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UNIVERSITY OF ARKANSAS - FORT SMITH

College of Health Sciences

Diagnostic Medical
Sonography Program
Clinical Handbook

2016-2017

University of Arkansas Fort Smith
Diagnostic Medical Sonography Program
2016-2017 Clinical Handbook

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Clinical Environment

You will notice many differences between the academic environment to which you have been accustomed and the clinical environment which you are entering. Most of the differences will prove exciting and stimulating; some will prove to be frustrating and aggravating. How successfully you function and learn in the clinical setting depends in part on how you approach and deal with these differences.

Efficient, effective operation of the department to deliver optimal patient services and care is the top priority. This means that the **patient's welfare is considered first**. This is consistent with the goals and needs of clinical education.

Compared to learning activities conducted on campus in the classroom setting, the learned activities in the clinical setting are frequently much less structured. You must take a more active and **responsible** role for integrating the academic preparation you had with the individual examinations you are observing and performing.

Generally, in the classroom setting you work independently as you pursue your academic goals. Teamwork and cooperation among the students is not a necessity to achieve academic goals. In the clinical setting you must pursue your educational goals within the overall goals of the department to deliver quality patient services efficiently and effectively. Rather than functioning independently of the departmental goal, you become part of a health care delivery team and function cooperatively to achieve educational and departmental goals. This includes not only developing the ability to expand your attention so that it includes the mechanics of producing sonographic images of optimum quality, but also being aware of the patient as a person and not simply an exam to be completed.

Clinical Assignments

First Year

Specific hours of clinical training will depend on the clinical education section assigned. During the Fall I schedule, the student's training consists of ten (10) hours per week of clinical lab; Spring I, fifteen (15) hours per week with specific hours being assigned during the first week; and, during Summer I, twenty-four (24) hours per week with specific hours being assigned during the first week of class.

Second Year

The student's clinical training consists of twenty (20) hours per week during the Fall II schedule with specific hours being assigned during the first week of classes; Spring II, twenty (20) hours per week with specific hours being assigned during the first week of class.

Breaks may be taken as time permits. The lunch period is one 30 minutes for each 8-hour day of clinical. Lunch period will be scheduled by the clinical instructor.

Time sheets will be made available at each clinical site. The students are responsible for signing in and out, and **UNDER NO CIRCUMSTANCES WILL A STUDENT SIGN IN OR OUT FOR ANOTHER STUDENT**. Doing so will place the student in the counseling pathway that may result in dismissal from the program. If a student forgets to sign in or out, that student must get the sheet signed by the clinical instructor.

Students are assigned to one of sixteen clinical education settings by the clinical coordinator. Clinical assignments will be by the clinical instructor. A registered sonographer supervises performance of clinical procedures. The clinical instructor evaluates clinical performance.

On rare occasions, at the discretion of the clinical instructor, the student will be shifted from the scheduled clinical assignment to another area so that the student may attain greater learning opportunities. All changes in schedules or clinical assignments will be made through the DMS coordinator's office, and at the discretion of the clinical coordinator.

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Operation of System

A formal agreement is maintained between the “clinical education sites” and the university. The university assumes primary responsibility for the educational experience of the student in the hospitals and clinics. No hospital or clinical staff, including clinical instructors, are paid employees of the university, nor are the university staff compensated by the hospitals or clinics. Clinical instructors and directors voluntarily provide most of the direct supervision of students in the clinical setting, in consultation with university staff. Students must follow each hospital’s policies while assigned there, and must contribute to the normal patient care function of the ultrasound department. The university maintains liability insurance for students and faculty. Students should have their own health insurance.

Each ultrasound department should have a complete procedures manual easily accessible to students, as well as copies of the *UA Fort Smith Student Handbook & Code of Conduct*.

The university provides all clinical assignment, attendance, objective, and evaluation forms to the ultrasound departments and to each student at the beginning of each semester.

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CLINICAL EDUCATION SETTINGS

<u>Cooper Clinic</u> 6801 Rogers Avenue Fort Smith, AR 72903 Glenda Gholston, R.T. (ARRT), RDMS Administrative Director Julie Bangs, R.T. (R), RDMS, RVT	Abdominal Ultrasound, Small Parts, Vascular and Special Procedures, OB/GYN
<u>Eastside OB/GYN</u> 7303 Rogers Avenue Fort Smith, AR 72917 Susan Lovell, R.T. (R), RDMS	OB/GYN
<u>Fayetteville Diagnostic Clinic</u> 3344 N. Futrall Dr. Fayetteville, AR 72703 Jerry Thomason Administrative Director Dawnetta Hellard, RDMS, RVT	Abdominal, OB/GYN, Small Parts, Vascular
<u>Johnson Regional Medical Center</u> 1100 East Poplar Street Clarksville, AR 72830 Clint Ratcliff, R.T. (R) Administrative Director Darcy Hobbs, BSIS, R.T. (R), RDMS, RVT	Abdominal, OB/GYN
<u>Mercy Health Systems of Northwest Arkansas</u> 2710 S. Rife Medical Lane Rogers, AR 72758 Charlotte Rankin, RN Administrative Director Rachel Hawley, RDMS, RVT	Abdominal, OB/GYN, Vascular, Small Parts, and Special Procedures
<u>Mercy Fort Smith Hospital</u> 7301 Rogers Avenue Fort Smith, AR 72903 Andy Ceniceros, MSRS, R.T. (R), RDMS Administrative Director Nancy Duncan, RDMS Katherine Dement, BSIS, R.T. (R), RDMS, RVT Courtney Lowers, RDMS, RVT (Vascular)	Abdominal, OB/GYN, Vascular, Small Parts, Biopsies, Special Procedures, and Vascular

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<u>Northwest Health System</u> 609 West Maple Avenue Springdale, AR 72764 Micah Kight, B.S., CNMT, RT (N) Administrative Director Melissa Carson, RDMS, RVT	Abdominal, OB, Vascular
<u>Prime Medical Imaging</u> 320 South 9 th Street Van Buren, AR 72956 John Elmore, R.T. (R), (CT), RDMS Imaging Manager Martha Coles, R.T. (R), (CT), RDMS	Abdominal, Small Parts, Vascular, OB/GYN
<u>Sparks Medical Center Van Buren</u> East Main & South 20 th Street Van Buren, AR 72956 Karen Dodd, R.T. (R.M.) Administrative Director Briana Inman, BSIS, R.T. (R), RDMS	Abdominal
<u>Sparks Medical Plaza</u> 1500 Dodson Avenue Fort Smith, AR 72903 Karen Dodd, R.T. (R. M.) Administrative Director Kim Copeland, R.T. (R), (M), RDMS	Abdominal, OB/GYN, and Small Parts
<u>Sparks Regional Medical Center</u> 1001 Towson Ave Fort Smith, AR 72917 Debbie Lashley, R.T. (R) Administrative Director Laura Sanders, BSIS, R.T. (R), RDMS Nicole Corb, BSIS, R.T. (R), RDMS, RVT (Vascular)	Abdominal, OB/GYN, Small Parts, Vascular
<u>Sparks Urology Group</u> 5500 Ellsworth Road Fort Smith, AR 72903 Amy Anderson, RDMS, AB	Abdominal
<u>Sparks Women's Group</u> 1500 Dodson Avenue Fort Smith, AR 72903 Jessica Ivy, BSIS, R.T. (R), RDMS, RVT	OB/GYN

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Washington Regional Medical Center

3215 N. Hill Blvd.
Fayetteville, AR 72703
Tracy Bennet, R.T. (R)
Administrative Director
Christina Yann, RDMS

Abdominal, OB/GYN, Small Parts,
Special Procedures, Vascular

Western Arkansas Center for Women's Health

(Mercy OB/GYN)

7303 Rogers Avenue
Fort Smith, AR 72903
Tina Stell
Office Manager
Jalah Fuller, BSIS, R. T. (R), RDMS

OB/GYN

Willow Creek Womens Health

609 W. Maple
Springdale, AR 72764
Tyra Bowen, R.T. (R)
Administrative Director
Geneen Buech, RDMS, RVT, RDCS

OB/GYN

The Clinical Affiliates Rights and Responsibilities

The DMS Program at UA Fort Smith will establish standards and regulations which will be designed to ensure the quality education of DMS students at all levels of their training.

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

To enhance the relationship between the students, the university, and the clinical education's sites, a set of rights and responsibilities of the clinical affiliates has been created.

Clinical Affiliate Rights

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

1. Be informed of program procedures, policies and accreditation requirements.
2. Representation at each regularly held advisory board and clinical instructor meetings.
3. Open and objective communication from program faculty.
4. Have students respect patients, property, staff, technologists, and other personnel while at their facility.
5. Expect university faculty to adequately prepare students for clinical experiences.

Clinical Affiliate Responsibilities

Each clinical affiliate has a responsibility to:

1. Inquire about program procedures and requirements, if its staff does not have the information, or does not understand it.
2. Send a representative(s) to regularly scheduled advisory board and clinical instructor meetings.
3. Provide students with adequate department orientation and up-to-date procedure manuals.
4. Provide an environment which promotes learning and embodies the professional attitude that students are striving to emulate.
5. Provide the students with adequate opportunities to apply his/her learning.
6. Protect the student from bodily injury while he/she is at the facility.

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Responsibilities of:

Clinical Instructors

The clinical education system hinges on the help of the clinical instructors. Clinical instructors are hospital and clinical staff who directly supervise, instruct, and evaluate the clinical performance of students. Specifically, they:

- ✓ Orient new students to the department, the hospital, and its policies and procedures
- ✓ Regularly instruct students on procedures
- ✓ Regularly critique student's ultrasound images with them
- ✓ Evaluate and assign a grade to all required clinical competency objectives
- ✓ Fairly and objectively evaluate each student's progress when filling out student performance evaluation forms
- ✓ Periodically discuss student's progress with them
- ✓ Coordinate the above activities with university staff
- ✓ Mediate problems and promote good relations between students and hospital personnel
- ✓ Regularly attend the DMS advisory committee meetings

Program Coordinator

The university staff member responsible for general policy, curriculum, overall design, function, and effectiveness of the program and is responsible for function and effectiveness of the clinical education system of the program. Their duties are;

- ✓ Work with students in hospitals/clinics on a limited rotational basis.
- ✓ Work with students in hospitals/clinics as an extension of the clinical education system of the program.
- ✓ Develop student clinical schedules and monitor adequate breadth and depth of student clinical experience
- ✓ Ensure adequate image critique experience for students
- ✓ Maintain master files on all student clinical records
- ✓ Interpret all clinical evaluations of students and determine final clinical grades
- ✓ Provide clinical instructor with program policy and procedures manual and accreditation requirements

Administrative Director

The hospital or clinic staff member responsible for overall function and policies of the ultrasound department as a provider of patient care. Their duty is to:

- ✓ Serve on DMS Program advisory committee

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Staff Technologist

This hospital or clinic staff member has no direct responsibilities to the educational program beyond verifying and initialing a student's make-up shift or hours.

Students

Students are responsible to administrative directors and instructors and university staff. They are also responsible for maintaining their own clinical records and achieving all clinical objectives of the program.

Professional Conduct

1. You are expected to treat the patients with kindness, courtesy, and respect. When you get patients from their rooms or patient waiting areas, introduce yourself and try to establish rapport. Once the patient is in the ultrasound room, keep the door closed and make sure that undressed patients are properly gowned or covered up.
2. Professional behavior is not limited to your contact with patients. It is reflected in your attitude and in the way you communicate with physicians, supervisors, and co-workers.
3. Smoking, eating, and drinking are permitted only in the lounge or designated areas.
4. Students will not leave their assigned area at any time without permission.
5. Students will not remain in the ultrasound department after regular working hours except when on duty. If for any reason it is necessary to return, a complete uniform will be worn.
6. When not actively engaged in work or other duties pertaining to ultrasound, students will not congregate in offices, halls or other rooms.
7. Personal telephone calls are not encouraged. No one will be called from a working environment except in an emergency. No one will leave a patient to talk on the telephone. Cell phones and pagers should be turned off during clinical assignments.
8. Students may not study during slow periods unless authorized by the clinical instructor.
9. Students should **NOT** engage in undue conversation with sonographers, physicians, or patients, make excessive noise, tell dirty jokes, gossip, etc., while at the clinical site.

Student Responsibility in the Clinic or Hospital

The primary function of the clinic or hospital is patient care. Under no circumstances should the presence of students downgrade the quality of patient care. Therefore, it is the student's responsibility to:

1. Follow the administrative policies established by the ultrasound department and the hospital or clinic.
2. Check your assigned work center and report there on time.
3. Notify the clinical instructor prior to your scheduled time in case of illness or absences which are beyond your control.
4. Check with a registered sonographer before leaving the assigned work center.
5. Follow the directions provided by the registered sonographer.
6. Ask for advice when indicated. DO NOT experiment with patients. Be industrious and ask questions.
7. Do not discuss clinical information with patients, relatives, or anyone outside the ultrasound department. Abide by HIPAA regulations.

Routine Duties

1. Students will be assigned to their clinical area by the DMS coordinator.
2. Students will be responsible for:
 - a. Performing all examinations assigned to them by a staff sonographer
 - b. Checking all supplies in the area to which they are assigned and stocking supplies when needed
 - c. Keeping their assigned areas neat and clean
 - d. Maintaining professional attitude
3. Students will not leave their rooms for break, lunch, or at the end of the day until all work assigned to their room has been completed or they have been relieved. Students will not stop in the middle of an exam to leave for lunch or at the end of the day. Immediately upon return from break or lunch, the student will report to the sonographer in charge of their assigned area.

Supervision

Until a student achieves and documents proficiency in any given procedure, all clinical assignments shall be carried out under direct supervision of qualified sonographers. The parameters of **direct supervision** are:

1. A qualified sonographer reviews the request for examination in relation to the student's achievement
2. A qualified sonographer evaluates the condition of the patient in relation to the student's knowledge.
3. A qualified sonographer is present during the conduct of the examination.
4. A qualified sonographer reviews and approves the ultrasound images and exam.

After demonstrating competency, students may perform procedures with indirect supervision.

Indirect supervision is defined as that supervision provided by a qualified sonographer immediately available to assist students regardless of the level of student achievement.

Immediately available is interpreted as the presence of a qualified sonographer adjacent to the room or location where an ultrasound procedure is being performed.

Clinical Competency Plan

Each student enrolled in the DMS Program will be responsible for documentation of all proficiencies for ultrasound procedures by using The SCAN[®]. The SCAN[®] is designed to insure that the student has successfully combined knowledge gained in the classroom and the laboratory with the clinical aspects of his/her training.

Student observation in clinical education begins with an observation period and moves into a more active phase with the student assisting a registered sonographer in the completion of assigned tasks. As the student gains experience in various procedures, he/she will gradually move into an independent clinical performance stage, actually performing ultrasound procedures under the indirect supervision of a sonographer.

Protocols will vary between the clinical sites. Each student should utilize the examinations, protocols, and views unique to each particular facility.

Essentials of Documentation on Forms within The SCAN[®]:

At the completion of the program or learning experience, The SCAN[®] notebook may provide a record of the student's clinical experience (patient number and type), continuing education, and graded clinical competencies. To insure accuracy of this important record it is essential that the following rules apply to documentation within The SCAN[®]

1. All documentation should be in permanent ink.
2. Correction fluid should not be used. If changes are required, strike out the error, and rewrite in a nearby space. The supervising sonographer should initial changes.
3. Mastery of the proficiency is achieved when the level of performance necessary for accurate, safe, and effective scanning behavior of entry-level sonography is demonstrated.
4. The SCAN[®] should be carried with the student to all clinical rotations.

Developing Clinical Proficiencies

Clinical skills can be developed by the following systematic step-by-step approach:

Academic Preparation: Completed on campus by studying anatomy and fundamentals of sonography, doing lab practice and lab evaluations.

Observation: Observing qualified sonographers at work in the hospitals/clinics.

Assisting Qualified Sonographers: Assisting registered sonographers in performing sonographic procedures.

Supervised Trial Performance: Completing the entire examination by yourself under the supervision of a registered sonographer.

Competency Evaluation: Performing a particular examination by yourself under the direct supervision of a registered sonographer and having that sonographer complete a Performance Objective Sheet for that examination. Students will receive a grade according to the level of competency demonstrated.

Clinical grades

The approximate calculation for clinical grades will be as follows:

- | | |
|------------------------------------|-----|
| 1. Clinical Instructor Evaluations | 70% |
| 2. Image Portfolio | 20% |
| 3. Scan Book | 10% |

Grading Scale

93 – 100	A
92 – 84	B
83 – 75	C
Below 75	F

***ATTENDANCE CAN AFFECT THE CLINICAL GRADE. SEE ATTENDANCE POLICY IN *STUDENT POLICY AND PROCEDURE MANUAL*.**

Master Clinical Rotation Schedule

Clinical assignment and student rotation schedules will be made by the DMS Clinical Coordinator prior to the beginning of each semester. These schedules will be posted with each student being given a copy of his/her schedule. The schedules will be strictly adhered to and **no changes will be made unless approval has been given by the DMS Program Director or DMS Clinical Coordinator.**

General Objectives for Clinical Rotations

The following objectives are applicable to all areas of the clinical environment and depict those characteristics considered to be most valuable in competent sonographers. The final objective or goal of students enrolled in this program is to become a competent sonographer and registered by the ARDMS. Their ability to meet these objectives, *commensurate with their level of education*, will be evaluated on an ongoing basis throughout the entire clinical experience.

The student will be able to:

Objective 1 (Personal Appearance)

Demonstrate self-esteem and respect for the profession by always conforming to the established dress code as published in the *DMS Program Policy and Procedures Manual*, taking care that attire, physical appearance, and personal hygiene ensure good grooming and cleanliness at all times.

Objective 2 (Attitude)

Show enthusiasm, initiative and motivation by seeking out additional responsibilities and utilizing any extra time in meaningful learning experiences. Put forth maximum effort to be involved in the work and display interest in the field by asking questions and assuming additional projects or tasks without being told.

Develop thought processes utilizing logic and proper sequence, allowing for the understanding and expression of complex ideas.

Objective 3 (Dependability)

Be in attendance and punctual in the clinical environment at all designated times, assuming responsibility for communicating any absence from assigned areas and following instructions efficiently.

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Objective 4 (Professional Behavior)

Demonstrate qualities of ethical thought process and behavior becoming to a health care professional when responding in stressful situations.

Exhibit qualities deemed appropriate for good patient care, including a courteous and attentive manner at all times, a concern for the patient's safety, comfort and modesty and the ability to communicate with confidence and poise.

Objective 5 (Quality Work)

Develop precision and accuracy in performing ultrasound procedures, demonstrating knowledge and confidence in technical skills while minimizing and correcting errors.

Develop good organizational skills, utilizing time and energy at an optimal speed in order to produce procedures quickly while demonstrating the ability to adapt to a variety of situations.

Responsibilities of Students

General:

1. Be assertive in requesting time to scan a variety of patients within the clinical setting assigned.
2. Try new types of examinations, even if they are not yet assigned – scanning is a process that is learned by doing.
3. Ask for assistance from the supervising sonographer when it is needed.
4. Ask for review or critique at the end of an examination before releasing the patient.
5. Take primary responsibility for mastery of the skills assigned within The SCAN[®].

First Half of Rotation Period:

1. Meet with the DMS clinical coordinator prior to the beginning of a clinical rotation to determine which proficiencies are assigned and which may be accomplished within the assigned clinical environment at your individual skill level.
2. If the assigned proficiencies allow choice within a certain category of proficiencies, choose the specific proficiencies on which to concentrate early in the rotation period.
3. Review the performance objectives associated with the proficiencies assigned or chosen on the *Performance Objectives* sheets (gray color).
4. Meet with the supervising sonographer and review the progress documented on the *Master Proficiency List* with him/her. Discuss the specific proficiencies assigned or chosen which will be the focus during the rotation. Ask for suggestions to insure optimal opportunities to achieve these proficiencies.
5. Regularly review and self-assess your ability to meet all the performance objectives. You may utilize a copy of the *Performance Objective Overview* for this activity. Self-assessment and questioning is a necessary component of learning.
6. Discuss your self-assessments with the supervising sonographer and ask for assistance in mastering objectives with which you are having difficulty.

Second Half of Rotation Period:

1. Request assessment of the assigned proficiencies. The supervising sonographer will document this assessment on the gray *Performance Objective* sheets. Since multiple sheets will need to be assessed during each rotation, this process should start at about halfway through the rotation time period.
2. Work on additional skills or unassigned proficiencies as opportunities arise using the same process as outlined in “First Half of the Rotation Period”. Request full or partial assessment of these proficiencies from the supervising sonographer as they are mastered. These assessments should be documented on the *Performance Objective Overview* for that rotation.

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End of Rotation Period:

1. At the end of the rotation, self-assess your proficiency level and write your assessment in permanent ink on the *self assessment* row of the *Performance Objective Overview* form for that rotation.
2. Transfer the results of the supervising sonographer's assessment from the *Performance Objective* sheets to the *Performance Objective Overview* form for that rotation.
3. Discuss differences between your self-assessment and the supervising sonographer's assessment with the supervising sonographer. Discuss ways to improve performance during subsequent rotations.
4. Ask the supervising sonographer to complete and sign the *Clinical Evaluation Form*.
5. Turn the required paperwork in to the DMS coordinator on or before the due date.
6. Complete a student evaluation of the clinical site with the form that is provided by your DMS coordinator.

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Responsibilities of the Supervising Sonographer

General:

1. Allow the learner as much scanning time as possible.
2. Require learners to do more than they think they can do.
3. Regularly watch and advise the student while scanning.
4. Be available to answer questions from students.
5. Check all student examinations before releasing the patient.
6. Allow students to perform proficiencies approved on the *Master Proficiency List* independently. If problems or inadequacies are observed, challenge by commenting on the observed deficiencies on the *Clinical Evaluation Form*, noting the challenge and date under the “Challenge” column on the *Performance Objective Overview* and the challenge date on the *Master Proficiency*.
7. Communicate any problems or concerns to the DMS coordinator immediately.

First Half of the Rotation Period:

1. Review with the student, the documentation of proficiencies achieved on the Master Proficiency List. The student should be able to perform these proficiencies independently at entry-level.
2. Orient the student to the location of essential items, procedures, and equipment in the clinical setting.
3. Using the *Master Assignment Sheet* and the *Performance Objective Sheets*, review the assigned proficiencies and performance objectives with the student. Discuss strategies to optimize opportunities for the student to achieve these proficiencies.
4. Discuss with the DMS coordinator any concerns regarding the student’s opportunity to obtain specific assigned skills. The DMS coordinator will document and copy to the student and supervising sonographer any change in the student’s assignment.
5. Discuss with the student difficulties or problems observed in the mastery of the assigned proficiencies. Encourage the student to talk about the self-assessment of their progress.

Second Half of the Rotation Period:

1. Begin documenting assessment of the student utilizing the gray Performance Objective sheets. If the student is given an “2 or 3” on a component, note whether the patient exam was average (A), technically difficult (TD), or included pathology (P) in the space provided.
2. Complete assessment on assigned proficiencies utilizing the *Performance Objective* gray sheets.
3. Provide partial assessment of additional proficiencies as requested by the student.
4. If the student has been challenged on a previously approved proficiency, assess the student on all components of this proficiency on the gray Performance Objective sheets utilizing the column that corresponds to the rotation number to document the reassessment.
5. Provide encouragement and constructive criticism to each student assigned to this facility.

End of Rotation Period:

1. Meet with the student to review the *Performance Objective Overview*. Make sure the supervising sonographer's assessments have been transferred correctly by the student. Discuss differences in the supervising sonographer's evaluation and the student's self-assessment.
2. Complete and sign the *Clinical Evaluation Form* and *Performance Objective Overview*.
3. If the student has successfully completed all performance objectives associated with a clinical proficiency (i.e. achieved a "2 or 3" on a, b, c, etc. on *Performance Objective Overview*, mark approved on the *Master Proficiency List* and date and initial the approval.
4. If the student was challenged on a previously-approved skill and subsequently demonstrated entry-level performance of all performance objectives required, mark "re-approval" on the *Performance Objective Overview* and the *Master Proficiency List*. Date and sign this re-approval.
5. Discuss strategies that might improve the student's clinical experience at subsequent rotations.
6. Ask for input regarding strategies that might improve the educational experience of other students assigned to this facility.
7. Complete and provide required paperwork to the DMS coordinator.

Responsibilities of DMS Clinical Coordinator

1. Divide the student's clinical education into a maximum of ten time periods. These time periods, referred to as *rotations* within The SCAN[®], may be spent at different locations or may comprise distinct evaluation periods within one clinical location.
2. Define the minimum number and type; or the specific proficiencies on the *Master Proficiency List*.
3. Assign specific students to specific clinical locations.
4. Organize the total number of proficiencies required for graduation into a reasonable rate of progress through the time periods (*rotations*) allotted.
5. Provide each student with a clear written description of clinical course requirements including attendance, make-up time, grading criteria, clinical log requirements and other paperwork that must be turned in.
6. From The SCAN[®] assign the students specific proficiencies or a minimum number of proficiencies within a certain category. Another option is to assign students a minimum number of proficiencies to achieve (i.e. 6 entry-level abdominal proficiencies and 3 entry-level OB/GYN proficiencies of the student's choice) during the early rotations, followed by the assignment of specific proficiencies during later rotations.
7. Document the rotation date, clinical site, and The SCAN[®] proficiencies assigned on the *Master Assignment Sheet*.
8. *Educate the supervising sonographers about The SCAN[®] evaluation system. Define the evaluation scale preferred by the program (1, 2, or 3), the progress reports required (mid rotation and end of rotation or just end of rotation), and answer questions regarding student assessment.*
9. Maintain open communication with the student and the supervising sonographer(s) during the rotation.
10. Review the mid-rotation evaluation form or optionally meet with the student halfway through the rotation to discuss self-assessment and progress in mastering the proficiencies assigned. Change the student's assignments as needed.
11. At the end of the rotation it is recommended that the student be provided a form on which to evaluate the clinical rotation. Student evaluation of clinical sites and instruction combined with constructive and ongoing verbal feedback to the supervising sonographers is recommended.
12. Provide specific due dates for all clinical education paperwork.
13. Utilize The SCAN[®] forms and other assessment tools to derive a clinical grade or summary.
14. The student's scanning opportunities may not provide the experience necessary to become competent in every proficiency (e.g. rotator cuff). Individual variation in graduation requirements may be determined by the DMS Coordinator and may be documented by placing an "N/A" or other notation on the *Master Proficiency List*.

Performance Objective Sheets

These gray sheets reflect proficiency on specific examinations performed by the student. The appropriate proficiency should be pulled from The SCAN[®] and given to a registered sonographer. The examination should be performed with indirect supervision. Once the exam is completed, the sonographer will review the exam and the images. The student's performance is assessed utilizing the grading scale below.

GRADING KEY FOR PERFORMANCE OBJECTIVE SHEETS

- 0** = N/A (didn't scan enough to evaluate).
- 1** = Student demonstrates the potential and needs additional experience to perform at entry-level.
- 2** = Student meets entry-level expectations (Student is competent).
- 3** = Student exceeds entry-level expectations.

Attention:

If the evaluating sonographer places a "2" on a particular objective, this indicates the student is scanning *proficiently* or "entry-level" ready. If a student needs more scan time to be "entry-level" ready, the sonographer will indicate this by placing a "1" in the box rather than a "2".

If the above rule is used correctly, most Junior level students will not have many 2's or competencies, but they should achieve them quickly as a Senior student.

If a "1" is given, it only means the student will continue to practice their scanning until he/she is competent enough to receive a "2". If a "1" is received it does NOT mean that the student will make a bad grade or won't graduate. It only means that the student must continue to practice the competency and resubmit it at their next rotation. The student can do this until they receive a "2". Once the sonographer completes a *Performance Objective Sheet*, he/she should initial the back of the sheet and indicate which rotation it falls in.

When the student has become competent on the entire *Performance Objective sheet* (received all 2's), they will transpose the number to the *Master List*. The clinical instructors will initial the *Master Proficiency List*, indicating the instructor has checked that the student transposed the numbers correctly. This initialed approval does not mean that the instructor *personally witnessed* the student scan all the particular competencies.

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Clinical Sonography Proficiency Checklist

The following 39 proficiencies from the SCAN ® must be completed by the time you graduate. There will be a certain number of proficiencies assigned each rotation. The proficiencies are to be turned in on the following Monday or first class following each rotation to the clinical coordinator unless otherwise stated by the clinical coordinator. (Rotations will end on Fridays). Failure to turn the SCAN ® in on time will result in a zero grade.

The schedule for turning in proficiencies is as follows:

Rotation	Jr. Spring I	Jr. Spring II	Jr. Spring III	Jr. Summer I	Jr. Summer II	Sr. Fall I	Sr. Fall II	Sr. Spring I	Sr. Spring II	Sr. Spring III
Prof. #	1	2	2	2	4	4	6	6	6	6
Total #	1	3	5	7	11	15	21	27	33	39

ABDOMEN

You must complete:	11		4	
from these areas:	Liver Liver Pathology	#1 #1b	Abdomen Vessels	#4
	GB GB Pathology	#2 #2b	Breast	#9
	Pancreas	#3	Breast Path	#10
	Spleen	#5	Adrenals	#11
	Urinary Tract Urinary Tract Pathology	#6 #6b	Gastrointestinal (Appendix, pylorus, etc.)	#12
	Scrotum	#7	Guidance	#13
	Thyroid	#8	Transplant	#15
	Prostate	#14	Rotator Cuff	#16
			Soft Tissue	#17

OB/GYN

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13

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VASCULAR

You must complete:	11	
from these areas:	Arterial Lower Extremity-Direct	#1
	Arterial Lower Extremity-Indirect	#2
	Arterial Upper Extremity-Direct	#3
	Arterial Upper Extremity-Indirect	#4
	Carotid	#5
	Grafts Hemodialysis	#6
	Grafts Peripheral	#7
	Venous Lower Extremity	#8
	Venous Upper Extremity	#9
	Venous Valve Incompetence	#10
	Venous Mapping	#11

Non-Applicable Proficiencies

OB-GYN

Proficiency 7

g. if applicable

h. if applicable

Proficiency 8

b. if applicable

Proficiency 9

b. if applicable

Proficiency 11

g. if applicable

h. if applicable

Proficiency 13

b. if applicable

Appropriate Patient Care

Along with the performance objectives that are to be achieved, the student will comply with appropriate patient care.

1. Evaluation of Requisition

- a. Identify exam to be performed
- b. Identify the patient's name and age
- c. Identify patient location and mode of transportation
- d. Acknowledge any pathological conditions
- e. Acquire appropriate clinical patient history

2. Patient Care

- a. Selected the correct patient
- b. Introduce himself/herself to patient and briefly explain the exam
- c. Provide a clean and orderly work area
- d. Verify if patient is properly prepared for the examination
- e. Identify, when appropriate, that there are no contraindications for performing procedure
- f. Provide appropriate adjustment to ultrasound table based on the patient's condition
- g. Maintain patient dignity and modesty through proper gowning and covering for the patient
- h. Talk to patient in a concerned, professional manner
- i. Apply standard precautions as established by the Centers for Disease Control
- j. Provide proper instructions for moving and breathing
- k. Check patient's condition at regular intervals
- l. Provide for patient security if the patient is left alone in the ultrasound room

Clinical Rotation Objectives

The objectives serve three purposes:

1. To identify the specific behaviors expected of the student in the clinical setting
2. To identify these behaviors for the clinical instructor, sonographers, and other personnel in the medical imaging department
3. To provide a guide for evaluating student achievement and proficiency

Patient Handling Tasks

- A. Drape or gown patient for examination
- B. Transfer patient safely to and from stretchers and chairs
- C. Check patient's chart for contraindications in reference to procedure
- D. Ascertain if patient is prepared for the procedure
- E. Explain the sonographic procedure to the patient or answer questions about the doctor's instructions
- F. Reassure apprehensive patients or pediatric patients
- G. Reassure and calm children
- H. Receive patients upon arrival, introduce yourself, obtain the patient's name, and check armband
- I. Give precise and adequate direction to patient concerning procedures
- J. Observe IV flow and notify appropriate personnel if problems arise with the integrity of the unit
- K. Make notations of significant patient physical or emotional response to procedures if needed
- L. Label specimens and deliver to lab if necessary
- M. Inspect for electrical and mechanical hazards and observe rules of safety
- N. Respect rights and expectations of all patients
- O. Respect rights and expectations of all personnel
- P. Transport patients properly to and from patient rooms or other patient areas outside the ultrasound department

Graduate Competencies

1. Demonstrate knowledge and skills relating to verbal, non-verbal and written medical communication in patient care intervention and professional relationships
2. Demonstrate knowledge of human structure, function, and pathology
3. Provide basic patient care and comfort and anticipate patient needs
4. Provide appropriate patient education
5. Apply principles of body mechanics
6. Understand physics and its use in sonographic imaging
7. Operate sonogram equipment efficiently with appropriate selection of transducers
8. Modify standard procedures to accommodate for patient condition and other variables
9. Exercise independent judgment and discretion in the technical performance of ultrasound imaging
10. Demonstrate knowledge and skills relating to sonography
11. Recognize emergency patient conditions and initiate first aid and basic life support procedures
12. Evaluate ultrasound images for technical quality
13. Recognize equipment malfunctions and report them to the proper authority
14. Support the profession's *Code of Ethics* and comply with the profession's *Scope of Practice*

Forms to be Completed by the Student

Several forms will need to be completed by the student periodically. Each form serves a different purpose, as described below. You will find samples of each form on the pages following the descriptions.

Clinical Log Book (daily)

Clinical Site Attendance Record (daily)

Clinical Examination Totals (end of rotation)

Clinical Instructor Evaluations (end of rotation)

Clinical Training Site Evaluations (end of semester)

Clinical Logbook

Every clinical day, a log must be kept to identify the exams that have been accomplished. The form includes a place for the following information:

- a. Date
- b. Last three numbers of the patient identification number
- c. Exam
- d. Percentage assisted with the exam – (5% - 95%)
- e. Observed the exam – (0%)
- f. Performed the exam – (100%)

This information must be completed for each exam done during your clinical training.

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Clinical Logbook – Abdomen, Superficial Structures and Breast

Name: _____ Month _____ Year _____

Day	Reference	% Assisted	Gallbladder/Biliary System	Abdominal Vessels	Liver	Pancreas	Retroperitoneum/ Peritoneum/Pleural Cavities	Spleen	Urinary Tract	Male Pelvis	Scrotum	Soft Tissue	Thyroid/Parathyroid	Breast	Adrenals	Gastrointestinal (GI)	Guidance	Prostate	Transplants	Rotator Cuff	Breast Pathology

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Clinical Logbook – Obstetrics/Gynecology

Name: _____ Month _____ Year _____

Day	Reference	% Assisted	Gynecologic -- Transabdominal	Gynecologic – Transvaginal	1 st Trimester	2 nd Trimester	3 rd Trimester	Physician-Guided Procedure

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Clinical Logbook – Vascular

Name: _____ Month _____ Year _____

Day	Reference	% Assisted	Arterial Lower Extremity -- Direct	Arterial Lower Extremity -- Indirect	Arterial Upper Extremity -- Direct	Arterial Upper Extremity -- Indirect	Carotid	Grafts – Hemodialysis	Grafts -- Peripheral	Venous Lower Extremity	Venous Upper Extremity	Venous Valve Incompetence	Venous Mapping

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**University of Arkansas—Fort Smith
ATTENDANCE RECORD**

NAME: _____

CLINICAL SITE: _____

ROTATIONAL DATE(S) _____

DATE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT

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Clinical Examination Totals
Abdomen, Superficial Structures and Breast

Name: _____ Month _____ Year _____

Statement: I certify that the examination numbers below are accurate and may be verified by review of Clinical Log records. I have Personally scanned, either assisting or completing, the following number of examinations between the period of _____(month), _____(year) and _____(month), _____(year)

 Signature of Learner

 Signature of Reviewer

 Date

EXAMINATION	TOTALS
Gallbladder/Biliary System	
Abdominal Vessels	
Liver	
Pancreas	
Retroperitoneum/Peritoneum	
Pleural Cavities	
Spleen	
Urinary Tract	
Male Pelvis	
Scrotum	
Soft Tissue	

EXAMINATION	TOTALS
Thyroid/Parathyroid	
Breast	
Adrenals	
Gastrointestinal (GI)	
Guidance	
Prostate	
Transplants	
Rotator Cuff	
Breast Pathology	

Total number Examinations – Abdomen, Superficial Structures and Breast _____ examinations

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Clinical Examination Totals
Obstetrics/Gynecology

Name: _____ Month _____ Year _____

Statement: I certify that the examination numbers below are accurate and may be verified by review of Clinical Log records. I have Personally scanned, either assisting or completing, the following number of examinations between the period of _____(month), _____(year) and _____(month), _____(year)

Signature of Learner

Signature of Reviewer

Date

EXAMINATIONS	TOTALS
Gynecologic -- Transabdominal	
Gynecologic -- Transvaginal	
First Trimester	
Second Trimester	
Third Trimester	
Physician-Guided Procedure	

Total number Examinations – Obstetrics/Gynecology _____ examinations

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Clinical Examination Totals
Vascular

Name: _____ Month _____ Year _____

Statement: I certify that the examination numbers below are accurate and may be verified by review of Clinical Log records. I have Personally scanned, either assisting or completing, the following number of examinations between the period of _____(month), _____(year) and _____(month), _____(year)

 Signature of Learner

 Signature of Reviewer

 Date

EXAMINATIONS	TOTALS
Arterial Lower Extremity -- Direct	
Arterial Lower Extremity -- Indirect	
Arterial Upper Extremity -- Direct	
Arterial Upper Extremity -- Indirect	
Carotid	
Grafts -- Hemodialysis	
Grafts -- Peripheral	
Venous Lower Extremity	
Venous Upper Extremity	
Venous Valve Incompetence	
Venous Mapping	

Total number Examinations – Vascular _____ examinations

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Clinical Instructor Evaluation
Clinical Site Evaluation

These forms provide feedback from the students concerning their training site and instructor. The forms are filled out and are given to the program faculty. Information gathered from these evaluations will be periodically distributed for the purpose of continuous evaluation and improvements.

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College of Health Sciences
Imaging Sciences
BSIS – DMS**

Student Evaluation of Clinical Instructors

Semester: _____ Year: _____

Clinical Education Site(s): _____

**This questionnaire provides you with the opportunity to anonymously express your views of the clinical instructors.
Please utilize the sections provided for additional comments.**

	Yes	Needs Improvement	No	N/A
1. Were you adequately oriented to the department at the outset of this rotation? If not, comment: Comments: _____ _____	_____	_____	_____	_____
2. Was the opportunity provided for you to achieve all of your clinical objectives? If not, specify which ones and why: Comments: _____ _____	_____	_____	_____	_____
3. Was your clinical instructor available for assistance? Comments: _____ _____	_____	_____	_____	_____
4. Did your clinical instructor provide adequate direction and instruction? Comments: _____ _____	_____	_____	_____	_____

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- 5.** Did the clinical instructor provide
- a. Periodic one-on-one instruction? _____
 - b. Regular opportunities for film critique? _____
 - c. Clear, easily understood feedback on your progress. _____

- 6.** Did you feel that you were graded fairly? _____
If not, by whom and why (in your opinion). _____

Comments: _____

- 7.** Do you feel the clinical instructor is adequately prepared to teach this setting? If not, why? _____

Comments: _____

- 8.** Did supervising personnel and other staff help you to gain confidence in your abilities? _____

- 9.** Do you feel that you were treated in a fair and respectful manner by clinical staff? If not, why? _____

Comments: _____

- 10.** Did your clinical instructor or other qualified staff oversee all of your repeated exams? If not, explain? _____

Comments: _____

SUMMARY:

Based on the items evaluated, what do you feel are the clinical instructors:
(If more than one instructor, specify which instructor each comment targets)

Greatest Strengths:

Areas Needing Improvement:

Other Comments:

**University of Arkansas - Fort Smith
College of Health Sciences
Imaging Sciences
BSIS – DMS Program
Student Evaluation of Clinical Training Sites**

Semester: _____

Year: _____

Please use this form to honestly evaluate the clinical training sites in which you have rotated through this semester. Check the blanks to the right of each question and provide answer to comments when requested. Please be as specific as possible and DO NOT SIGN YOUR NAME.

CIRCLE THE CLINICAL TRAINING SITES TO WHICH YOU WERE ASSIGNED THIS SEMESTER. USE THE NUMBERS INDICATED FOR EACH CLINICAL TRAINING SITE IN ANSWERING THE FOLLOWING QUESTIONS:

1-Cooper Clinic

7-Northwest Health System

13-Sparks Womens Group

2-Eastside OB/GYN

8-Prime Medical Imaging

14-Washington Regional Medical Center

3-Fayetteville Diagnostic Clinic

9-Sparks Medical Center Van Buren

15-Western Arkansas Center for Women's Health (Mercy OB/GYN)

4-Johnson Regional Medical Center

10-Sparks Medical Plaza

16-Willow Creek Womens Health

5-Mercy Fort Smith Hospital

11-Sparks Regional Medical Center

6-Mercy Health System of Northwest Arkansas

12- Sparks Urology Group

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	Yes	No	Sometimes
1. Did you feel that these clinical rotations were adequate to meet your needs (i.e. able to achieve objectives, performed adequate number of exams)?	_____	_____	_____
Comments:			
2. Were you able to make good use of your time when there were no examinations to perform?	_____	_____	_____
Comments:			
3. Were you allowed to assist the sonographer with examinations as much as you would have liked?	_____	_____	_____
Comments:			
4. Do you feel that you were given too much responsibility?	_____	_____	_____
Comments:			
5. Do you feel that personnel conducted themselves professionally?	_____	_____	_____
Comments:			

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USE THE SPACE BELOW TO MAKE ADDITIONAL COMMENTS AS NECESSARY.

Centers of Excellence --Mercy:

Cooper Clinic:

Eastside OB/GYN:

Fayetteville Diagnostic Clinic :

Johnson Regional Medical Center:

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Mercy Health System of Northwest Arkansas:

Mercy OB/GYN:

Mercy Fort Smith:

Mercy Vascular:

Prime Medical Imaging:

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Sparks Medical Plaza:

Spark's Medical Center Van Buren:

Sparks Regional Medical Center:

Sparks Urology Group:

Sparks Vascular:

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Sparks Women's Group:

St. Mary's Regional Medical Center (Russellville):

Washington Regional Medical Center:

Forms To Be Completed By The Clinical Instructor or a Registered Sonographer

Several forms will need to be completed (or initialed) by the clinical instructor or a registered sonographer periodically. Each form serves a different purpose, as described below. You will find samples of each form on the pages following the descriptions.

Clinical Performance Evaluations

Performance Objective Sheets

Clinical Performance Evaluations

This form is used to evaluate the student's ethical professional behavior as well as their clinical performance. The clinical instructors complete it at the end of each semester. Each completed form will be graded by the clinical coordinator and kept in the student's file. This score will count as 70% of the student's clinical grade. A score of less than 72/96 (75%) will result in the student being placed on disciplinary probation. If the student receives a second clinical rotation evaluation of less than 75%, they will receive an "F" for their clinical grade for that semester. This will result in dismissal from the DMS Program. (Refer to "Grounds for Probation and Dismissal" in the *DMS Policy and Procedures Manual*).

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**University of Arkansas – Fort Smith
DMS Program**

CLINICAL EVALUATION OF STUDENT

Name: _____ **Clinical Site:** _____

Evaluator: _____ **Date:** _____

Part I Personal Appearance

Personal Appearance	Always very neat and clean in appearance with proper uniform	Seldom exhibits good hygiene/proper uniform	Very poor personal grooming/never in proper uniform	Usually neat and clean/occasionally has improper uniform
----------------------------	--------------------------------------------------------------	---------------------------------------------	-----------------------------------------------------	----------------------------------------------------------

Part II Attitude

Attitude Toward Supervision	Resents and tries to justify self	Asks for suggestions for improvement	Accepts criticism shows improvement	Resents and rejects criticism, blames others
Self-Confidence	Is confident most of the time	Too confident, ignores policy and procedures	Always very confident	Seldom confident
Attitude Toward Clinicals	Is enthused about the profession and learning	Occasionally appears Disinterested and/or negative	Satisfactory attitude toward clinical. Usually strives to improve	Shows no interest in profession and/or learning. Avoids work.

Part III Dependability

Absence/Tardies	Occasionally absent and/or tardy	Quite a few absences and/or tardies	Excessive absences and/or tardies	Never absent or late Highly dependable
------------------------	----------------------------------	-------------------------------------	-----------------------------------	-------------------------------------------

Part IV Professional Behavior

Use of Free Time	Seldom uses free time constructively	Usually uses free time constructively	Very poor use of free time; wastes time/never cleans and restocks	Very constructive use of free time; cleans and stocks rooms, etc.
Initiative	Volunteers to do their share. Helps out when needed and takes pride in doing good work	Frequently needs prodding. Does not recognize work needing to be done. Holds back	Usually volunteers, assumes responsibility and uses free time constructively.	Wastes time, shows little initiative or interest in scanning. Always has to be asked to help.
Communication Skills	Able to communicate most efficiently; very confident. Explains exams to patients, etc.	Very poor communication skills, lacks tact and confidence, no patient interaction	Usually quite able to communicate effectively.	Occasionally has problems with communication skills with patients

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Patient Care	Always provides appropriate patient care/assists patients when needed	Seldom provides appropriate patient care	Adequately provides patient care	Never provides appropriate patient care
Appropriateness of Conversations	Satisfactory communication within the departments with staff and peers	Occasionally speaks too loudly outside or inside the room, within hearing distance of patient	Always has appropriate conversations with and around patients. Maintains patient confidentiality (HIPAA)	Discusses inappropriate topics in front of patients/staff/peers. Acts unethically.

Part V Quality Work

Knowledge of Procedures	Very little knowledge of procedures; lacks skills	Outstanding knowledge of procedures; very skillful	Has above average knowledge and skill	Sufficient knowledge for acceptable performance
Knowledge of Anatomy and Physiology	Demonstrates sufficient/ acceptable knowledge of anatomy and physiology for level of education and experience	Demonstrates outstanding knowledge of anatomy and physiology for level of education and experience	Has lack of knowledge of anatomy and physiology for level of education and experience	
Supervision	Requires maximum supervision, very slow, unable to comprehend new ideas	Requires maximum supervision, takes more time than normal, but comprehends material	Requires supervision but learns reasonably well.	Requires minimum supervision; extremely quick and intelligent
Use of Equipment/ Image Quality	Has above average knowledge of equipment controls such as gain, TGC, and focal zone and uses them to improve image quality	Lacks knowledge/has no idea how to use equipment in order to improve image quality	Use equipment controls regularly (TCG, focal zone, gain, etc.) to improve image quality	Sometimes uses equipment controls (TCG, focal zone, gain, etc.) to improve image quality
Cleaning/ Stocking	Always willing to clean and stock rooms; assists staff when needed	Rooms are clean and restocked most of the time, is willing to help when asked	Seldom cleans or restocks; seldom assists with patients, etc.	Avoids cleaning and stocking rooms; avoids assisting staff with patients, etc.
Willingness to Perform Procedures	Refused to perform procedures after having “tested off”; only watches or doesn’t come in exam room at all	Usually willing to perform procedures, but stands back some of the time		Always willing to perform procedures even after being “tested off”

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Image Critique	Adequate at image critique	Totally incompetent in critiquing own work	Critiques own work most skillfully	Inadequate; needs improvement
Time/ Completion of Exams	Always completes own assignments/exams and uses the right amount of time dependent on level of education	Completes own assignments/exams most of the time. Uses fair amount of time dependent on level of education	Completely relies on others to help complete exams and/or uses an excessive amount of time	Scans too fast/does not take the time needed to produce quality images and scans.
Quality of Work	Generally produces quality work and correct images	Consistently above average quality and correct images	Quality of work and images are consistently below standards	Frequently produces inadequate images and/or doesn't know what images to take
Recognizing Pathology	Unable to comprehend pathologies on routine exams	Usually recognizes/ understands/finds pathologies on their own	Consistently recognizes/finds pathologies on their own	
Problem Solving Skills	Proficient at using problem solving skills to modify standard procedures to accommodate for patient conditions and variables	Above average problem solving skills. Able to modify procedures to accommodate patient variables.	Satisfactory problem solving abilities.	Exhibits inadequate problem solving skills; cannot modify procedures for variables with patient or environment.

Part VI Patient Care

Transducer	Always selects correct transducer frequency and type for examination	Sometimes has trouble selecting the correct transducer frequency and type for examination	Never selects the correct transducer frequency and type for examination	Usually selects the correct transducer frequency and type for examination
Patient History	Accurately obtains and evaluates patient information, such as pt. history, previous exams, chart information, and verbal history	Usually obtains and evaluates patient information, such as pt. history, previous exams, chart information and verbal history	Never obtains and evaluates patient information, such as pt. history, previous exams, chart information, and verbal history	
	Student is scanning at the appropriate level dependent on their level of education	Student is NOT scanning at the appropriate level dependent on their level of education		

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What was your overall opinion of the student's performance during this evaluation period ?

- _____ Is performing beyond what is expected, sets examples
- _____ Is performing at a level with their peers, very positive attitude
- _____ Is performing at a level with their peers, good attitude
- _____ Is slightly below the performance of their peers, but seems to have the ability and attitude to improve
- _____ Is not performing as expected. Does not seem to have an interest in improving or lacks motivation.

Comments from Evaluator:

Signature of Evaluator

Date

Comments from Student:

I agree with this evaluation_____

I disagree with this evaluation_____

Signature of Student

Date

Performance Objective Sheets

This form is used when the student is ready for a competency evaluation. It is the student's responsibility to determine when he/she feels ready to be evaluated by the clinical instructor or DMS coordinator. The student will perform the scan with indirect supervision. The exam is reviewed by a qualified sonographer. The student must receive a "2" or "3" on each particular objective listed. If they receive a "1" on an objective, it only means he/she must continue to practice that objective and resubmit it at their next rotation. They can continue to do this until they receive a "2" or "3".

***IT IS THE STUDENT'S RESPONSIBILITY TO INFORM THE STAFF SONOGRAPHER, DMS COORDINATOR, ETC., BEFORE THE EXAMINATION BEGINS, THAT THEY WISH TO BE COMPETENCY TESTED ON THAT EXAMINATION.**

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Example Performance Objective Sheet

OB/GYN

Proficiency #1 – GYN. / TRANSABDOMINAL IMAGING

Name _____

Demonstrates, identifies and evaluates pelvic organs and structures using transabdominal imaging.

Performance Objectives	Evaluation Period or Number										A = Average TD = Technically Difficult P = Pathology		
	1	2	3	4	5	6	7	8	9	10	A	TD	P
a. Provides appropriate communication regarding bladder filling and evaluates adequacy of patient preparation.													
b. Selects appropriate ultrasound and ancillary equipment and transducer to achieve adequate visualization of pelvic structures via trans-abdominal imaging.													
c. Achieves adequate visualization of pelvic structures by filling the bladder and removing the catheter. Uses correct technique to fill the bladder and remove the catheter at completion of the examination.													
d. Demonstrates, evaluates, and utilizes different patient positions to adequately visualize pelvic structures.													
e. Completely surveys areas in interest and surrounding structures.													
f. Demonstrates, identifies, and evaluates, by transabdominal imaging in multiple planes, characteristics, measurements and Doppler flow analysis as indicated of the following anatomy: Uterus and endometrium													
g. Ovaries													
h. Cervix													
i. Posterior cul-de-sac													
j. Bladder													

Master Proficiency List

This list documents the date(s) when a student has achieved and maintained entry-level competency on all performance objectives within a proficiency. This form provides a ready reference for faculty who can quickly ascertain which competencies have been completed and which remain to be done.

It is the student's responsibility to transpose the number from the Performance Objective Sheet to the Master Proficiency List. The clinical instructor or DMS coordinator will initial the form. Remember, initialing the Master Proficiency List form shows that the clinical instructor or DMS coordinator has checked that the student transposed the numbers correctly. It does not mean the instructor personally witnessed the student scan all the particular competencies.

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Example Master Proficiency List

Name _____

	Approved			Challenge			Reapproved		
	Date	Facility	Supervisor Initials	Date	Facility	Supervisor Initials	Date	Facility	Supervisor Initials
Abdomen, Superficial Structures and Breast									
1. Gallbladder/Biliary System									
2. Abdominal Vessels									
3. Liver									
4. Pancreas									
5. Retroperitoneum/ Peritoneum/ Pleural Cavities									
6. Spleen									
7. Urinary Tract									
8. Male Pelvis									
9. Scrotum									
10. Soft Tissue									
11. Thyroid/ Parathyroid									
12. Breast									
13. Progressive Proficiency – Adrenals									
14. Progressive Proficiency - Gastrointestinal (GI)									
15. Progressive Proficiency – Guidance									
16. Progressive Proficiency – Prostate									
17. Progressive Proficiency – Transplants									
18. Progressive Proficiency – Rotator Cuff									
19. Progressive Proficiency – Breast Pathology									

Performance Objective Overview

This chart provides a quick review of the ratings obtained by a student for the performance objectives within each proficiency. This provides a more detailed appraisal of individual competencies than does the Master Proficiency List. The student is responsible for transposing the numbers to the Performance Objective Overview and doing the self-assessment. The sonographer will initial this form.

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EXAMPLE PERFORMANCE OBJECTIVES OVERVIEW – ABDOMEN, SUPERFICIAL STRUCTURES, BREAST

Name _____

Proficiency #	Performance Objectives																				Date/ Supervisor Approved	Date/ Supervisor Challenged	Date/ Supervisor\ Reapproved					
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T				U	V	W	X	Y
ABDOMEN, SUPERFICIAL STRUCTURES, BREAST																												
1. Gallbladder/ Biliary System																												
Self Assessment																												
2. Abdominal Vessels																												
Self Assessment																												
3. Liver																												
Self Assessment																												
4. Pancreas																												
Self Assessment																												
5. Retroperitoneum/ Peritoneum/ Pleural Cavities																												
Self Assessment																												
6. Spleen																												
Self Assessment																												
7. Urinary Tract																												
Self Assessment																												
8. Male Pelvis																												
Self Assessment																												
9. Scrotum																												
Self Assessment																												
10. Soft Tissue																												
Self Assessment																												
11. Thyroid/ Parathyroid																												
Self Assessment																												
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Approved	Challenged	Reapproved