Jefferson fosters transdisciplinary collaboration, embraces social responsibility, and celebrates the value of diverse identities and perspectives.

Vision

Reimagining health, education and discovery to create unparalleled value.

Values

- Put People First
- Do the Right Thing
- Pursue Excellence

Commitment to Diversity, Equity & Inclusion

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging & opportunity.

MISSION OF THE DEPARTMENT & PROGRAM

The mission of the Department of Medical Imaging & Radiation Sciences and the Program is to provide a comprehensive education preparing students for entry-level practice in medical imaging and radiation sciences as competent, caring members of the health care team, cultivating professionalism and lifelong learning.

PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

The goal of the Abdomen-Extended & OB/GYN, Vascular and Cardiac Sonography programs is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains in Abdomen-Extended & OB/GYN, Vascular and Cardiac sonography.

Goal #1: Clinical Performance & Clinical Competence

Students will:

- Select appropriate transducers and use appropriate technical settings
- Demonstrate knowledge of proper patient prep
- Obtain appropriate images of highest obtainable technical quality
- Provide safe and quality patient care

Goal #2: Problem Solving Skills & Critical Thinking:

Students will:

- Adjust technical settings as needed based on patient body habitus and/or pathology
- Change transducers or patient position as needed for exam
- Critique images for diagnostic quality

Goal #3: Communication Skills:

Students will:

- Demonstrate appropriate and effective oral and written communication skills with patients and the interprofessional healthcare team.

Goal #4: Professional Development & Growth:

Students will:

- Integrate professional ethics and behavior into clinical practice
- Function as part of the interprofessional healthcare team
- Participate in professional growth development

THE HANDBOOK

The Academic Policies and Clinical Education Student Handbook serves to share with you certain resources, policies, and procedures that may be useful to you during your undergraduate studies in the Department of Medical Imaging and Radiation Sciences in the Jefferson College of Health Professions. While we have attempted to provide you with a comprehensive handbook, it does not stand alone. Students are responsible for understanding academic policies and procedures of Thomas Jefferson University and the Jefferson College of Health Professions (JCHP). Important university wide policies, including the Community Standards and Student Sexual Misconduct Policy, and information on University Services are found on the Thomas Jefferson University Student Handbook website at www.jefferson.edu/handbook. Students are also directed to the policies and procedures contained in the JCHP Student Handbook, which can be found at https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/student-resources.html

If you should have any questions throughout your academic career, we encourage you to reach out to your program director, advisor, or department chair.

DISCLAIMER STATEMENT

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NATIONAL CERTIFICATION EXAMINATION

Following the certification organizations' policies, graduates of the one-year and two-year Bachelor of Science degree programs are eligible to take the associated certification examinations upon completion of the Bachelor of Science degree program and award of the Bachelor of Science degree. Students are eligible to take the associated certification examinations of the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), and the Medical Dosimetrist Certification Board (MDCB), as applicable. Refer to the American Registry of Radiologic Technologists (ARRT), American Registry of Diagnostic Medical Sonographers (ARDMS), Cardiovascular Credentialing International (CCI), or the Medical Dosimetrist Certification Board (MDCB), as applicable, for the specific certification and credential requirements. Students who pass these examinations receive national certification.

PROGRAM ACCREDITATION

The educational programs of the department are approved by the University administration. Programs are programmatically accredited by their respective accreditation bodies (e.g. JRCERT and CAAHEP). All programs, including Computed Tomography and Invasive Cardiovascular Technology, are covered under the University's accreditation by Middle States Commission on Higher Education.

PROGRAM COMPLIANCE

A student who believes a program is not in compliance with the accreditation standards should submit a written complaint to the Program Director, including documentation for the complaint. The Department Chair, Program Director, and Clinical Coordinator will review the complaint and documentation and respond to the student within three (3) business days of receiving the complaint. If the student is not satisfied with the response, the student has the right to contact the accreditation body [1].

The Abdomen-Extended, Vascular and Cardiac sonography programs are accredited by the

Commission on Accreditation of Allied Health Education Programs (CAAHEP)

- 9355 113th Street N, #7709
- Seminole, FL 33775
- 727-210-2350
- www.caahep.org

Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS)

- JRC-DMS
- P.O. Box 2050
- Ellicott City, MD 21041

[1] *Students in the CT or ICVT Program should contact the Dean of JCHP.*

ACADEMIC POLICIES

POLICIES ON STUDENT PROGRESSION

COURSE REQUIREMENTS

1. Program curriculum is sequential in nature and each course must be taken in the prescribed semester according to the plan of study.
2. Students are responsible for accessing courses through Canvas, https://canvas.jefferson.edu/ and downloading all course syllabi, handouts, and assignments for each course every semester.
3. Students must complete course evaluations for each of their courses at the end of the semester. A link will be provided to the students at the end of each semester.
4. Students must complete the University Orientation, Health Insurance Portability and Accountability Act (HIPAA) module, and Safety module prior to matriculation.
5. Students are responsible for checking their Jefferson e-mail accounts daily. All program related correspondence will occur through this account only.

POLICIES ON UNDERGRADUATE STUDENT PROGRESSION IN THE MEDICAL IMAGING & RADIATION SCIENCES MAJOR

- Students who earn one course grade of C- or D in the Medical Imaging & Radiation Sciences curriculum in any academic year will be placed on departmental academic probation and will be required to meet with their assigned faculty advisor to monitor academic progress.
- Students who do not maintain a minimum of a 2.0 cumulative GPA will be placed on university academic probation.
- Students who earn two or more course grades of C- or D in the Medical Imaging & Radiation Sciences curriculum in any academic year will be dismissed from the Department of Medical Imaging & Radiation Sciences.
- Students who earn a course grade of F in any Medical Imaging & Radiation Sciences curriculum will be dismissed from the Department of Medical Imaging & Radiation Sciences.
- Incomplete grades for a Medical Imaging & Radiation Sciences course can be assigned only in the case of extenuating circumstances. These circumstances must be reviewed by the faculty prior to the issuance of an "Incomplete" grade. In all cases, an "Incomplete" grade is assigned only when the work already done has been of a quality acceptable to the instructor.

PROBATION/RETURNING TO GOOD ACADEMIC STANDING

Students who achieve the minimum standards to return to good academic standing (2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year) will be removed from probation at the end of the academic year. Two-year students who have been placed on departmental academic probation during their junior academic year, but have successfully completed their junior academic year, will be taken off departmental academic probation at the beginning of their senior academic year.

At the end of the probationary period:

1. The student achieves: the minimum 2.0 cumulative GPA, no additional course grades of C-, D, or F in the academic year is reinstated in good standing, or
2. The student fails to achieve: the minimum 2.0 cumulative GPA, no additional course grades of C, D, or F in the academic year at the end of the probationary period and is dismissed from the College for academic underachievement.

ACADEMIC INTEGRITY POLICY

Academic Integrity is the foundation of all Jefferson teaching, learning, and professional endeavors and is vital to advancing a culture of fairness, trust and respect. All members of the University community must maintain respect for the intellectual efforts of others and be honest in their own work, words, and ideas. The University Academic Integrity Policy can be found Graduate Policies

GRADUATION REQUIREMENTS

In order for students to be eligible for graduation, the student must:

- Fulfill the specific credit hour and course requirements for their specific program in accordance with the academic standards criteria outlined in DegreeWorks and confirmed by Graduation Pre-Certification
- Be in good academic standing within their respective programs and achieve a minimum grade point average of at least a 2.0 for undergraduates or 3.0 for graduates on all attempted work; (Please note that departmental/cumulative GPA requirement may exceed these minimums. Refer to your program/departmental guidelines)
- Have resolved all incomplete/IP grades
- Met University Residency Requirement which identifies the number of required credits earned at the university (See Residency Requirement Policy)

Please note: No official transcripts will be granted to any person who has any unadjusted indebtedness to the University.

TIME TO DEGREE RESTRICTIONS

Students are required to complete their course of study in no more than 150% of the standard time frame required by the academic program.

- The one-year Bachelor of Science program has a standard time frame of 12 months.
- The two-year Bachelor of Science program has a standard time frame of 24 months.
- The undergraduate certificate program has a standard time frame of 12 months.

An extension may be granted in the event of extenuating circumstances. The death of a family member or documented medical illness are examples of unusual and extenuating circumstances.

TRANSFER OF CREDITS/CHALLENGE EXAM, CREDIT BY EXAM, COURSE BY APPOINTMENT

Prerequisites must be completed by the time the student enters Thomas Jefferson University. Credits may be earned through standardized tests, including CLEP for non-science-based courses. Thomas Jefferson University does not accept challenge exams.

COURSE REPEAT POLICY

Programs in the Department follow a sequential prescribed curricular plan of study. Courses are only offered one time in a particular semester. If a course is failed with a grade of "F', the student is dismissed from the Department. The Department readmission policy should be followed if a student wishes to seek readmission. An individual plan of study would be created, that includes but not limited to, repeating of the full program's curricular sequence.

READMISSION AFTER DISMISSAL

Matriculated students who have been dismissed from the Department of Medical Imaging & Radiation Sciences may re-apply for admission through the Office of Admissions.

All readmitted students are subject to the academic and curricular requirements in place at the time of readmission. Additionally, start terms for the readmitted students will be determined by the program and based on the student's plan of study; readmitted students cannot assume that they will start in the next immediate term after readmission has been granted.

The student's Department Chair will indicate any requirements that the student must meet upon readmission. The student will be held responsible for fulfilling these special criteria of academic performance established with the program upon readmission, in addition to the overall program and College requirements for achieving good academic standing.

RETENTION OF STUDENT WORK

Student records are maintained by the Department for a minimum period of three years after graduation.

CONTINUOUS ENROLLMENT

The Department of Medical Imaging & Radiation Sciences curriculum was designed to be delivered sequentially, where concepts and skills are introduced, expanded upon, and mastered across the program and where competencies are enhanced at different points across the curriculum. To be most effective at delivering the requisite competencies in accordance with accreditation standards, students must be continuously enrolled from the point of matriculation until graduation unless a leave of absence is approved. If a personal or medical leave of absence is required, the leave must be approved and must not exceed one calendar year.

ACCOMMODATIONS – GENERAL

Thomas Jefferson University does not discriminate on the basis of disability, in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. The University provides accommodations for students with disabilities, who are eligible for accommodations and who seek accommodations. All students interested in receiving accommodations must contact the Office of Accessibility Services below. Students requesting accommodations in the classroom must present a current accommodation letter from the Office of Accessibility Services to the instructor before accommodations may be provided. Thomas Jefferson University works with students with disabilities regarding equal access to all services and programs. Requests for accommodations may be made at any time (although accommodations are not retroactive). The University encourages all students who have any inquiries to contact Accessibility Services. More information on disability accommodations can be found at https://www.jefferson.edu/life-at-jefferson/student-resources-services/academics-career-success/accessibility-services.html

To request an accommodation, please contact the https://www.jefferson.edu/life-at-jefferson/student-resources-services/academics-career-success.html

TECHNICAL STANDARDS - ACCOMMODATIONS

If a student cannot demonstrate the skills and abilities listed in the technical standards for the program, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodations provided that such accommodations do not fundamentally alter the nature of the program, the nature of patient care and/or do not impose an undue hardship such as those that cause significant expense, difficulty or are unduly disruptive to the educational process.

TECHNICAL STANDARDS

Physical Demands

Clinical and laboratory assignments for the program require certain physical demands that are the minimum technical standards for admission. Listed below are the technical standards that all students must meet to enter and complete the program.

The student must be able to routinely:

- Bend, stoop, reach and stretch the arms and body, often utilizing awkward and non-ergonomically correct positions
- Assist patient on/off examination tables
- Have physical stamina and stand for long periods of time
- Have sufficient manual dexterity to manipulate the ultrasound transducer and operator controls
- Have sufficient gross and fine motor coordination to implement skills related to the performance of ultrasound such as positioning, transporting and scanning patients.
- Sonographers must be able to manipulate heavy ultrasound equipment, such as for portable examinations, move patient beds, and must be able to assist patients that are unable to assist themselves. Also must be able to lift up to 50 lbs.
- Have sufficient auditory perception to receive verbal communication from patients and members of the healthcare team. This includes assessing the health needs of patients through the use of cardiac/respiratory monitors, fire alarms, intercoms, etc.
- Sufficient visual acuity to view grayscale and color images on a computer monitor or film, and read written reports, chart orders, etc.
- Perform proper steps in a procedure in an organized manner and in a specific sequence
- Have the ability to write or otherwise provide a preliminary report using sonographic terminology
- Communicate effectively with patients and other health care providers. This includes verbal, reading and writing skills.
- Interact compassionately with the sick or injured

IMPLICATIONS OF PROBATION-CREDENTIALING

Many accrediting and credentialing bodies require notification that a student was placed on probation. By requesting that the Program complete the appropriate paperwork, a student affirmatively consents to release of such information. This means that if accrediting or credentialing bodies require verification from the University, instances of professionalism, probations, and academic probations will be reported. This may or may not affect a student's job placement or ability to gain credentialing for a particular institution.

STUDENT GRIEVANCE

All members of the Thomas Jefferson University Community have the right to express concerns when they perceive that they have been treated in a manner not consistent with the standards of conduct at the University. The student grievance procedure is intended to allow students this mode of expression. For academic grievances within the program, students should refer to the Student Grievance Procedure outlined in the JCHP Student Handbook. For grievances external to the academic program, students should consult the Grievance Procedure outlined in the Rights and Responsibilities section of the TJU Student Handbook.

STUDENT ADVISEMENT

All students are required to meet with their faculty advisor at least once during each semester.

COMPETENCY-BASED CLINICAL EDUCATION

COMPETENCY BASED CLINICAL EDUCATION

Competency-based clinical education has been established for the students enrolled in the Department of Medical Imaging & Radiation Sciences programs.

- It is designed to permit accurate assessment of the knowledge, skills, and attitudes of students in the clinical education component of the program.
- Evaluation of students' clinical competencies must be completed by registered/credentialed sonographers under the direction of the Clinical Affiliate Supervisor.

All students must attend the scheduled clinical education rotations (see clinical syllabus).

All students must complete the minimum number of clinical competencies in accordance with the requirement of their certification and/or accreditation body.

- Individual clinical course syllabi will detail the clinical competency requirements to successfully pass the clinical course.

CLINICAL EDUCATION ELIGIBILITY

To be assigned to a Clinical Affiliate, the student must meet the following requirements or obligations:

- Provide and maintain proof of certification in adult, child, and infant cardiopulmonary resuscitation (BLS for Healthcare Provider).
- Meet program specific technical standards.
- Complete all immunization requirements prior to commencing or resuming clinical courses.
- Be in compliance with the University requirements for influenza vaccination.
- Complete any additional requirements mandated by the clinical site, department, or university as indicated at the time of the clinical course.

Failure to meet the clinical education eligibility requirements will result in the delay of clinical or the failure of clinical courses.

- Students not in compliance with the eligibility requirements are not permitted to attend clinical and possibly in-person classes.
    - o Any missed time from clinical due to not meeting any of the above requirements must be made up.

CLINICAL PRACTICES AND POLICIES

1. Attendance at clinical is mandatory.
2. A student who does not demonstrate safe clinical practice will be in violation of clinical practices and policies.
3. A student who does not demonstrate professional behavior and professional practice may be removed from their clinical rotation and clinical site.
4. Safe clinical or professional practice is defined as:
    a. Adhering to the *Patients' Bill of Rights* – **Appendix A.**
    b. Performing clinical duties consistent with the professional standards of ethics – **Appendix B.**
    c. Adhering to the code of behavior/conduct outlined in the University, College and Department of Medical Imaging & Radiation Sciences handbooks.

d. Adhering to all clinical practices and policies of the clinical site, and as outlined in the University, College, and Department policies and procedures.
e. Adhering to departmental radiation protection and monitoring practices where appropriate. See Appendix C, D, E, F, G, H, I, J, K (only applicable to modalities that use ionizing radiation).
f. Adhering to the scope and practice standards, **appendix C.**

POLICY GOVERNING CLINICAL EDUCATION SCHEDULING

The purpose of the clinical assignment is to correlate didactic knowledge with practical skills and attitudes.

- The total number of students assigned to any clinical site shall be determined by the Department of Medical Imaging & Radiation Sciences and approved by program accreditation bodies.

The student is subject to all rules and regulations of the clinical affiliate.

The clinical affiliate reserves the right to suspend or terminate from the site a student who does not adhere to established policies of the program or the clinical affiliate.

- A student who does not maintain appropriate behavior may be suspended or dismissed immediately.
- Due to the limited number of clinical sites, should a student be asked to leave the assigned clinical site for any disciplinary reason, the Department cannot guarantee the student a new clinical placement.
  - This would result in a failure for the clinical course and dismissal from the Department.

If a student is suspended or dismissed from a clinical affiliate, the Department Chair, Program Director and Clinical Coordinator will review the circumstances for this action.

- All parties are encouraged to address the issue promptly in writing (within (5) business days whenever possible) so that resolution of grievance should require no more than three (3) weeks.
- If the decision to dismiss is upheld, the clinical dismissal will result in a final grade of "F".
- Students who have reason to believe that the grade has been inappropriately assigned may request a review of the grade in accordance with the provisions of the Grade Appeal Protocol, which is published in the TJU Student Handbook.

CLINICAL AFFILIATE ASSIGNMENT

The Program Director and/or Clinical Coordinator determines student schedules and assignments at clinical affiliates.

- Assignments at the clinical affiliates are intended to provide the student with a comprehensive clinical education, as deemed appropriate by the faculty and serve to correlate didactic knowledge with practical skills.
- Students are not guaranteed specific clinical affiliates; however, student input is considered.

Students will have the opportunity to select multiple imaging modalities to observe beginning in the first semester of the program.

- Students may visit or revisit any modality of their choice during the program.

The program provides equitable learning opportunities for all students regarding learning activities and clinical assignments.

- Any student requesting changes in the clinical schedule must submit written justification for the changes to the Program Director and/or Clinical Coordinator.
- A decision will be made based on the student's educational needs and site availability.

RESPONSIBILITIES OF THE CLINICAL AFFILIATE SUPERVISOR/PRECEPTORS

The clinical affiliate supervisors/preceptors are available to students whenever they are assigned to a clinical setting. Responsibilities include:

- Providing appropriate clinical supervision. Refer to the section entitled "Supervision Policy"
- Providing student clinical evaluation and feedback.
- Providing orientation to the clinical department.
- Providing feedback to the program director and clinical coordinator.
- Maintaining knowledge of program mission and goals.
- Understanding the clinical objectives and clinical evaluation system.
- Understanding the sequencing of didactic instruction and clinical education.
- Providing students with clinical instruction and supervision.
- Evaluating students' clinical competence.
- Participating in the assessment process, as appropriate
- Maintaining competency in the professional discipline and instructional and evaluative techniques through continuing professional development.
- Maintaining current knowledge of program policies, procedures, and student progress.
- Monitoring and enforcing program policies and procedures
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

RESPONSIBILITIES OF CLINICAL STAFF

Responsibilities of the clinical staff include:

- Understanding the clinical competency system.
- Understanding requirements for student supervision.
- Evaluating students' clinical competence, as appropriate
- Supporting the educational process.
- Maintaining current knowledge of program clinical policies, procedures, and student progress.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.

RESPONSIBILITIES OF THE DEPARTMENT CLINICAL COORDINATOR

The Department of Medical Imaging & Radiation Sciences Clinical Coordinator coordinates the daily operations of clinical education. Duties include, but are not limited to:

- Providing clinical education placements.
- Mentoring students.
- Supervising students.
- Advising students.
- Providing guidance to clinical instructors.
- Reviewing program policies and procedures with clinical affiliate supervisor/instructors.
- Visiting clinical sites each semester to observe and evaluate student performance.
- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.
- Maintaining current knowledge of program policies, procedures, and student progress
- Correlating and coordinating clinical education with didactic education and evaluating its effectiveness
- Participating in didactic and/or clinical instruction
- Supporting the program director to assure effective program operations
- Participating in the accreditation and assessment processes
- Maintaining current knowledge of the professional discipline and educational methodologies through continuing professional development

RESPONSIBILITIES OF THE STUDENT

The student is responsible for:

- Displaying professional appearance in compliance with the dress code policy.
- Establishing harmonious working relationships and earning the respect of the Medical Imaging & Radiation Sciences personnel and other members of the health care team through a professional and dignified posture and attitude.
- Using all equipment and materials responsibly and safely.
- Embodying the highest standards of civility, honesty, and integrity.
- Respecting and protecting the privacy, dignity, and individuality of others.
- Observing and assisting the clinical staff.
- Attending and participating in all scheduled clinical activities.
- Consulting with clinical affiliate supervisors and/or departmental faculty for help with problems.
- Participating in the development of an individualized clinical education plan.
- Maintaining an accurate record of clinical examinations/competencies.
- Recording the number and types of evaluations required during each academic semester.
- Striving to broaden their knowledge and background on clinical subject matter by reading professional literature and attending conferences and seminars.
- Incurring all travel costs and expenses.
- Understanding that commuting time and costs are not determining factors for clinical assignments.
- Use personal or public transportation to clinical affiliates.
- Attending a formal advisement meeting with their advisor at least once per semester.

- Maintaining safety and confidentiality of student records, instructional materials, and other program materials.
- Providing safe and quality patient care including safe radiation practices for patients, self, and the healthcare team.
- Demonstrating clinical progression.
- Corresponding in a timely fashion with all program faculty and administration.
- Adhering to all policies and procedures of the clinical affiliate, the Department, the College, and the University.
- Report any clinical incidents, unprofessional clinical behaviors, or adverse events to the Program Director/Clinical Coordinator and Title IX coordinator as appropriate
- Being properly identified as a student

NON COMPLIANCE WITH CLINICAL PRACTICES AND POLICIES

Violations of Clinical Practices and Policies will typically be addressed through progressive discipline, as follows:

- First violation – written warning and counseling by the Program Director and/or Clinical Coordinator.
- Second violation – possible suspension, at the discretion of the Program Director, or dismissal.
- Third violation – dismissal from the Department.

Depending on particular circumstances, one or more progressive disciplinary steps may be skipped in instances of particularly serious violations of policies and/or practices, and some egregious violations may result in immediate dismissal from the Department.

Students who do not maintain compliance with the clinical practices and policies are subject to disciplinary action, including removal from the clinical affiliate and potential dismissal from the department.

- Any clinical time missed due to a violation of these policies will be made up by the student.
- The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time.
- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time, if the site is willing to resume the clinical experience.

Further disciplinary action may be taken for habitual violations of policies.

CLINICAL POLICIES

DEPARTMENT POLICY ON CONDUCT

Students must comply with the rules and regulations of the Department of Medical Imagining & Radiation Sciences. Deviation constitutes misconduct. This includes, but is not limited to:

- Sleeping during a clinical assessment.
- Failure to actively participate in clinical education.
- Leaving a clinical assignment or room/area assignment without qualified staff's permission.
- Failure to notify Clinical Affiliate and the Program Director/Clinical Coordinator of absence, lateness, early departure, and daily change in schedule.
- Failure to accurately document completion of scheduled clinical rotations (time of start of day's rotation, lunch break, time of end of day's rotation).
- Failure to accurately document competencies in accordance with department regulations.
- Using any personal electronic devices in the patient care/clinical education setting.
- Using the hospital computer for any reason EXCEPT hospital business.
- Violation of the supervision policy.
- Violation of any duly established rules or regulations.

FAMILY MEMBERS/FRIENDS WORKING AT CLINICAL AFFILIATE POLICY

It may be deemed a conflict of interest for a student to be supervised or evaluated by family members or friends employed at his/her clinical affiliate.

- If this situation arises, the student should inform his/her Program Director/Clinical Coordinator so that alternative arrangements can be considered.

FAMILY MEMBERS/FRIENDS CLASSROOM, LAB, & CLINICAL POLICY

At the Clinical Affiliate

- Family and friends are not permitted to visit the student at the clinical affiliate during clinical hours. Unsupervised children are not permitted.
- Family and friends must wait in a public area and are **not** permitted in scanning or treatment rooms.
- It is not acceptable for students to entertain their family and friends and neglect their professional duties.
- Students may not ask clinical affiliate staff to baby-sit for them.
- TJU's liability insurance does not extend to students' family and friends.

In the Medical Imaging & Radiation Sciences (MIRS) Department

- The University teaching and learning environment is not an appropriate setting for children.
- Faculty and students shall refrain from bringing children to classrooms, studios, laboratories and other institutional settings except in the event of unanticipated emergencies and in those instances, only with appropriate approval.
- When unanticipated emergencies do arise and an exception is being sought, the procedure for seeking approval can be found at Children in Instructional Settings

In the Medical Imaging & Radiation Sciences (MIRS) laboratories

- Only Medical Imaging & Radiation Sciences students with proper Jefferson ID are permitted in the laboratories.
- The students are not permitted to bring family members or friends into the laboratories at any time.
- Scanning or performing any procedures on family members or friends is not permitted.
- Other Jefferson students or employees who are not part of the Medical Imaging & Radiation Sciences department are not permitted in the MIRS laboratory unless they have a signed waiver to be used as a student volunteer.
- TJU's liability insurance does not extend to students' family and friends.

PERSONAL ELECTRONIC DEVICES POLICY

Students may not carry or use any type of personal electronic device during clinical hours, including but not limited to smart watches and cell phones. These devices must be placed with your personal belongings. The use of any type of recording device (camera, video, smart glasses, etc.) is strictly prohibited.

For exceptional circumstances necessitating immediate personal communication by phone or text, students should ask the Clinical Affiliate Supervisor to be excused, attend to the personal business, and return to duty as quickly as possible.

COMPUTER POLICY

Students may not use personal or clinical facility computers for personal business during clinical hours. Personal business includes, but is not limited to, internet surfing, shopping, emailing, instant-messaging, texting, and printing. Personal storage devices (USB, flash drives, CDs) are not permitted in the clinical setting.

STUDENT WORK POLICY

If a student is employed at any clinical facility, they must abide by the following policies:

- Students must notify Program officials that they are working at the clinical affiliate.
- Students are not permitted to work during scheduled clinical hours.
- Students may **not** wear student uniforms or Jefferson ID.
- Students may not accrue competencies during non-clinical hours.
- Students may not apply work time to make-up time.
- Students are not covered by Jefferson liability insurance during non-clinical hours.

VENIPUNCTURE POLICY

The CAAHEP/ARRT clinical competency requirements include performance of venipuncture for injection of contrast agents and radiopharmaceuticals. To participate in the performance of venipuncture on patients, students must:

- Have completed all immunizations as required by JCHP.
- Have current BLS certification, as required by the Department of Medical Imaging & Radiation Sciences.
- Have health insurance, as required by JCHP.
- Have completed a venipuncture certification course, as required by the Department of Medical Imaging & Radiation Sciences.
- Attend and complete institutional venipuncture training, as required by clinical affiliates.

HEALTH INSURANCE CONFIDENTIALITY POLICY:

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Students must maintain strict confidentiality of all health information of patients at clinical affiliate sites during and after the course of their clinical rotations. Students may neither use nor disclose health information of patients to which they have access, other than as expressly authorized by the clinical affiliate. Students may not record any patient-identifiable information on their personal documents (e.g. clinical logs). Students must be familiar with and adhere to their clinical affiliate's HIPAA policy. Refer to policy #134.01 – Privacy and Confidentiality of Health Information Policy. Jefferson's HIPAA/Privacy and Confidentiality of Health Information Policy can be found at, tjuh3.jeffersonhospital.org/policy/index.cfm/universitypnp/view/id/262636. Please note that this link will only function from within the University's intranet.

PREGNANCY POLICY

A student who becomes pregnant during a component of the program may voluntarily inform the Program Director, in writing, of their pregnancy.

- Option 1: The student may continue in the program if they choose, without modifications to any component of the program.
- Option 2: The student may take a leave of absence from clinical education but continue their didactic studies. Clinical assignments will be completed when the student returns.
- Option 3: The student may withdraw from the program and reapply in accordance with college policies.
- Option 4: The student, in writing, may withdraw their declaration of pregnancy at any time and/or for any reason.

Due to the need for special radiation protection education, counseling by the Radiation Safety Officer (RSO) is available. Declared pregnant students will not be permitted to enter the MRI scanner room (ACR Zone IV) during actual data acquisition or scanning.

MAGNETIC RESONANCE IMAGING (MRI) SAFETY POLICY

An MR room has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, mechanical implants, devices, or objects. Therefore, all Medical Imaging & Radiation Sciences students are required to undergo an MRI orientation and screening which reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical experience. or observations, **Appendix F**.

1. Students will attend an MRI Safety lecture and be screened for MRI Safety clearance in the fall semester by the MRI Program Director/Clinical Coordinator.
2. Students will abide by the clinical affiliate MRI Safety Protocols during the clinical rotations and/or observations.
3. Students will notify the MRI Program Director/Clinical Coordinator and be re-screened for MRI Safety clearance, should their status change during the academic year, with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations.
4. Students with contraindications to MRI Safety clearance may not participate in MRI clinical rotations and will be advised by the MRI Program Director/Clinical Coordinator regarding their status and their ability to continue as a student in the MRI Program.

N95 RESPIRATOR POLICY

Medical Imaging & Radiation Sciences students will be fit tested for an N95 respirator mask. The MIRS Department is stocked and can and will provide all students with PPE that includes ear loop masks, face shields, and N95 respirators, in addition to any other needed and required PPE. Students will not participate in high-risk aerosol-generating procedures (such as endotracheal intubations), even if proper PPE is available.

INCIDENT REPORTS AT THE CLINICAL AFFILIATE

Students who become ill, injured, or involved in an incident during a clinical rotation must:

1. Report immediately to their Clinical Affiliate Supervisor and follow departmental protocol.
2. Immediately contact the Program Director and/or Clinical Coordinator.
3. Students must contact Jefferson Occupational Health Network (JOHN) for Employees & Students as soon as possible (215-955-6836) and follow all instructions given to them by JOHN.
4. Present a note to the Program Director and/or Clinical Coordinator from the Emergency Room Physician, Jefferson Occupational Health Physician, or family physician stating the date the student may resume normal duties.

If a patient is injured while in the student's care, the student must:

1. Make sure that the patient is safe.
2. Report the incident immediately to the Clinical Affiliate Supervisor and follow departmental protocol.
3. Immediately contact the Program Director and/or Clinical Coordinator.

COMMUNICABLE DISEASES

Should students be diagnosed as having an infectious disease, they must report such a diagnosis to the Program Director and/or Clinical Coordinator and the Clinical Affiliate Supervisor. The student may be asked to leave the clinical setting until cleared by his/her physician and Jefferson Occupational Health Network for Employees & Students. The student must present a physician's note to the Program Director and/or Clinical Coordinator stating that the student may resume normal duties.

OCCUPATIONAL EXPOSURES TO INFECTIOUS DISEASE AND/OR BLOOD BORNE PATHOGENS

Needlesticks

Get more information on occupational exposures from needlesticks, sharp injuries, splashes, etc. (accessible by Jefferson staff and students only)

What to do for an Occupational Exposure to Body Fluids (Needlestick or Splash)

If you have sustained an exposure to a body fluid from one of your patients, please follow the instructions below.

1. Wash the exposed area with soap and water. DO NOT USE BLEACH.
2. If a fluid splashes in your eye, rinse with tap water or with sterile saline.
3. If a fluid splashes in your eye, remove your contacts immediately.
4. Advise your supervisor that you have been exposed.
5. Complete the accident report online through PeopleSoft Employee Self-Serve System if you are an employee. Students will complete an accident report in JOHN.
6. Report to JOHN at 833 Chestnut Street, Suite 204 (when JOHN is closed report to the Emergency Department) as soon as possible.
7. Know your patient's name, DOB and MR# as well as the name of the attending physician of the source patient.
8. Source patient testing (hospitalized) can be ordered through Epic by selecting: "Needlestick Inpatient Evaluation" on the drop-down menu. (Includes STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen)
9. Source patient testing (outpatient population) should include STAT HIV antigen/antibody, hepatitis C antibody, hepatitis B surface antigen.

JOHN will discuss the risks of your exposure and advise whether or not further treatment or evaluation is necessary. All testing in JOHN is performed free of charge for Jefferson employees and students. Please call 215-955-6836 with any questions.

If you are a Jefferson student at an affiliate, please call our office as soon as possible for further guidance and information. You must be seen emergently (either at the affiliate health center or affiliate emergency department). The visit will be billed to your insurance. Follow up at JOHN should occur on the next business day.Detailed information on Occupational Health Network for Employees & Students may be viewed on the JOHN website: https://www.jeffersonhealth.org/clinical-specialties/occupational-health-network

Contact Jefferson Occupational Health Network for Employees & Students
Hours of Operation:

- Monday through Friday, 7:30 am to 4:30 pm
- Closed every Thursday from 12:00 pm to 1:00 pm

33 South Ninth Street
Suite 204
Philadelphia, PA 19107
Phone: 215-955-0152
Fax: 215-503-9440
E-mail: JOHN-CenterCity@jefferson.edu

University Health Services- Center City
Hours of Operation:

- Monday through Friday, 7:30 am to 4:30 pm
- Closed every Thursday from 12:00 pm to 1:00 pm

33 South Ninth Street
Suite 205
Philadelphia, PA 19107
Phone: 215-955-6836
Fax: 215-923-5778
E-mail: JOHN-CenterCity@jefferson.edu

NON COMPLIANCE WITH CLINICAL PRACTICES AND POLICIES

Violations of Clinical Practices and Policies will typically be addressed through progressive discipline, as follows:

- First violation – written warning and counseling by the Program Director and/or Clinical Coordinator.
- Second violation – possible suspension, at the discretion of the Program Director, or dismissal.
- Third violation – dismissal from the Department.

Depending on particular circumstances, one or more progressive disciplinary steps may be skipped in instances of particularly serious violations of policies and/or practices, and some egregious violations may result in immediate dismissal from the Department.

Students who do not maintain compliance with the clinical practices and policies are subject to disciplinary action, including removal from the clinical affiliate and potential dismissal from the department.

- Any clinical time missed due to a violation of these policies will be made up by the student.
- The Program Director and/or Clinical Coordinator in cooperation with the Clinical Affiliate Supervisor will determine make-up time.
- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time, if the site is willing to resume the clinical experience.

Further disciplinary action may be taken for habitual violations of policies.

ATTENDANCE REGULATIONS

DIDACTIC/LABORATORY INSTRUCTION

Each course syllabus details the individual course's attendance policy.

CLINICAL ATTENDANCE RECORDS

EXXAT/Trajecsys software and/or time sheets will be used for the documentation of clinical attendance.

- Each student must personally document the required attendance "in" and "out" time.
- Students must document the time and have the designated program official (clinical coordinator, clinical preceptor, or clinical staff) approve the documented time.
- Time not documented must be made up.
- Attendance records must accurately reflect the time attended on each day of clinical attendance.
- Under no circumstances is it permissible to document clinical attendance for another student.
    - Any student found guilty of such an offense is subject to disciplinary action including dismissal from the department.

CLINICAL EDUCATION HOURS

Total clinical assignments will not exceed 40 hours per week.

- Assignments on any one day will not exceed 8 hours, unless otherwise requested by the student and approved by the Program Director and/or Clinical Coordinator in conjunction with the Clinical Affiliate Supervisor, or if patient care responsibilities dictate otherwise.
- No student will be permitted to leave a patient during the course of an examination, even if such completion requires remaining on duty beyond the end of the shift.

Students will be assigned a lunch period each day, which they are required to take.

- The lunch break will be commensurate with the practice of the department and area/rotation assignment.
- The lunch break may not be used to make-up or accrue time.

Clinical Affiliate Supervisors may re-schedule students (within an assigned eight hours) to provide complete exposure to the unique learning opportunities in Medical Imaging & Radiation Sciences.

- The Clinical Affiliate Supervisor and student must notify the Program Director and/or Clinical Coordinator of these changes.

Students will participate in designated procedures during their clinical assignments under the guidance of a supervising technologist in the areas to which they are assigned.

PERSONAL DAYS

Students are allocated one personal day each semester.

- Time off must be taken in full days (8.5 hours [8 clinical hours plus 30-minute break]).
  - This time cannot be taken in half-days.
- The personal day is not accruable nor is it transferable.
  - Personal days cannot be banked for later use.
- A personal time request form must be submitted to the Program Director or Clinical Coordinator via the EXXAT, Trajecsys software or other designated method.
- The Clinical Affiliate Supervisor and Program Director and/or Clinical Coordinator must be notified when a student is out of clinical.
  - This notification must occur via email or phone call per the Clinical Affiliate, Program Director, and Clinical Coordinator instructions.

ABSENCE POLICY

Attendance is required for all scheduled clinical education sessions.

- The standard clinical day rotation for students is eight (8) hours of clinical activity and a half hour meal break.
- The start time and end time of the clinical shift will be determined by the Clinical Affiliate, Program Director, and Clinical Coordinator to be beneficial to the student's clinical education.
- Any change in an individual students' start time and end time must be discussed and approved by the Program Director and Clinical Coordinator and Clinical Affiliate prior to any change.

Students absent from a clinical assignment, for any reason, must call or email the Clinical Affiliate Supervisor **and** call or email the Program Director and/or Clinical Coordinator prior to the start of the shift.

- An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements.

If an emergency arises requiring an early departure from the clinical affiliate, the student must notify both the Clinical Affiliate Supervisor and the Program Director and/or Clinical Coordinator.

- It is the responsibility of the student to make these calls.
- An individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of missed time and clinical requirements.
- The attendance record must accurately reflect the early departure time from the clinical setting.

For time out of clinical, other than the one personal day, an individual clinical education plan will be coordinated between the Program Director, Clinical Coordinator, Clinical Affiliate Supervisor and student to support the completion of clinical requirements.

Students who have any symptoms that are associated with infectious diseases (e.g., cold, flu or viral infection) should not attend in-person classes, clinical experiences or other activities that put them in close contact with other students, faculty, staff or patients.

- These symptoms can include but are not limited to sneezing, coughing, fever, gastrointestinal pain, and diarrhea
- Students who have these symptoms are responsible for notifying their instructors, program leadership, and/or clinical supervisor using the proper out of clinical notification procedure before missing any scheduled course/clinical education activity.
- Students are responsible for staying current with course/clinical requirements, and for complying with any other course/clinical attendance policies.
- Students may be asked to provide documentation that they are under the care of a medical provider (without disclosure of any medical condition).

Students may also consult the Medical Leave of Absence policy as a certain level of absenteeism will disrupt the continuity of learning and achievement of clinical requirements, including, but not limited to the completion of clinical competencies.

Students are required to make up any missed time, other than the one personal day per semester.

- Excused absences will be made up equal to the number of excused days missed
- Unexcused absences will be made up equal to the number of unexcused days missed plus an additional day for each unexcused absence.
- Individual absences cannot be banked to be made up in bulk.

PUNCTUALITY

Students not in the assigned clinical area at the assigned time will be considered late.

- Three late arrivals in one semester count as one day's absence.
- Habitual lateness could lead to dismissal from the Department.

Any student who is going to be late must notify both the Clinical Affiliate Supervisor and the Program director/Clinical Coordinator **prior to the start** of the assigned time.

- All missed time due to lateness from the clinical area must be made up by the student.
- Failure to abide by these policies could lead to dismissal from the department.

Students will be advised in writing concerning their habitual lateness or violation of the Department of Medical Imaging & Radiation Sciences lateness policies by the Clinical Coordinator and/or Program Director.

MAKE-UP TIME

Arrangements must be made with and approved by the Program Director and/or Clinical Coordinator in coordination with the Clinical Affiliate Supervisor.

- The lunch break may not be used to make-up or accrue time.
- Make up time may not be assigned to clinical settings on holidays that are observed by the sponsoring institution.
- Make up time may not be assigned during non-traditional hours of clinical assignments such as weekends.
- Jefferson's liability insurance covers students during make up time assignments.
- All clinical absences must be made up at the clinical affiliate where the time was missed, consistent with the room assignments in effect when the absence occurred.

The make-up time form must be signed upon fulfillment of the time missed.

- The form will be submitted via EXXAT, Trajecsys or other means determined by the Clinical Coordinator/Program director as required.

POLICY CONCERNING DEATH IN THE FAMILY

Upon notification of the Program Director, students will be allowed up to three (3) days of leave of absence for death in the immediate family. Immediate family members include parents, grandparents, spouse, brother, sister or child. Leaves of absence requested because of the death of someone other than an immediate family member may be granted by special permission.

HOSPITAL JOB ACTIONS OR STRIKES

Whenever a strike or job action occurs at an assigned clinical site, students must leave the assignment immediately and report to the Program Director or Clinical Coordinator for further directions. At no time should a student attempt to cross a picket line to enter a Clinical Affiliate.

- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

JURY DUTY

Being selected for jury duty is a civic responsibility in which the Department encourages students to participate. Please be advised that the College cannot intervene on the student's behalf should a student be summoned for jury duty.

- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

RELIGIOUS OBSERVANCE DURING CLINICAL ROTATIONS

The Program Director and Clinical Coordinator must be notified by the student, in writing, of any days they will miss from clinical rotations because of religious observation. Students must provide this notice within three days of the course start date.

- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

HOLIDAYS/CLOSURES OBSERVED BY CLINICAL AFFILIATES

The Program Director and Clinical Coordinator must be notified by the student, in writing, if a clinical affiliate/rotation is closed for an observed holiday or reason specific to that clinical affiliate/rotation.

- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time.

STUDENT ACTIVITIES

STUDENT ACTIVITIES

Students are encouraged to participate in campus activities, e.g., orientation programs, recruitment functions, social and cultural events, interprofessional activities and the Pinning Ceremony.

- Students have the opportunity to represent the students' viewpoints on Department, College, and University committees.
- The University and Thomas Jefferson University Hospital sponsor many volunteer and mentoring programs.
- Professional organizations, Jefferson Alumni Association, and the College sponsor many programs that focus on career and professional development.

PINNING CEREMONY

Graduating students participate in the Department's Pinning Ceremony.

- During the ceremony, graduating students' names are announced and a pin is given to each graduate by their program faculty.
    - The pin symbolizes welcoming the graduate into the profession.
- Honors and awards of the graduates, along with clinical educators, are also announced.
- Friends and family of the graduates are invited to participate in the celebration.
- The Pinning Ceremony is a special time to celebrate and acknowledge the hard work and achievements of the Department graduates, faculty, and administrative personnel.

HONORS AND AWARDS

Students are eligible for the department awards for outstanding overall performance and the awards for clinical excellence.

PROFESSIONAL SOCIETIES

Students are strongly encouraged to participate in professional activities and to seek memberships in national, state, and local societies. These organizations sponsor competitions for students and several offer scholarships and educational grants.

PROFESSIONAL ORGANIZATIONS

- American Society of Radiologic Technologists (ASRT) https://asrt.org
- Philadelphia Society of Radiologic Technologists (PhilaSRT) http://philasrt.org/
- Association of Collegiate Educators in Radiologic Technology (ACERT) https://acert.org/
- Society of Diagnostic Medical Sonography (SDMS) sdms.org
- American Institute of Ultrasound in Medicine (AIUM) aium.org
- Society for Vascular Ultrasound (SVU) svu.org
- American Society of Echocardiography (ASE) asecho.org
- Delaware Valley Echo Society (DVES) https://dvesociety.org/
- International Contrast Ultrasound Society (ICUS) https://icus-society.org/

HONOR SOCIETIES

- Lambda Nu Society (Honor Society for radiologic and imaging science professionals) https://www.lambdanu.org
    - Information to join Jefferson's PA Gamma Chapter of Lambda Nu is posted in the Canvas page, STUDENTS-Department of Medical Imaging and Radiation Sciences

ADDITIONAL POLICIES

SUPERVISION POLICY

Students must log the extent of supervision (direct, indirect, or both) provided by the supervising sonographer or other designated sonography staff member for each patient encounter.

- Direct – Sonographer in the room with the student and directly observed the student scanning
- Indirect – Sonographer not in room while student scanned but reviewed the images and backscanned the patient
- Both – Combination of direct and indirect

CONFIDENTIALITY OF STUDENT RECORDS

Appropriately maintaining the security and confidentiality of student records and other program materials protects the students' right to privacy. Student records are maintained in accordance with the Family Education Rights and Privacy Act (FERPA). Student records at the clinical sites are maintained by the student/and or clinical supervisor and are not to be placed in open, public areas of the department.

DRESS CODE AND APPEARANCE POLICY

Dress and appearance standards promote a consistent professional image and help patients and employees feel safe, confident, and comfortable. One must always present a professional appearance. The following charts list the acceptable dress and appearance standards. Exceptions must be approved by program leadership and clinical affiliate supervisor.

Dress Standards

	Acceptable
Tops	Navy scrub top. Jefferson branded embroidery. Tops must be in good condition, wrinkle-free and fit appropriately. A solid color white or black crew tee shirt may be worn under the scrub top. Sleeves should not extend beyond the scrub top sleeves. Undergarments should not be visible.
Jackets	Navy scrub jacket. Jefferson branded embroidery. The jacket must be in good condition, wrinkle-free and fit appropriately. This jacket is optional, but it is the only approved jacket.
Pants	Navy scrub pants. Pants must be in good condition, wrinkle-free and fit appropriately. Undergarments should not be visible.
Footwear	Solid white or black, leather, low-top sneaker footwear with laces that tie. Closed toe and closed heel with a solid upper covering. Shoestrings should be properly tied. Shoes and laces must be clean and in good condition with no holes or tears.
Socks	Must be worn at all times.
Jewelry	Earrings should be of the small post type (no hoops). Rings, necklaces, and bracelets are not recommended.
Watches	Smart watches are not acceptable.
Body Piercings	Any body piercing besides ears should not be evident.
Tattoos	Any visible tattoos must be appropriately covered.
Identification badges	ID badges and name tags must be always worn at collar/eye-level. ID badges must be free from stickers, pins, etc. Photo ID must be always legible and visible.
Radiation dosimeter, as assigned	Radiation dosimeters are to be worn during all clinical and lab assignments. The radiation dosimeter is to be worn outside of protective apparel with the label facing the radiation source at the level of the thyroid.
Operating room (OR) attire	Specific operating room scrubs, hair, face, and shoe attire will be provided by the operating room/radiology department. The OR attire is to be worn ONLY when physically present in the OR. The full Jefferson clinical uniform is required at all other times.

Grooming Standards

	Acceptable
Body odor	Must practice personal hygiene and be free of odor. Perfume, cologne, and/or fragranced lotion are not acceptable.
Hair – head	Long hair must be neatly tied back away from face, neck, and shoulders.
Fingernails	Nail length must be less than ¼ inches. No artificial nails. No nail polish.
Gum	Chewing gum is not permitted.

Non-compliance

Students not complying with the dress code and appearance policy may be removed from the clinical affiliate.

- Any clinical time missed due to a dress and appearance standards violation must be made up by the student.
- Arrangements must be made with the Program Director and Clinical Coordinator, along with the Clinical Affiliate, to make up the missed clinical time, time if the site is willing to resume the clinical experience

Appendix A

PATIENTS' BILL OF RIGHTS

https://www.americanpatient.org/aha-patients-bill-of-rights/

We consider you a partner in your hospital care. When you are well informed, participate in treatment decisions, and communicate openly with your doctor and other health professionals, you help make your care as effective as possible. This hospital encourages respect for the personal preferences and values of each individual.

While you are a patient in the hospital, your rights include the following:

- You have the right to considerate and respectful care.
- You have the right to be well informed about your illness, possible treatments, and likely outcome and to discuss this information with you doctor. You have the right to know the names and roles of people treating you.
- You have the right to consent to or refuse a treatment, as permitted by law, throughout your hospital. If you refuse a recommended treatment, you will receive other needed and available care.
- You have the right to have an advance directive, such as a living will or health care proxy. These documents express your choices about you future care or name someone to decide if you cannot speak for yourself. If you have a written advance directive, you should provide a copy to your family, and your doctor.
- You have the right to privacy. The hospital, you doctor, and others caring for you will protect your privacy as much as possible.
- You have the right to expect that treatment records are confidential unless you have given permission to release information or reporting is required or permitted by law. When the hospital releases records to others, such as insurers, it emphasizes that the records are confidential.
- You have the right to review you medical records and to have the information explained except when restricted by law.
- You have the right to expect that the hospital will give you necessary health hospital services to the best of its ability. Treatment, referral, or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits, and alternatives. You will not be transferred until the other institution agrees to accept you.
- You have the right to know if this hospital has relationships with outside parties that may influence you treatment and care. These relationships may be with educational institutions, other health care providers, or insurers.
- You have the right to consent or decline to take part in research affecting your care. If you choose not to take part, you will receive the most effective care the hospital otherwise provides.
- You have the right to be told of realistic care alternatives when hospital care is

no longer appropriate.

- You have the right to know about hospital rules that affect you and your treatment and about charges and payment methods. You have the right to know about hospital resources, such as patient representatives or ethic committees that can help you resolve problems and questions about your hospital stay and care.
- You have responsibilities as a patient. You are responsible for providing information about your health, including past illnesses, hospital stays, and use of medicine. You are responsible for asking questions when you do not understand information or instructions. If you believe you can't follow through with your treatment, you are responsible for telling your doctor.
- This hospital works to provide care efficiently and fairly to all patients and the community. You and you visitors are responsible for being considerate of the needs of other patients, staff, and the hospital. You are responsible for providing information for insurance and for working with the hospital to arrange payment, when needed.
- Your health depends not just on your hospital care but, in the long term, on the decisions you make in your daily life. You are responsible for recognizing the effect of life-style on your personal health.

A hospital serves many purposes. Hospitals work to improve people's health; treat people with injury and disease; educate doctors, health professionals, patients, and community members; and improve understanding of health and disease. In carrying out these activities, this institution works to respect your values and dignity.

Code of Ethics for the Profession of Diagnostic Medical Sonography

Effective 09/24/2024

Preamble

This Code of Ethics aims to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers, thereby maintaining and elevating the integrity of the profession. It serves as a guide and framework for addressing ethical issues in clinical settings, business practices, education, and research.

Objectives

1. Foster and encourage an environment where ethical issues are discussed, evaluated, and addressed.
2. Help the individual diagnostic medical sonographer identify ethical issues.
3. Provide ethical behavior guidelines for individual diagnostic medical sonographers and their employers.

Principles

Principle I: To promote patient well-being, diagnostic medical sonographers shall:

A.	Provide information to the patient about role, credentials, and expertise.
B.	Provide information to the patient about the purpose of the sonography examination, procedure, or associated task within the scope of practice.
C.	Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure, or associated task according to the scope of practice.
D.	Ensure patient safety when the patient is in the sonographer’s care.
E.	Respect the patient's autonomy and the right to refuse the examination, procedure, or associated task.
F.	Recognize the patient's individuality and provide care in a non-judgmental, non-discriminatory, and equitable manner.
G.	Promote the patient’s privacy, dignity, and well-being to ensure the highest level of patient care.
H.	Maintain confidentiality of acquired patient information per national patient privacy regulations and facility protocols and policies.

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

A.	Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.
B.	Achieve and maintain specialty-specific sonography certifications/credentials. Sonography certifications/credentials must be awarded by a national sonography certifications/credentialing body that is accredited by a national organization that accredits certifications/credentialing bodies (i.e., Institute for Credentialing Excellence (ICE)/National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI)/ANSI National Accreditation Board (ANAB)).
C.	Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review and institutional research.
D.	Maintain continued competence through lifelong learning, which includes ongoing education and acquisition of specialty-specific credentials.
E.	Perform medically indicated sonography examinations, procedures, and associated tasks ordered by a licensed physician or their designated healthcare professional per the supervising physician, facility policies and protocols, or other requirements of the jurisdiction where performed.
F.	Protect patients and study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
G.	Maintain professional accountability and standards by committing to self-regulation through adherence to professional conduct, self-assessment, and peer review, ensuring the highest patient care and safety standards.
H.	Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for actions.
I.	Be accountable and participate in regular assessments of sonography protocols, equipment, examinations, procedures, and results. Note: This may be accomplished through facility accreditation.

Principle III: To promote professional integrity and public trust, diagnostic medical sonographers shall:

A.	Be truthful and promote appropriate communications with patients, colleagues, healthcare professionals, and students.

B.	Respect the rights of patients, colleagues, students, and yourself.
C.	Avoid conflicts of interest and situations that exploit others or misrepresent information.
D.	Accurately represent experience, education, and credentialing.
E.	Promote equitable access to care for the patient.
F.	Communicate and collaborate with fellow sonographers and healthcare professionals to create an environment that promotes communication, respect, and ethical practice.
G.	Understand and adhere to ethical billing and coding practices, if applicable.
H.	Conduct all activities and agreements legally and transparently in compliance with federal and state laws and rules/regulations, as well as facility policies and protocols.
I.	Report deviations from the Code of Ethics per facility policies and protocols, and if necessary, to the appropriate credentialing organization for compliance evaluation and possible disciplinary action.

Source: https://www.sdms.org/about/who-we-are/code-of-ethics

Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer

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SCOPE OF PRACTICE REVISION PROCESS

In October 2022, representatives of 20 organizations came together to begin the process of revising the existing *Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer*. Thus began a process that engaged the participating organizations in an unrestricted dialogue about needed changes. The collaborative process and exchange of ideas has led to this document, which is reflective of the current community standard of care. The current participants recommend a similar collaborative process for future revisions that may be required as changes in ultrasound technologies and healthcare occur.

ENDORSING/SUPPORTING ORGANIZATIONS

The following organizations participated in the development of this document. Those organizations that have formally endorsed the document are identified with the "†" symbol. Supporting organizations are identified with the "*" symbol.

- AHRA: The Association for Medical Imaging Management (AHRA) †
- American College of Radiology (ACR) †
- American Institute of Ultrasound in Medicine (AIUM) *
- American Registry for Diagnostic Medical Sonography (ARDMS)/Inteleos *
- American Registry of Radiologic Technologists (ARRT) *
- American Society of Echocardiography (ASE) †
- American Society of Radiologic Technologists (ASRT) *
- Cardiovascular Credentialing International (CCI) *
- Committee on Accreditation of Advanced Cardiovascular Sonography (CoA-ACS) †
- International Contrast Ultrasound Society (ICUS) †
- Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT) †
- Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) †
- Society for Vascular Medicine (SVM) †
- Society for Vascular Ultrasound (SVU) †
- Society of Diagnostic Medical Sonography (SDMS) †
- Society of Radiologists in Ultrasound (SRU) †

Note: *Some organizations have internal policies that do not permit endorsement of external documents. "Supporting organization" denotes a more limited level of review and approval than endorsement and means the organization considers the clinical document to be of educational value, although it may not agree with every recommendation or statement in the document.*

OTHER PARTICIPATING ORGANIZATIONS

The following organizations participated in the development of this document.

- American Vein and Lymphatic Society (AVLS)
- Intersocietal Accreditation Commission (IAC)
- Medical Imaging Technology Alliance (MITA)
- Perinatal Quality Foundation (PQF)

Rev. 03/06/2024

LIMITATION AND SCOPE

This document applies to diagnostic medical sonographers in the United States. Federal and state laws and rules/regulations, accreditation standards, and written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed may supersede these standards. The diagnostic medical sonographer, within the boundaries of all applicable legal requirements and restrictions, exercises individual thought, judgment, and discretion in the performance of a diagnostic medical sonographic examination or procedure considering the facts of the individual case.

This document is intended to set forth the standards in major areas of the diagnostic medical sonographer's responsibilities. It does not cover all areas or topics that may present themselves in actual practice. In addition, technological changes or changes in diagnostic medical sonographer practice may require modification of the scope of practice or clinical standards.

The definition of many of the terms and phrases used in this document is provided in the next section. A supervising physician or facility can use the list of considerations provided in Appendix A when evaluating a new diagnostic sonographic examination, procedure, or task.

DISCLAIMER

TERMINOLOGY AND DEFINITIONS

NOTE: The terms examination, procedure, study, and test are sometimes used interchangeably by the medical community, insurance companies, and government agencies. However, for the purposes of this document, the terminology and definitions provided below will apply.

For purposes of this document, the following terminology and definitions are used:

Advanced Diagnostic Medical Sonographer (Advanced Sonographer): A sonographer who performs advanced or expanded sonography or related examinations, procedures, and tasks, or who may assist a physician or other legally authorized healthcare provider with interventional, invasive, or therapeutic procedures, under the supervision of a physician and in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed.

Adverse/Sentinel Event: An adverse/sentinel event is an unexpected occurrence involving actual or risk of death or serious physical or psychological injury.

ALARA: An acronym for *As Low As Reasonably Achievable*, the fundamental principle for the safe use of diagnostic medical ultrasound is to use the lowest output power, shortest scan time, and shortest dwell time (where appropriate) consistent with acquiring the required diagnostic images and information.

Certification: Designates that a person has demonstrated, through successful completion of a specialty certification examination, the requisite knowledge, skills, and competencies and met other requirements established by an accredited sonography certification/credentialing organization. Certification also includes maintenance of certification or renewal requirements. Also known as a sonography "registration."

Certification/Credentialing Organization: A national or international certification/ credentialing organization that specializes in the certification and registration of diagnostic medical sonographers and is accredited by the National Commission for Certifying Agencies (NCCA) or American National Standards Institute – International Organization for Standardization (ANSI – ISO). The certification/credentialing organization awards a sonography credential upon successful completion of competency-based certification examination(s) and other requirements. Also known as a sonography "registry." Examples include the American Registry of Radiologic Technologists (ARRT), American Registry for Diagnostic Medical Sonography (ARDMS), and Cardiovascular Credentialing International (CCI).

Continuing Medical Education (CME): Ongoing education and training undertaken to maintain and enhance the sonographer's knowledge and skills. CME may be required by employers, certification/ credentialing organizations, accreditation organizations, state agencies, and other relevant entities.

Credential: The recognition awarded to a person who has met the initial (and continuing) knowledge, skills, and competencies requirements of a sonography certification/credentialing organization.

Diagnostic Medical Sonographer (Sonographer): A person who provides diagnostic medical sonography examinations and related procedures. The images, findings, or results obtained by the sonographer are provided to an interpreting physician and may aid physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

Education: The process undertaken to gain knowledge of facts, principles, and concepts. Education encourages problem solving, critical thinking, and application of the facts, principles, and concepts learned. A sonographer's educational preparation includes their initial and continuing medical education, as well as professional development.

Examination: A sonographic investigation performed to obtain diagnostic images and other information that aids physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

Facility: The employer of the sonographer including, but not limited to a hospital, clinic, physician's office, mobile service.

TERMINOLOGY AND DEFINITIONS (*continued*)

Interpreting Physician: The physician who evaluates the sonographer's images, findings, or results of the diagnostic examination or procedure. The interpreting physician provides the final interpretation, diagnosis, differential diagnosis, and/or recommendation(s) to the referring healthcare provider. In some clinical settings, the supervising and interpreting physician may be the same person.

Policy: A statement of intent to follow a particular course of action.

Procedure: A specific action or methodology performed to obtain diagnostic images and information that aids physicians or legally authorized healthcare providers in the evaluation, diagnosis, or treatment of disease or abnormality.

Professional Development: Ongoing process of acquiring new knowledge, skills, and abilities to enhance a sonographer's career or prepare for career advancement opportunities. This may include both formal education (e.g., earning advanced degrees or certifications) or informal learning (e.g., attending seminars and conferences).

Protocol: A documented series of steps used to acquire needed diagnostic images and information when performing an examination or procedure.

Referring Healthcare Provider: A licensed physician or other legally authorized healthcare provider, who orders a diagnostic sonographic examination or procedure or refers the patient to a specialized facility for a diagnostic sonographic examination or procedure. In some clinical settings, the referring, supervising, and interpreting physician may be the same person.

Sonographer's Report: The sonographer's analysis of the images, findings, or results from a diagnostic sonographic examination or procedure. In accordance with the supervising physician or facility policies, the sonographer's report may include descriptive or diagnostic terminology. However, the sonographer's report is intended for the interpreting physician, not the patient. The sonographer's report is not a legal diagnosis. May also be known as a sonographer's technical report, worksheet, or notes.

Specialization: A medical specialty area with a corresponding sonography certification from a sonographer certification/credentialing organization.

Supervising Physician: A physician who provides overall medical direction of the sonographer but whose physical presence may not necessarily be required during the performance of a diagnostic sonographic examination or procedure. The supervising physician is available to review examinations and procedures and to offer direction and feedback. In some clinical settings, the referring, supervising, and interpreting physician may be the same person.

Task: Discrete action or step that is part of a larger sonographic examination or procedure (e.g., machine setting adjustment, transducer placement, patient positioning, disinfection). A task is typically more granular or focused than either an examination or procedure.

Training: Guided instruction, both didactic and clinical, necessary to properly perform an examination or procedure in accordance with accepted practice standards. While closely related to education, training is undertaken to gain a specific skill.

Work-Related Musculoskeletal Disorder (WRMSD): The conditions or risk for conditions that are caused or aggravated by cognitive and physical workplace activities, which can affect the mind and body. Unlike acute injuries that occur in the workplace, such as slips, trips, and falls, a WRMSD develops gradually over time from repeated exposure to a variety of risk factors, which may be painful during work or at rest. Also referred to as "work-related musculoskeletal strain injuries" and "cumulative trauma disorders."

SCOPE OF PRACTICE AND CLINICAL STANDARDS FOR THE DIAGNOSTIC MEDICAL SONOGRAPHER

STATEMENT OF PURPOSE

The purpose of this document is to define the scope of practice and clinical standards for the diagnostic medical sonographer ("sonographer") and describe their role as a member of the healthcare team. Above all else, the sonographer should act in the best interest of the patient.

The sonographer's scope of practice is defined by four components: professional, jurisdictional, institutional, and personal.

1. The **professional** component is grounded in the diagnostic medical sonography ("sonography") profession's unique body of knowledge, supported by educational preparation, based on a body of evidence, and linked to existing or emerging medical practice frameworks (including specialty clinical practice or accreditation standards, guidelines, or recommendations).
2. The **jurisdictional** (i.e., legal) component is established by any applicable federal or state laws and regulations/rules (e.g., medical imaging licensure, medical practice acts, privacy laws, abuse reporting laws, and legal opinions).
3. The **facility** component defines the sonographer's operational functions and responsibilities and is approved by the supervising physician or facility's credentialing process (e.g., through written job descriptions and written supervising physician or facility policies, procedures, and protocols).
4. The **personal** component consists of the examinations, procedures, and associated tasks for which the sonographer is educated, trained, competent, and certified to perform.

DEFINITION OF THE PROFESSION

Sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac (i.e., adult, fetal, pediatric) sonography, musculoskeletal sonography, obstetrics/gynecology sonography, pediatric sonography, venous sonography, vascular technology/sonography, and other emerging specialties and clinical areas. These diverse specialties and clinical areas all use ultrasound as the primary imaging technology.

The sonographer performs diagnostic sonographic examinations, procedures, and associated tasks. The sonographic images and other information obtained by the sonographer is provided to the interpreting or supervising physician. In addition, the sonographer may assist a physician or other legally authorized healthcare provider who is performing interventional, invasive, or therapeutic procedures. The sonographer does not practice independently, but rather functions as a delegated agent and under the supervision of a physician. The sonographer functions in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed. Specialty clinical practice or accreditation standards, guidelines, or recommendations may also impact the sonographer's performance of an examination, procedure, or task.

A fundamental approach to the safe use of ultrasound is to apply elements of the *As Low As Reasonably Achievable* ("ALARA") *Principle* including lowest output power, the shortest scan time, and the shortest dwell time (where appropriate), consistent with acquiring the required diagnostic images and related information. The sonographer uses proper patient positioning, tools, devices, equipment adjustment, and ergonomically correct scanning techniques to promote patient comfort, prevent compromised acquisition of examination or procedure images, findings, or results, and prevent musculoskeletal injury to the sonographer.

Sonographers must be committed to increasing knowledge and technical competence (e.g., through continuing medical education and staying abreast of emerging trends, technologies, and advancements in the profession). Sonographers use independent, professional, and ethical judgment and critical thinking to safely perform diagnostic sonographic examinations, procedures, and associated tasks. Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers vary by sonography specialty areas. The sonographer should demonstrate competence through appropriate education, training, and experience in all diagnostic sonographic examinations, procedures, and associated tasks performed.

Demonstration and maintenance of competency through certification by a sonography certification/ credentialing organization that is accredited by the National Commission of Certifying Agencies (NCCA) or American National Standards Institute – International Organization for Standardization (ANSI – ISO) is the standard of practice in sonography, and maintenance of certification in all areas of clinical practice is endorsed. States, employers, and accrediting organizations should require maintenance of sonographer certification, if available, in all areas of clinical practice.

EVOLVING ADVANCED ROLES

Under the supervision of a physician and in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, some sonographers may be authorized to perform advanced or expanded sonography or related examinations, procedures, and tasks, or to assist physicians or other legally authorized healthcare providers with performance of interventional, invasive, or therapeutic procedures (see Appendices A and B). Advanced sonographer job titles (e.g., advanced sonographer, advanced cardiac sonographer, ultrasound practitioner) and written job descriptions may vary based on the needs of the supervising physician or facility and their education, training, competence, experience, and available advanced sonographer certifications/credentials. In this document, they are referred to as advanced diagnostic medical sonographers (or advanced sonographers).

Advanced sonographers have a higher level of education, training, competence, and experience and are qualified to perform more complex and specialized examinations and procedures. They have a deeper understanding of anatomy, physiology, and medical conditions, and may be responsible for accurately analyzing their own and other's sonographic findings. Other roles assigned to advanced sonographers may include but not be limited to improving lab quality and efficiency through continuous quality improvement, mentorship, educational, professional development, and sonographic-related research programs. Formal advanced education and training or advanced-level sonography certification/credentialing may be required (e.g., Advanced Cardiac Sonographer (ACS) from Cardiovascular Credentialing International).

NOTE: Temporary or short-term situational exceptions to the sonographer certification standard of practice may be necessary (in accordance with applicable federal and state laws and facility policy). For example:

- Sonography students enrolled in an accredited sonography educational program who are providing clinical services to patients under the appropriate supervision of a qualified sonographer or other qualified healthcare provider.
- Sonographers who are cross-training in an additional sonography specialty area under the supervision of an appropriately certified sonographer or other qualified healthcare provider.
- Sonographers or sonography students who are providing assessment during an emergency (e.g., disaster) where an appropriately certified sonographer is not available in a timely manner.

DIAGNOSTIC MEDICAL SONOGRAPHER CLINICAL STANDARDS

Standards are designed to reflect behavior and performance levels expected in clinical practice for the sonographer. These clinical standards set forth the principles that are common to all the specialty areas and clinical settings within the diagnostic medical sonography profession. Individual specialties or clinical settings may extend or refine, but should not limit, these general principles according to their specific practice requirements.

SECTION 1

STANDARD – PATIENT INFORMATION ASSESSMENT AND EVALUATION

1.1 Information regarding the patient's past and present health status is essential in providing relevant diagnostic information. Therefore, pertinent information related to the diagnostic sonographic examination or procedure should be collected and evaluated to determine its relevance to the examination. In compliance with privacy and confidentiality standards and in accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

- 1.1.1 Verifies patient identification using multiple indicators (e.g., name and date of birth) and that the ordered examination or procedure correlates with the patient's clinical history and presentation.
- 1.1.2 Consults the facility's policies, procedures, protocols, supervising physician, or referring healthcare provider on how to proceed if the ordered examination or procedure does not correlate with the patient's clinical history and presentation.
- 1.1.3 Interviews the patient, or their representative, and/or reviews the medical record, including prior correlative imaging studies, to gather relevant information regarding the patient's medical history and current presenting indications for the study.
- 1.1.4 Evaluates and documents any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination or procedure.
- 1.1.5 Verifies the patient, or their representative, understands and has provided consent for the diagnostic sonographic examination or procedure to be performed.

STANDARD – PATIENT COMMUNICATION AND EDUCATION

1.2 Effective communication and education are necessary to establish a positive relationship with the patient or their representative, and to elicit patient cooperation and understanding of expectations. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

- 1.2.1 Communicates explanations and instructions to the patient, or their representative, in a manner appropriate to the individual's ability to understand.
- 1.2.2 Responds to questions of concerns from the patient, or their representative.
- 1.2.3 Communicates authorized information to other healthcare providers or the patient (or their representative), as directed.
- 1.2.4 Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare provider.

STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION OR PROCEDURE

1.3 Determination of the most appropriate protocol will optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the objective of the examination or procedure. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.3.1 Integrates medical history, previous studies, and current symptoms in determining the appropriate diagnostic protocol and customizing the examination or procedure to the needs of the patient.

1.3.2 Uses professional judgment to adapt the protocol or consults appropriate healthcare providers, when necessary, to optimize examination or procedure images, findings, or results.

1.3.3 Follows facility protocol or consults with the supervising physician to determine if an intravenous ultrasound contrast agent or other pharmacologic agent may enhance image quality or obtain additional diagnostic information.

1.3.4 With appropriate education, training, demonstration of competence, and supervision, performs venipuncture, intravenous line insertion, and administration of intravenous fluid, ultrasound contrast agent, or other pharmacologic agent to enhance image quality or obtain additional diagnostic information.

1.3.5 With appropriate education, training, demonstration of competence, and supervision, administer other medications related to the examination or procedure via enteral or parenteral routes, as prescribed by a physician or other legally authorized healthcare provider.

STANDARD – IMPLEMENTATION OF THE PROTOCOL

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.4.1 Performs the examination or procedure.

1.4.2 Adapts the protocol according to the patient's disease process or condition, any contraindications, insufficient patient preparation, or other factors affecting completion of the examination or procedure.

1.4.3 Adapts the protocol according to any physical environment where the examination or procedure must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room) to ensure patient safety and comfort and minimize risk of sonographer injury, including a work-related musculoskeletal disorder (WRMSD).

1.4.4 Adapts the protocol according to images obtained or changes in the patient's clinical status during the examination or procedure.

1.4.5 Monitors the patient's clinical status and performs basic patient care tasks related to the examination or procedure, as needed.

1.4.6 Activates emergency protocol and administers first aid or basic life support, if needed.

1.4.7 Recognizes sonographic characteristics of images, findings, or results; adapts protocol as appropriate to further assess images, findings, or results; adjusts scanning technique to optimize image quality and diagnostic information.

1.4.8 Performs examination or procedure measurements and calculations, if applicable.

1.4.9 Analyzes sonographic images, findings, or results throughout the course of the examination or procedure so that optimal examination or procedure is completed, and sufficient information is provided in the sonographer's report to the interpreting physician.

STANDARD – EVALUATION OF THE DIAGNOSTIC SONOGRAPHIC EXAMINATION OR PROCEDURE IMAGES, FINDINGS, OR RESULTS

1.5 Careful evaluation of examination or procedure images, findings, or results in the context of the protocol is important to determine whether the goals have been met. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.5.1 Determines that the examination, as performed, complies with the applicable protocol.

1.5.2 Identifies and documents any limitations to the examination or procedure (e.g., equipment failure, lack of patient cooperation or preparation).

1.5.3 Initiates additional techniques or procedures (e.g., administering intravenous ultrasound enhancing or other pharmacologic agents) or obtains additional images, when indicated.

1.5.4 Notifies appropriate healthcare provider(s) when immediate medical attention may be necessary, based on the examination or procedure images, findings, or results, or the patient's condition.

STANDARD – DOCUMENTATION

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

1.6.1 Provides timely, accurate, concise, and complete images and documentation to the interpreting physician.

1.6.2 Documents adaptations of the facility's protocol including, but not limited to, any contraindications, insufficient patient preparation or inability or unwillingness to complete the examination or procedure, or any physical circumstances under which the examination or procedure was performed.

1.6.3 Provides a written or electronic sonographer's report of the examination or procedure images, findings, or results to the interpreting physician, and if needed (e.g., due to critical examination or procedure images, findings, results, or the patient's condition), a verbal report.

SECTION 2

STANDARD – IMPLEMENT SAFETY AND QUALITY IMPROVEMENT PROGRAMS

2.1 Participation in safety and quality improvement programs is imperative. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

2.1.1 Maintains a safe environment for patients and staff.

2.1.2 Maintains a safe environment for the sonographer to avoid injuries, including WRMSDs.

2.1.3 Directs, implements, or performs quality control procedures to determine that equipment operates at optimal levels and to promote patient safety.

2.1.4 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols or accreditation standards.

STANDARD – QUALITY OF CARE

2.2 All patients expect and deserve optimal care. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

2.2.1 Obtains the images and information needed by the interpreting physician.

2.2.2 Reports suboptimal performance of equipment, examination or procedure conditions, patient positioning or cooperation, or adverse/sentinel events.

STANDARD – SONOGRAPHER HEALTH AND WELL-BEING

2.3 Sonographer physical and mental health and well-being is essential to ensure ability and availability to perform diagnostic sonographic examinations, procedures, and associated tasks. In accordance with written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed, the sonographer:

2.3.1 Directs, implements, or participates in programs that seek to improve the health and well-being of sonographers, including but not limited to the reduction of WRMSDs.

2.3.2 Recognizes and reports signs and symptoms of WRMSDs and changes in health status or well-being.

SECTION 3

STANDARD – SELF-ASSESSMENT

3.1 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge, and skills. The sonographer:

3.1.1 Recognizes strengths and uses them to benefit patients, coworkers, and the profession.

3.1.2 Recognizes weaknesses and limitations and performs examinations and procedures only after demonstrating competence through appropriate education, training, experience, and certification in relevant areas of clinical practice.

3.1.3 Recognizes the need to stay informed about new developments, technologies, and trends in relevant areas of clinical practice, which may require additional training or education.

STANDARD – EDUCATION

3.2 Advancements in medical science and technology occur very rapidly, requiring an ongoing commitment to professional education. The sonographer:

3.2.1 Obtains and maintains appropriate professional certification/credential and state license, if required, in areas of clinical practice.

3.2.2 Takes advantage of opportunities for educational and professional development and growth beyond required continuing medical education.

STANDARD – COLLABORATION

3.3 Quality patient care is provided when all members of the healthcare team communicate and collaborate efficiently. The sonographer:

3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team.

3.3.2 Supports coworkers and colleagues in adopting healthy work practices and creating a supportive work environment.

3.3.3 Communicates effectively with members of the healthcare team regarding patient welfare while maintaining patient privacy in written, digital, and verbal communication.

3.3.4 Shares knowledge and expertise with colleagues, students, and members of the healthcare team.

SECTION 4

STANDARD – ETHICS

4.1 All decisions made and actions taken on behalf of the patient adhere to ethical and professional standards. The sonographer:

4.1.1 Adheres to accepted professional ethical standards and maintains professional accountability.

4.1.2 Is accountable for their own professional judgments, decisions, and actions.

4.1.3 Provides patient care with equal kindness, compassion, dignity, and respect for all.

4.1.4 Respects and promotes patient rights and acts as a patient advocate.

4.1.5 Does not perform sonographic examination or procedures without a medical order by an authorized healthcare provider, except as authorized in an educational (e.g., sonography educational program, in-service training, and continuing medical education activity) or research setting.

4.1.6 Educates patients and other healthcare providers of the potential exposure risks associated with nonmedical entrepreneurial or entertainment 2D/3D/4D sonographic procedures.

4.1.7 Does not perform examinations or procedures for which they are not appropriately educated, trained, experienced, competent, and as applicable, certified to perform.

4.1.8 Complies with federal and state laws and rules/regulations, accreditation standards, and written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed.

4.1.9 Adheres to this scope of practice and other applicable related professional documents.

APPENDIX A. EVALUATION OF PROPOSED EXAMINATION, PROCEDURE, OR TASK

When a supervising physician or facility proposes that a sonographer perform a new sonography-related examination, procedure, or task, it is critical that everyone involved understand the request and any implications. Failure to carefully consider the parameters and consequences of undertaking a new examination, procedure, or task could impact patient safety and create legal liabilities for the sonographer, supervising physician, interpreting physician, and the facility. Considerations may include, but are not limited to:

- ☐ **Appropriateness**
  - ☐ Does the sonographer's education, training, and experience support a sonographer being the most appropriate person to perform the proposed examination, procedure, or task?
  - ☐ Is adequate time available for a sonographer to complete the proposed examination, procedure, or task?
  - ☐ Will the proposed examination, procedure, or task negatively impact the patient's experience or the examination or procedure workflow, images, findings, or results?
  - ☐ Could the proposed examination, procedure, or task increase the risk of an ergonomic injury to a sonographer?
  - ☐ Are there any specialty clinical practice or accreditation standards, guidelines, or other recommendations regarding the proposed examination, procedure, or task to be performed by a sonographer?
- ☐ **Patient Safety**
  - ☐ Can the proposed examination, procedure, or task be performed competently and safely by a sonographer?
- ☐ **Research**
  - ☐ Does published peer-reviewed research support the efficacy of the proposed examination, procedure, or task and/or its performance by a sonographer?
- ☐ **Physician Supervision**
  - ☐ Has the proposed examination, procedure, or task been reviewed and approved by the supervising physician or the facility's credentialing body (i.e., medical chain of command)?
  - ☐ Is the proposed level of physician supervision appropriate and comply with federal, state, accreditation, and other requirements or standards?
- ☐ **Policies and Procedures**
  - ☐ Has the proposed examination, procedure, or task been incorporated into the supervising physician's or facility's written policies and procedures, protocols, and job descriptions, and any applicable written approval(s) been obtained?
- ☐ **Education, Training, and Competence**
  - ☐ Has the proposed examination, procedure, or task been incorporated into a formal education and training program (including continuing medical education) approved by the supervising physician or the facility's credentialing body (i.e., medical chain of command)?
  - ☐ Has each sonographer's successful completion of the education, training, and demonstration of competence specific to the proposed examination, procedure, or task been documented in writing?
  - ☐ How will ongoing education, training, and competence be demonstrated and documented?

APPENDIX A. *(continued)*

- ☐ **Accreditation or Insurer Standards**
  - ☐ Have applicable accreditation or insurer standards been consulted/reviewed to ensure the delegation of the proposed examination, procedure, or task to a sonographer complies with accreditation or insurer standards?
- ☐ **Quality Improvement/Assurance**
  - ☐ Has the proposed examination, procedure, or task been incorporated into a new or existing quality improvement program to ensure that it is being performed competently and safely by a sonographer?
- ☐ **Medical Oversight**
  - ☐ If applicable, has the state's medical licensing board been consulted to ensure compliance with the state's statutes, regulations, or written opinions regarding the proposed delegation of the examination, procedure, or task (or similar examination, procedure, or task) to a sonographer been reviewed?
- ☐ **Liability and Risk Management**
  - ☐ Has the supervising physician or facility's risk management (or other applicable department) reviewed the proposed delegation of the examination, procedure, or task to a sonographer to ensure it complies with applicable medical malpractice or business insurance policies?
- ☐ **Legal Review**
  - ☐ Has the supervising physician or facility consulted an attorney licensed to practice in the state to ensure the proposed delegation of the examination, procedure, or task to a sonographer complies with all applicable legal requirements?

APPENDIX B. SONOGRAPHER SCOPE OF PRACTICE RESOURCES

Sonography Certification/Credentialing Organizations

- American Registry for Diagnostic Medical Sonography (ARDMS)
  https://www.ardms.org/
- American Registry of Radiologic Technologists (ARRT)
  https://www.arrt.org/
- Cardiovascular Credentialing International (CCI)
  https://cci-online.org/

Sonography Educational Program Accreditation

- Commission on Accreditation of Allied Health Education Programs (CAAHEP)
  https://www.caahep.org/
  - Committee on Accreditation of Advanced Cardiovascular Sonography (CoA-ACS)
    https://caahep-public-site-5be3d9.webflow.io/committees-on-accreditation/advanced-cardiovascular-sonography
  - Joint Review Committee on Accreditation in Cardiovascular Technology (JRC-CVT)
    https://www.jrccvt.org/
  - Joint Review Committee on Accreditation in Diagnostic Medical Sonography (JRC-DMS)
    https://www.jrcdms.org/

Sonography Facility Accreditation Standards

- American College of Radiology (ACR)
  https://www.acraccreditation.org/
- American Institute of Ultrasound in Medicine (AIUM)
  https://aium.org/accreditation/accreditation.aspx
- Intersocietal Accreditation Commission (IAC)
  https://intersocietal.org/

Sonography National Education Curriculum (NEC)

- https://jrcdms.org/nec.htm

Sonography Practice Parameters, Standards, Guidelines, and Position Statements

- American College of Radiology (ACR): Practice Parameters and Technical Standards
  https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards
- American Institute of Ultrasound in Medicine (AIUM): Practice Parameters
  https://www.aium.org/resources/guidelines.aspx
- American Society of Echocardiography (ASE): Guidelines
  https://www.asecho.org/guidelines-search/
- American Society of Radiologic Technologists (ASRT): Professional Practice
  https://www.asrt.org/main/standards-and-regulations/professional-practice
- American Vein & Lymphatic Society (AVLS): Clinical Guidelines
  https://www.myavls.org/member-resources/clinical-guidelines.html
- International Contrast Ultrasound Society (ICUS): Sonographer Scope of Practice Policy Statement
  https://icus-society.org/icus-sonographer-scope-of-practice-policy-statement-9-2018/
- Society for Vascular Ultrasound (SVU): Professional Performance Guidelines
  https://www.svu.org/practice-resources/professional-performance-guidelines/
- Society of Diagnostic Medical Sonography (SDMS): Position Statements
  https://www.sdms.org/about/who-we-are/sdms-position-statements

APPENDIX B. *(continued)*

Sonographer Job Descriptions (Models/Templates)

- Committee on Accreditation of Advanced Cardiovascular Sonography (COA-ACS) *(includes ACS Sample Job Description Templates)* https://caahep-public-site-5be3d9.webflow.io/committees-on-accreditation/advanced-cardiovascular-sonography
- Society of Diagnostic Medical Sonography (SDMS) Model Job Descriptions *(includes Staff Sonographer, Lead Sonographer, Advanced Sonographer, and Sonography Manager)* https://www.sdms.org/resources/careers/job-description

State Medical Boards

- https://www.fsmb.org/contact-a-state-medical-board/

State Sonographer Licensure

- https://www.sdms.org/advocacy/state-licensure

Work-Related Musculoskeletal Disorders (WRMSD) Resources

- Industry Standards for Prevention of Work Related Musculoskeletal Disorders in Sonography https://www.sdms.org/docs/default-source/Resources/industry-standards-for-the-prevention-of-work-related-musculoskeletal-disorders-in-sonography.pdf

Appendix D

AIUM OFFICIAL STATEMENTS

The American Institute of Ultrasound in Medicine's (AIUM) statements on safety related to diagnostic medical sonography can be found at their website:

AIUM Official Statements

https://www.aium.org/resources/official-statements#:~:text=AIUM%20Official%20Statements%20contain%20the%20AIUM%E2%80%99s%20official%20position,members%2C%20the%20Board%20of%20Governors%2C%20staff%2C%20and%20stakeholders.

Appendix E

The Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography can be found at https://www.jrcdms.org/standards.htm#gsc.tab=0

Magnetic Resonance (MR) Environment Screening Form

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Please understand that some patients and students may have implants or situations that preclude them from entering deeper areas in the MRI environment

Please indicate if you have any of the following:

☐ Yes	☐ No	Brain aneurysm clips/Brain surgery
☐ Yes	☐ No	Cardiac pacemaker
☐ Yes	☐ No	Implanted cardioverter defibrillator (ICD)
☐ Yes	☐ No	Electronic/Magnetically-activated implant or device
☐ Yes	☐ No	Heart surgery/Heart valve prosthesis
☐ Yes	☐ No	Shunts (*spinal or intraventricular*)
☐ Yes	☐ No	Intravascular Shunts/ Stents/ Filters/ Coils
☐ Yes	☐ No	Spinal cord stimulator
☐ Yes	☐ No	Neurostimulator/Biostimulator
☐ Yes	☐ No	Insulin or other drug infusion pump
☐ Yes	☐ No	Implanted drug infusion device
☐ Yes	☐ No	Ear Surgery/ Cochlear Implants/ Stapes Prosthesis
☐ Yes	☐ No	Hearing aid (*remove before entering MR scan room*)
☐ Yes	☐ No	Eye Surgery/ Implants/ Eyelid Spring/ Wires/ Retinal Tack
☐ Yes	☐ No	Have you ever worked in a metal or machine shop?
☐ Yes	☐ No	Injury to the eye involving metal or metal shavings
☐ Yes	☐ No	Artificial or prosthetic limb
☐ Yes	☐ No	Orthopedic Pins/Screws/Rods
☐ Yes	☐ No	Joint replacement
☐ Yes	☐ No	Endoscopic video capsule
☐ Yes	☐ No	Endoscopy or Colonoscopy clips
☐ Yes	☐ No	Metal Mesh Implants/ Wire Sutures/ Wire Staples or Clips/ Internal Electrodes
☐ Yes	☐ No	IUD, Diaphragm or Pessary
☐ Yes	☐ No	Tattoos/Permanent Make-up/Body Piercing
☐ Yes	☐ No	Glucose Monitor/ Medication patch/ Nicotine patch
☐ Yes	☐ No	Metallic Foreign Bodies – Bullets/ Shrapnel/ BB
☐ Yes	☐ No	Any other internal/external implant or device
☐ Yes	☐ No	Is there **any** chance you could be pregnant?

If you answered yes to the pregnancy question; you will not be permitted to enter Zone IV during active MRI scanning throughout the declared pregnancy. This will not affect your progression in the program.

If you answered yes to any of the above, please explain: ____

Revised 3/2026

I attest that the above information is correct to the best of my knowledge. I read and understand the entire contents of this form. Should your status change during the academic year with regard to any potentially hazardous implants, devices, or objects, prior to MRI rotations or observations the MRI Program Director/Clinical Coordinator must be notified and you will be re-screened for MRI Safety clearance.

Student Name:___________________________________ Concentration: _____________________

Student Signature:________________________________ Date: _____________________________

_______________________________________below for ADMIN USE ONLY____

☐ The student has not identified any contraindication.

☐ The student has identified contraindications to the MR environment and has been advised not proceed past Zone II.

☐ The student has been counseled about MR conditional items they have; and may operate normally in all Zones if all conditions are met.

Form Information Reviewed By: ____

Faculty Printed Name and Credential

____

Signature

____

Date

Appendix G

STATEMENT ON BREAST SONOGRAPHY

The Abdomen-Extended & Ob/Gyn program does not hold accreditation in breast sonography. Therefore, students are not required to rotate through a breast center or earn clinical competencies in breast sonography.

However, the program will make every effort to place students in a breast imaging clinical setting if requested and available, and for a duration determined by the clinical coordinator and/or program director. The program will not attempt to supersede clinical site policies that restrict breast imaging rotations/procedures to students. Students should be advised that placement in a breast imaging rotation is not guaranteed.

Appendix P

Academic Calendar

Highlighted areas are additional dates for the program

FALL 2026

March 30, Monday	Online Registration Begins (Anticipated)
August 31, Monday	Classes Begin
September 7, Monday	Labor Day (University Holiday - No Classes)
September 8, Tuesday	Last Day to Add Online
September 11, Friday	Last Day to Drop Without "W" Grade - Online Registration Ends
October 7, Wednesday	Last Day for Course Withdrawal
October 26, Monday	Sonography clinical rotations begin
November 2, Monday	Online Registration for Spring 2027 Begins (Anticipated)
November 25, Wednesday	Thanksgiving Break Begins (After Classes End)
November 26, Thursday	Thanksgiving (University Holiday - No Classes)
November 29, Sunday	Thanksgiving Break Ends

November 30, Monday	Classes Resume
December 11, Friday	Classes End
December 14, Monday	Final Exams Begin
December 18, Friday	Final Exams End
December 21, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
December 28, Friday	Grades Due and Made Available to Students

SPRING 2027

November 2, Monday	Online Registration Begins (Anticipated)
January 1, Friday	New Year's Day (University Holiday – No Classes)
January 4, Monday	Classes Begin
January 10, Sunday	Last Day to Add Online
January 13, Wednesday	Last Day to Drop Without "W" Grade
January 18, Monday	Martin Luther King, Jr. Day (University Holiday - No Classes; Day of Service)
February 14, Sunday	Last Day for Course Withdrawal

March 5, Friday - March 14, Sunday	Spring Break (After Classes End)
March 15, Monday	Classes Resume
March 29, Monday	Online Registration for Summer 2027, Fall 2027 Begins
April 16, Friday	Classes End
April 19, Monday	Final Exams Begin
April 23, Friday	Final Exams End
April 26, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
April 30, Friday	Grades Due and Made Available to Students
TBD	Commencement

SUMMER 2027

March 29, Monday	Online Registration Begins (Anticipated)
May 3, Monday	Classes Begin
May 9, Sunday	Last Day to Add Online
May 12, Wednesday	Last Day to Drop Without "W" Grade

May 31, Monday	Memorial Day (University Holiday - No Classes)
June 16, Wednesday	Last Day for Course Withdrawal
July 4, Sunday	Independence Day
July 5, Monday	Independence Day (University Holiday Observed – No Classes)
August 13, Friday	Classes End
August 16, Monday	Clinical rotations resume for make-up time/competency requirements/paperwork
August 20, Friday	Grades Due and Made Available to Students
August 31, Tuesday	Official graduation date for graduating MIRS students