



DIAGNOSTIC MEDICAL SONOGRAPHY

ASSOCIATE OF APPLIED SCIENCE IN Cardiovascular Sonography (AAS. DMSC)

PROGRAM HANDBOOK

2023-2024

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To the Diagnostic Medical Sonography Student:

Welcome to The Christ College of Nursing and Health Sciences! We are excited about the opportunity to partner with you as you begin your educational journey within the profession of Diagnostic Medical Sonography (DMS).

The *DMS Program Handbook* is an important document to guide you through and promote your successful completion of the program. Please read the document thoroughly and familiarize yourself with the policies, procedures, and regulations within the *DMS Program Handbook*. The faculty, professional staff, and administration are available to assist you with policies, procedures, or regulations in the *DMS Program Handbook* as necessary.

Occasionally it is necessary to introduce new or revise existing policies, procedures, or regulations in the *DMS Program Handbook*. New policies and revisions will be posted on the College's electronic learning management system.

As you begin your journey, we encourage you to interact with your class peers and faculty members to help enhance and diversify your learning opportunities. Together we can enrich the culture of medical sonography through caring, collaboration, integrity, and excellence!

Best wishes for success in your educational endeavors!

Sincerely,

Faculty, Staff, and Administration

The Christ College of Nursing and Health Sciences
Department of Health Sciences

FOREWORD

The Christ College of Nursing and Health Sciences [College Catalog](#) (link) and Associate of Applied Science, Diagnostic Medical Sonography (DMS) Program Handbook are guidebooks for our students in the DMS program.

It is the responsibility of each student to know the contents of both documents and to respect and maintain the rules and standards of the College and the Department of Health Sciences.

The College and Department of Health Sciences reserve the right to change any provision or policy in the interest of the College, DMS program, or students.

The DMS Program Handbook can be accessed through the College's electronic learning management system.

PLEASE NOTE

The Christ College of Nursing and Health Sciences is committed to a policy of non-discrimination on the basis of race, color, creed, national origin, citizenship, religion, ethnicity, age, gender, gender identity, genetics, marital status, sex, pregnancy, sexual orientation, military or veteran status, disability, or any other status protected by local, state or federal law (collectively, "protected statuses") in the administration of its educational, recruitment, and admissions policies; scholarship and loan programs; and athletic or other College-administered programs. All institutional processes and policies follow applicable federal and state laws and regulations related to discrimination.

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HISTORY OF THE COLLEGE



Founding of the Predecessor: The Christ Hospital School of Nursing

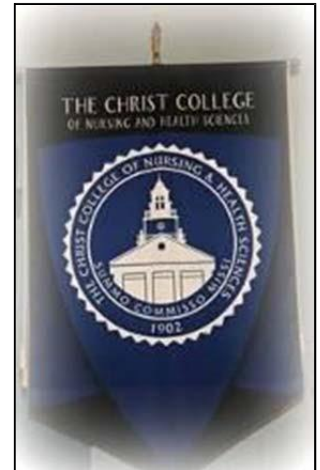
The Christ Hospital School of Nursing (TCHSN) was born in a tradition of caring. In 1888, a group of local citizens, led by soap maker James N. Gamble, invited Ms. Isabella Thoburn to come to Cincinnati. Their expectation was that she would start a program to train deaconesses and missionaries to carry on religious, educational, and philanthropic work to alleviate the appalling poverty that existed in the city. They could not have imagined the impact their invitation would have on the city at that time or now, more than a century later.

Conversion to The Christ College of Nursing and Health Sciences (TCCNHS)

National and regional developments pointed to an evolving health care delivery system, increased needs, and desires of consumers for higher-quality patient care, augmented educational and skill requirements of the nursing workforce, and national trends toward degree granting educational programs for nursing. In the 2002–2003 academic year, the administration and faculty of TCHSN determined that it was essential for the school to evolve to address these trends by proposing that a new, independent institution be developed prompting the conversion to The Christ College of Nursing and Health Sciences.

The expanded course offerings and intensive curriculum within the College help prepare graduates for work in a broad array of health care settings. In the future, as the College assesses its progress, the infrastructure and foundation being laid will open doors for curricular and extracurricular innovations allowing for continued attention to the excellence in education and community engagement that has been at the core of the institution's mission and history. TCHSN officially closed its doors with its last graduating class in 2007. The College opened its doors in academic year 2006–2007, accepting its first class of students.

TCCNHS is accredited through the Higher Learning Commission, North Central Association of Colleges and Schools.



Institutional Learning Outcomes:

1. Apply an expanded knowledge base within one's chosen profession with the disposition to engage in life-long learning.
2. Demonstrate responsible engagement with social-political-cultural issues of local, regional, or global significance.
3. Demonstrate academic and professional competency in written and oral communication.
4. Demonstrate academic and professional competency within the sciences.
5. Engage in intellectual inquiry and critical thinking by identifying assumptions, making inferences, marshaling evidence, and giving coherent account of reasoning.

HEALTH SCIENCES

Health Sciences Purpose

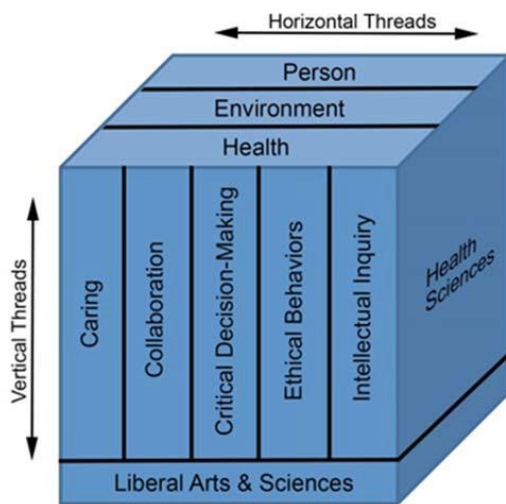
The purpose of the Health Sciences is to support the mission, vision, and values of The Christ College of Nursing and Health Sciences by providing a course of study with a foundation in the liberal arts and sciences. Students will acquire a fundamental understanding of the relationship between the person, environment, and health. The health science graduate will be a life-long learner who models ethical behavior, integrity, and excellence. Earning a health science degree from The Christ College of Nursing and Health Sciences, graduates will be equipped to participate in the healthcare arena as caring professionals engaging in critical decision making, intellectual inquiry, and collaboration.

Health Sciences Philosophy

The faculty believe:

- A **person** is a unique individual having intrinsic value. Everyone has diverse physical, emotional, social, developmental, and spiritual needs in varying degrees of fulfillment and deserves caring interventions. The person and environment are constantly interacting.
- The **environment** includes all internal and external factors affecting and affected by the individual. A part of this dynamic environment is society, which consists of individuals, families, communities, and institutions. Any change in the environment may require varying degrees of adaptation. Health Sciences graduates engage in assessment of both the environment and people to identify opportunities to promote, maintain, or restore health.
- **Health** is the dynamic process of balance and harmony within the person, including physical, mental, and social well-being. A person's state of health is influenced by personal, societal, and cultural variables and may be affected by prevention and treatment strategies.

Health Sciences Framework



Health Sciences Conceptual Framework

Horizontal Threads for Health Sciences

For the Health Sciences, **person, environment, and health** constitute horizontal threads, which are those integrated concepts presented early, strengthened through repeated exposure and application, and woven throughout the curriculum for Health Science programs.

Vertical Threads for Health Sciences

Caring, intellectual inquiry, ethical behavior, critical decision making, and collaboration comprise the vertical threads. These concepts and skills are arranged to build upon one another in alignment with a general sequence of learning. Scaffolded through the curriculum for Health Science programs, vertical threads guide the student's progression toward proficiency.

- **Caring** behaviors are nurturing, protective, compassionate, and person-centered. Caring creates an environment of hope and trust, where individual choices related to cultural values, beliefs, and lifestyle are respected.
- **Intellectual Inquiry** is a persistent sense of curiosity that informs both learning and practice, which stimulates visionary thinking. Intellectual inquiry invites the exploration of possibilities, allowing for creativity and innovation.
- **Ethical Behaviors** are characterized by conduct within legal, ethical, and regulatory frameworks; commitment to standards of professional practice; and accountability for one's own actions.
- **Critical Decision Making** encompasses the performance of accurate assessments, the use of multiple methods to access information, and the analysis and integration of knowledge and information to formulate evidence-based conclusions.
- **Collaboration** is working together with open professional communication to plan, make decisions, set goals, and implement strategies. Collaboration requires consideration of need, priorities and preferences, available resources, shared accountability, and mutual respect.

Description of the Sonography Profession

Diagnostic Medical Sonography (DMS) is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, obstetrics/gynecology sonography, pediatric sonography, phlebology sonography, vascular technology/sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer:

- Functions as a delegated agent of the physician; and

- Does not practice independently.

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence. Diagnostic medical sonographers use independent, professional, ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

A fundamental approach to the safe use of diagnostic medical ultrasound is to apply elements of the As Low As Reasonably Achievable (“ALARA”) Principle including lowest output power and the shortest scan time consistent with acquiring the required diagnostic information. The diagnostic medical sonographer uses proper patient positioning, tools, devices, equipment adjustment, and ergonomically correct scanning techniques to promote patient comfort and prevent compromised data acquisition or musculoskeletal injury to the diagnostic medical sonographer. (SDMS.org)

Diagnostic Medical Sonographer Credentialing

A diagnostic medical sonographer must be competent in any sonographic procedure they perform. Certification by a sonography credentialing organization that is accredited by National Commission of Certifying Agencies (NCCA) or the American National Standards Institute - International Organization for Standardization (ANSI – ISO) represents “standard of practice” in diagnostic sonography.

Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers in different areas of sonography specialization are markedly different. If performing procedures in any of the following primary areas of sonography specialization, a diagnostic medical sonographer must demonstrate competence in the specialty area(s) through appropriate education, training, and certification:

1. Abdominal Sonography
2. Obstetrical/Gynecological Sonography
3. Cardiac Sonography
4. Vascular Technology/Sonography

If the diagnostic medical sonographer specializes or regularly performs procedures in secondary area(s) of specialization (e.g., breast sonography, fetal cardiac sonography, musculoskeletal sonography, pediatric sonography, phlebology sonography, etc.), the diagnostic medical sonographer should demonstrate competence through certification in the area(s) of practice by a nationally recognized sonography credentialing organization. Employers and accrediting organizations should require maintenance of diagnostic medical sonographer certification in all areas of practice.

Graduates of the DMSC program at The Christ College of Nursing Health Sciences are prepared to become certified in Cardiac Sonography and Vascular Technology/Sonography.

Clinical Standards for Diagnostic Medical Sonographers (SDMS.org)

SECTION 1

STANDARD – PATIENT INFORMATION ASSESSMENT AND EVALUATION:

1.1 Information regarding the patient's past and present health status is essential in providing appropriate diagnostic information. Therefore, pertinent data related to the diagnostic sonographic procedure should be collected and evaluated to determine its relevance to the examination. The diagnostic medical sonographer:

1.1.1 Verifies patient identification and that the requested examination correlates with the patient's clinical history and presentation. In the event that the requested examination does not correlate, either the supervising physician or the referring physician will be notified.

1.1.2 In compliance with privacy and confidentiality standards, interviews the patient or their representative, and/or reviews the medical record to gather relevant information regarding the patient's medical history and current presenting indications for the study.

1.1.3 Evaluates any contraindications, insufficient patient preparation, and the patient's inability or unwillingness to tolerate the examination and associated procedures.

STANDARD – PATIENT EDUCATION AND COMMUNICATION:

1.2 Effective communication and education are necessary to establish a positive relationship with the patient or the patient's representative, and to elicit patient cooperation and understanding of expectations. The diagnostic medical sonographer:

1.2.1 Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner that can be easily understood by the patient and other healthcare providers.

1.2.2 Explains the examination and associated procedures to the patient and responds to patient questions and concerns.

1.2.3 Refers specific diagnostic, treatment, or prognosis questions to the appropriate physician or healthcare professional. 4

STANDARD – ANALYSIS AND DETERMINATION OF PROTOCOL FOR THE DIAGNOSTIC EXAMINATION:

1.3 The most appropriate protocol seeks to optimize patient safety and comfort, diagnostic quality, and efficient use of resources, while achieving the diagnostic objective of the examination. The diagnostic medical sonographer:

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

1.3.2 Performs the examination under appropriate supervision, as defined by the procedure.

1.3.3 Uses professional judgment to adapt the protocol and consults appropriate medical personnel, when necessary, to optimize examination results.

1.3.4 Confers with the supervising physician, when appropriate, to determine if intravenous contrast is necessary to enhance image quality and obtain additional diagnostic information.

1.3.5 With appropriate education and training, uses proper technique for intravenous line insertion and administers intravenous contrast according to facility protocol.

STANDARD – IMPLEMENTATION OF THE PROTOCOL:

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate protocol. The diagnostic medical sonographer:

1.4.1 Implements a protocol that falls within established procedures.

1.4.2 Elicits the cooperation of the patient to carry out the protocol.

1.4.3 Adapts the protocol according to the patient's disease process or condition.

1.4.4 Adapts the protocol, as required, according to the physical circumstances under which the examination must be performed (e.g., operating room, sonography laboratory, patient's bedside, emergency room, etc.).

1.4.5 Monitors the patient's physical and mental status.

1.4.6 Adapts the protocol according to changes in the patient's clinical status during the examination.

1.4.7 Administers first aid or provides life support in emergency situations.

1.4.8 Performs basic patient care tasks, as needed.

1.4.9 Recognizes sonographic characteristics of normal and abnormal tissues, structures, and blood flow; adapts protocol as appropriate to further assess findings; adjusts scanning technique to optimize image quality and diagnostic information.

1.4.10 Analyzes sonographic findings throughout the course of the examination so that a comprehensive examination is completed, and sufficient data is provided to the supervising physician to direct patient management and render a final interpretation.

1.4.11 Performs measurements and calculations according to facility protocol.

STANDARD – EVALUATION OF THE DIAGNOSTIC EXAMINATION RESULTS:

1.5 Careful evaluation of examination results in the context of the protocol is important to determine whether the goals have been met. The diagnostic medical sonographer:

1.5.1 Establishes that the examination, as performed, complies with applicable protocols and guidelines.

1.5.2 Identifies and documents any limitations to the examination.

1.5.3 Initiates additional scanning techniques or procedures (e.g., administering contrast agents) when indicated.

1.5.4 Notifies supervising physician when immediate medical attention is necessary, based on examination findings and patient condition.

STANDARD – DOCUMENTATION:

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care, and quality assurance. The diagnostic medical sonographer:

1.6.1 Provides timely, accurate, concise, and complete documentation.

1.6.2 Provides an oral or written summary of findings to the supervising physician.

SECTION 2

STANDARD – IMPLEMENT QUALITY IMPROVEMENT PROGRAMS:

2.1 Participation in quality improvement programs is imperative. The diagnostic medical sonographer:

2.1.1 Maintains a safe environment for patients and staff. 6

2.1.2 Performs quality improvement procedures to determine that equipment operates at optimal levels and to promote patient safety.

2.1.3 Participates in quality improvement programs that evaluate technical quality of images, completeness of examinations, and adherence to protocols.

2.1.4 Compares facility quality improvement standards to external metrics, such as accreditation criteria, evidence-based literature, or accepted guidelines.

STANDARD - QUALITY OF CARE:

2.2 All patients expect and deserve optimal care. The diagnostic medical sonographer:

2.2.1 Works in partnership with other healthcare professionals.

2.2.2 Reports adverse events.

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.

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

3.1.2 Recognizes weaknesses and limitations and performs procedures only after receiving appropriate education and supervised clinical experience in any deficient areas.

STANDARD – EDUCATION:

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

3.2.1 Obtains and maintains appropriate professional certification/credential in areas of clinical practice.

3.2.2 Recognizes and takes advantage of opportunities for educational and professional growth.

STANDARD – COLLABORATION:

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

3.3.1 Promotes a positive and collaborative atmosphere with members of the healthcare team. 7

3.3.2 Communicates effectively with members of the healthcare team regarding the welfare of the patient.

3.3.3 Shares knowledge and expertise with colleagues, patients, 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 standards. The diagnostic medical sonographer:

4.1.1 Adheres to accepted professional ethical standards.

4.1.2 Is accountable for professional judgments and decisions.

4.1.3 Provides patient care with equal respect for all.

4.1.4 Respects and promotes patient rights, provides patient care with respect for patient dignity and needs, and acts as a patient advocate.

4.1.5 Does not perform sonographic procedures without a medical indication, except in educational activities.

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

Code of Ethics (SDMS.org)

Code of Ethics for the Profession of Diagnostic Medical Sonography

*Re-approved by SDMS Board of Directors, effective 02/08/2017
(originally approved by SDMS Board of Directors, December 6, 2006)*

PREAMBLE

The goal of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers. In so doing, the integrity of the profession of diagnostic medical sonography will be maintained.

OBJECTIVES

1. To create and encourage an environment where professional and ethical issues are discussed and addressed.
2. To help the individual diagnostic medical sonographer identify ethical issues.
3. To provide guidelines for individual diagnostic medical sonographers regarding ethical behavior.

PRINCIPLES

Principle I: In order to promote patient well-being, the diagnostic medical sonographer shall:

- A. Provide information to the patient about the purpose of the sonography procedure and respond to the patient's questions and concerns.
- B. Respect the patient's autonomy and the right to refuse the procedure.
- C. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.
- D. Promote the privacy, dignity, and comfort of the patient by thoroughly explaining the examination, patient positioning and implementing proper draping techniques.
- E. Maintain confidentiality of acquired patient information and follow national patient privacy regulations as required by the "Health Insurance Portability and Accountability Act of 1996 (HIPAA)."
- F. Promote patient safety during the provision of sonography procedures and while the patient is in the care of the diagnostic medical sonographer.

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 credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the [National Commission for Certifying Agencies \(NCCA\)](#) or the [International Organization for Standardization \(ISO\)](#).
- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- D. Acknowledge personal and legal limits, practice within the defined [scope of practice](#), and assume responsibility for his/her actions.
- E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and recredentialing.
- F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.
- G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

- H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

- A. Be truthful and promote appropriate communications with patients and colleagues.
- B. Respect the rights of patients, colleagues, and yourself.
- C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
- D. Accurately represent his/her experience, education, and credentialing.
- E. Promote equitable access to care.
- F. Collaborate with professional colleagues to create an environment that promotes communication and respect.
- G. Communicate and collaborate with others to promote ethical practice.
- H. Engage in ethical billing practices.
- I. Engage only in legal arrangements in the medical industry.
- J. Report deviations from the Code of Ethics to institutional leadership for internal sanctions, local intervention and/or criminal prosecution. The Code of Ethics can serve as a valuable tool to develop local policies and procedures.

Functional Abilities

The Christ College of Nursing and Health Sciences (TCCNHS) diagnostic medical sonography program has a responsibility to educate students with the goal of becoming competent sonographers to care for their patients (persons, families, and/or communities) with critical judgment, broadly based knowledge, and functional abilities. The TCCNHS diagnostic medical sonography program has academic as well as functional abilities that students must be able to perform, with or without reasonable accommodations, to successfully progress in, and graduate from our diagnostic medical sonography program.

Individuals interested in applying for admission to the diagnostic medical sonography program should review these functional abilities to develop a better understanding of the skills, abilities, and behavioral characteristics necessary to succeed in the program. These functional abilities and examples are not all-inclusive and serve as guidance, not as hard rules. Accommodation requests by students, even those related to functional abilities, will be analyzed, and determined on a case-by-case basis and such accommodations will be granted when the College determines it is reasonable to do so.

The Christ College medical sonography program provides the following description/examples of functional abilities necessary to successfully complete the requirements of the medical sonography program. Key areas for functional abilities in diagnostic medical sonography include the possession, or acquisition, of abilities and skills in the areas of: (1) exhibiting sensory and motor coordination and function; (2) acquiring fundamental knowledge; (3) developing communication skills;

(4) interpreting data; (5) demonstrate cognitive knowledge and comprehension of information; and, (6) incorporating appropriate professional attitudes and behaviors into sonography practice.

If you believe you require accommodations to perform these functional abilities, please [click here](#) for more information.

The TCCNHS medical sonography program provides reasonable accommodations, in conjunction with clinical agencies and community partners, to all students on a nondiscriminatory basis consistent with legal requirements as outlined in the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and the ADA Amendments Act of 2008. A reasonable accommodation is a modification or adjustment to an instructional activity, equipment, facility, program, or service that enables a qualified student with a disability to have an equal opportunity to fulfill the requirements necessary for graduation from the medical sonography program.

Functional Abilities	Examples
Exhibit Sensory, Motor Coordination, and Function	
<ol style="list-style-type: none"> 1. Execute the use of exteroceptive sense (touch, pain, temperature), proprioceptive sense (position, pressure, movement, stereognosis, vibration), physical strength, visual acuity, and motor function to use sonographic imaging equipment, and provide general patient care. 2. Demonstrate manual or physical skills, use of basic motor skills, coordination, and physical movement. 3. Respond promptly to emergencies as to not hinder the ability of coworkers to provide prompt treatment and care. 	<ul style="list-style-type: none"> • Perform hand and upper extremity repetitive movements and sustained positions, for extended periods of time, which requires fine and gross motor skills for both hands and upper extremities. • Push, pull, bend and stoop routinely to move and adjust sonographic equipment and perform studies. • Transport, move, and/or lift patients from a wheelchair or stretcher to the examination table or patient bed, and physically assist patients into proper positions for examination. • Exert up to 20 pounds of force occasionally, 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. • Use both hands, wrists, and shoulders to maintain prolonged arm positions necessary for scanning and recording sonographic images. • Lift up to 50 pounds. • See and function in semi-dark settings with the ability to distinguish 16 shades of grey and color distinctions on ultrasound images. • Recognize and respond to soft voices, faint body sounds, auditory timers, equipment alarms, call bells, and distinguish audible doppler signals.

Functional Abilities	Examples
Acquire Fundamental Knowledge	
<ol style="list-style-type: none"> 1. Ability to learn in classroom, clinical, simulation, community educational settings. 2. Ability to find sources of knowledge and acquire the knowledge. 3. Apply an expanded knowledge base within one's chosen profession with the disposition to engage in life-long learning. 4. Display adaptive thinking. 	<ul style="list-style-type: none"> • Acquire, conceptualize, and use evidence-based information from demonstrations and experiences in the basic and applied sciences including, but not limited to, information conveyed through online coursework, lecture, group seminar, small group activities, physical demonstrations, and clinical practice.
Develop Communication Skills	
<ol style="list-style-type: none"> 1. Communicate quickly and effectively in oral and written English. 2. Exhibit abilities for sensitive and effective interactions with patients (persons, families and/or communities). 3. Display abilities for effective interaction with the health care team (patients, their supports, other professional and non-professional team members). 4. Exhibit sense-making of information gathered from communication, oral and written. 5. Display social intelligence. 	<ul style="list-style-type: none"> • Read and record in patient records in English accurately and efficiently. • Accurately elicit or interpret information such as medical history and other info to evaluate a client or patient's condition adequately and effectively. • Accurately convey information and interpretation of information to patients and the health care team. • Effectively communicate in teams. • Connect with others to sense and stimulate reactions and desired interactions: <ul style="list-style-type: none"> • Employ empathy, perceive verbal and nonverbal cues, recognize, and appropriately respond to emotions such as sadness, worry, fear, and anger in patients. • Elicit pain levels from patients, provide patient teaching, and report changes in patient status to other members of the health care team.
Observe, Collect and Analyze Data	

Functional Abilities	Examples
<ol style="list-style-type: none"> 1. Observe patient conditions and responses to health and illness. 2. Assess and monitor health needs. 3. Observe and interpret verbal and nonverbal cues. 4. Implement computational thinking. 5. Analyze sonographic findings in relation to imaging factors, image quality and anatomical orientation. 	<ul style="list-style-type: none"> • Obtain and interpret information from assessment maneuvers such as assessing respiratory and cardiac function, blood pressure, blood sugar, neurological status, etc. • Identify, assess, and comprehend conditions surrounding patient situations for the purpose of problem solving and coming to appropriate conclusions and/or courses of action. • Obtain and interpret sonographic information and modify exam as indicated by findings. • Measure, collect, and analyze written, verbal and observed data. • Conceptually visualize anatomy and pathology in three dimensions.
Demonstrate Cognitive Knowledge and Comprehension of Information	
<ol style="list-style-type: none"> 1. Demonstrates the following elements of cognitive understanding: knowledge of subject matter, mental skills; observable and unobservable skills, such as comprehending information, organizing ideas, and evaluating information and actions for persons, families, and/or communities across the health continuum within the associated environments of care. 2. Display intellectual and conceptual abilities to accomplish the essential tasks of the medical assistant professional program: <ol style="list-style-type: none"> a) Observing b) Organizing Ideas c) Comprehending d) Evaluating information 	<ul style="list-style-type: none"> • Literacy in, and ability to, understand concepts across disciplines. • Represent and develop tasks and work processes for desired outcomes. • Recognize and respond to critical sonographic findings. • Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.

Functional Abilities	Examples
Incorporate Appropriate Professional Attitudes and Behaviors into Diagnostic Medical Sonography Practice	
<ol style="list-style-type: none"> 1. Demonstrate concern for others, empathy, composure, integrity, ethical conduct, accountability, interest, and motivation. 2. Employ interpersonal skills for professional interactions with a diverse population of individuals, families, and communities. 3. Employ interpersonal skills for professional interactions with members of the health care team including patients, their supports, other health care professionals and team members. 4. Display skills necessary for promoting change for quality health care needs. 5. Maintain the emotional health required to: sustain full capacity of intellectual abilities; exercise good judgment; complete responsibilities related to patient care in a timely manner; development and maintain professional, culturally sensitive, and effective relationships with patients. 	<ul style="list-style-type: none"> • Maintain effective, professional, and sensitive relationships with clients/patients, students, faculty, staff, and other professionals under all circumstances while protecting patient confidentiality. • Make proper judgments regarding safe and quality care. • Function effectively under stress. • Demonstrate professional role in interactions with patients, intra and inter-professional teams. • Operate in different cultural settings. • Work productively, drive engagement, and demonstrate presence as a member of a health care team. • Demonstrate the ability to be aware of, and appropriately react to, one's own immediate emotional responses and biases. • Adapt to changing environments, display flexibility, and learn to function under conditions of uncertainty inherent in clinical practice. • Accept appropriate suggestions and criticisms and respond by modifying behavior when necessary.

DMS Program Description

The Associate of Applied Science in Diagnostic Medical Sonography program provides a course of study with a foundation in the Arts and Sciences emphasizing academic excellence, professionalism, and clinical competence. The promotion of critical thinking skills, professional behaviors, and self-directed learning prepares graduates as medical sonographers to work collaboratively in dynamic health care settings with a diversity of cultures. The completion of the Associate of Applied Science in Diagnostic Medical Sonography Degree prepares graduates to take the ARDMS/CCI credentialing examinations in the areas of Cardiac Sonography and Vascular Technology/Sonography.

DMS Program Mission Statement

The mission of the DMSC program is to provide quality education in the field of diagnostic medical sonography, prepare students as entry-level sonographers with a high degree of skill, and to develop student professionalism through training and mentorship.

DMS Program Goals and Objectives

Program Goal:

The goal of the DMSC program is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the adult cardiac and vascular concentrations. The program will provide the necessary education through academic instruction and professional training to develop advanced medical imaging skills and prepare the graduate for employment as a Diagnostic Medical Sonographer. The program will educate students in the art and science of ultrasound imaging through an integrated program of general studies and professional education. The program is a careful blend of didactic, laboratory, and hands-on clinical experience that prepares the successful graduate to enter the workforce as an entry-level Diagnostic Medical Sonographer and to pass the national exams that lead to credentialing.

Program Learning Outcomes:

A graduate of the Associate of Applied Science in Diagnostic Medical Sonography Cardiovascular program at The Christ College of Nursing and Health Sciences will be able to:

1. Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
2. Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.
3. Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.
4. Demonstrate effective communication skills with patients and all members of the healthcare team.
5. Demonstrate behavior in a professional manner within in recognized ethical and legal standards.
6. Demonstrate knowledge of sonographic biological effects and proper application of sonographic instrumentation relative to imaging and image quality.
7. Demonstrate the ability to perform sonographic examinations of cardiac and vascular structures according to protocol guidelines established by national professional organizations.

Rigor of DMS Program

The DMS program is very rigorous, demanding determination, stamina, personal planning, and time devoted to study. Preparation for both theory and clinical activities requires fulltime effort. Therefore, students are encouraged to reduce employment to a minimum to maintain the education focus. Clinical days and hours will vary each semester. Flexibility of time as well as reliable personal transportation is required. Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience. **Clinical experiences begin in the summer semester and are a minimum of three 8.5-hour days per week. Therefore, flexible work scheduling and childcare arrangements are essential.** Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours.

Diagnostic Medical Sonography Program Curriculum/Major Requirements

The Christ College of Nursing and Health Sciences AAS.DMSC program was developed utilizing recommendations from the Joint Review Committee for Diagnostic Medical Sonography (JRC-DMS). DMSC program competency requirements provide entry-level competencies found in the psychomotor and affective domains as identified in the Commission on Accreditation of Allied Health Education Programs (CAAHEP), and Standards and Guidelines for Diagnostic Medical Sonography 2021 Standards).

Program Sequence AAS.DMSC

DMSC Cardiovascular Sonography								
Prerequisite-Semester1					Lec	Lab	Int	Credits
FS 102	Learning Foundations				2	0		2
PHY 105	Introductory Physics (G)				3	0		3
BIO 111	Anatomy and Physiology 1 (G)				3	1		4
MAT 105	College Algebra (G)				3	0		3
ENG 101	English Composition 1 (G)				3	0		3
	After completing Semester 1 courses, apply for Selective Enrollment into the DMSC program.							
Semester 2 Fall- Year 1								
DMS 111	Sonography Principles and Instrumentation 1 (T)				3	0		3
HLCS 101	Medical Terminology (B)				3	0		3
DMSC 120	Introduction to Cardiovascular Sonography and Patient Care(T)				3	0		3
BIO 112	Anatomy and Physiology 2 (B)				3	1		4
DMSC 121	Cardiovascular Sonography Scan Lab 1(T)				0	3		3
Semester 3 Spring Year 1								
DMS 112	Sonography Principles and Instrumentation 2 (T)				2	0		2

DMSC 141	Cardiac Sonography 1 (T)	3	0		3
DMSC 131	Vascular Sonography 1 (T)	3	0		3
DMSC 122	Cardiovascular Sonography Scan Lab 2 (T)	0	3		3
BIO 300	Pathophysiology (B)	3	0		3
Semester 4-Summer Year 1					
DMSC 223	Cardiovascular Scan Lab 3 (T)	0	1		1
DMSC 281	Cardiovascular Internship 1 (T)	1	0	1	2
PSY 110	Life Span Development (G)	3	0		3
Semester 5- Fall- Year 2					
DMSC 224	Cardiovascular Sonography Scan Lab 4 (T)	0	1		1
DMSC 242	Cardiac Sonography 2 (T)	3	0		3
DMSC 232	Vascular Sonography 2(T)	2	0		2
DMSC 282	Cardiovascular Internship 2 (T)	1	0	1	2
COM 102	Essentials of Communication (G)	3	0		3
Semester 6- Spring					
DMSC 250	Cardiovascular Sonography Seminar (T)	1	1		2
DMSC 283	Cardiovascular Internship 3 (T)	0	0	1	2
Total Credits:		54	11	3	65

*CPR- must have certification to enter clinical

Course Descriptions

For a description of the above-identified courses in the DMS curriculum, [click here](#) to access the Course Catalog.

Graduation Requirements

Students must complete required 65 credit hours of course work in the AAS.DMSC Curriculum with a minimum grade of “C” or “S.” All required documentation must be completed, signed, and returned to the required faculty/department in a time manner as outlined. Graduates are encouraged to attend and participate in the college graduation ceremony.

DMS Grading Policy

Minimum Passing Grades: A minimum grade of “C” or “S” must be earned in all sonography and general education courses. The formula for calculating grades is delineated in each course syllabus.

DMS Grade Scale:

To successfully complete any course at The Christ College of Nursing and Health Sciences, a grade of at least a “C” or higher must be achieved. Please note a grade of “D” or lower constitutes a failing grade.

Letter grades are assigned to the final course grade according to the following:

Percentage	Letter Grade
96 – 100 %	A
92- 95.9 %	A-
88-91.9 %	B+
84-87.9 %	B
80-83.9 %	B-
78-79.9 %	C+
76-77.9 %	C
68-75.9 %	D
>67.9	F

NOTE: Percentages are not rounded up before conversion to letter grades.

Refer to course syllabi for more information about how grades are assigned in general education courses.

For more information about letter grades, grade point average, term and cumulative averages, incomplete courses, and non-attendance failures, please [click here to visit the Compliance Bridge Policy Portal](#) and search Assignment of Grades.

For more information about the assignment and definition of credit hours, please [click here to visit the Compliance Bridge Policy Portal](#) and search Credit Hour.

Faculty Responsibilities:

The faculty is responsible for consistent application of the grading policy and for following grading procedures.

- Students must be informed of how they will be evaluated at the beginning of each course via the course documents. A portion of time in the first class of each course will be used to verbally explain evaluation methods and other policies stated in the course documents course documents will be posted on blackboard. Any addition to those documents will be posted and an announcement of the changes will be made in class and/or via Blackboard as well.
- Grades are to be submitted to the Registrar in accordance with college policy.

Student Responsibilities:

- Read and follow policies outlined in the course documents and course information posted on Blackboard.

Requirements for DMS Program Progression

First Year Curriculum – Semesters 1 and 2 of Technical Sequence

Students are accepted into the core curriculum of the program as a cohort class once per academic year. To progress into the second year (clinical level) of the program, the student must earn a letter grade of “C” or above in all curriculum courses to continue in the sequence. This includes technical and non-technical courses. If a student earns less than a “C” in a ***non-technical course***, *he/she must report the failure to the program director and repeat the course as soon as it is again offered (the following semester)*. It may become necessary for the student to withdrawal from the technical sequence if he/she has not successfully passed non-technical courses that serve as prerequisites to specific technical courses. Non-technical courses may not be repeated more than two times within a five-year period. Additionally, courses offered in sequence must be taken in the designated order..

Second Year Curriculum – Semesters 3 – 5 of Clinical Level

To register for clinical level courses, the student must meet the following requirements:

- Completion of all first-year curriculum courses with a “C” or better
- Cumulative GPA of 2.5 or better at the beginning of the third semester
- Cumulative GPA of ≥ 2.5 (*to remain in the clinical level*)
- Student health records must be complete and up to date (physical, TB test and immunizations, etc.)
- Drug testing must be completed as outlined in the DMSC enrollment steps. Click [here](#) to review [Enrollment Steps](#). Clinical agencies may require additional drug testing beyond enrollment if abuse is suspected.
- Immunization requirements outlined in the DMSC [Enrollment Steps](#).
- Basic Life Support (BLS) also known as Cardiopulmonary Resuscitation (CPR) is required.
 - All students are required to obtain and maintain CURRENT/ACTIVE certification for American Heart Association (AHA) BLS for Healthcare Providers. ARC is accepted if that is what your employer offers, you must provide proof that ARC for healthcare providers with a hands-on component was completed.

- Certification from online programs are not accepted.
- Students will submit a copy of the current CPR card prior to the beginning of the first clinical course DMSC 281.
- Students will be suspended if not submitted or certification expires.
- Mandatory Health Insurance
 - Facilities used by The Christ College of Nursing and Health Sciences to provide clinical learning experiences require that students have personal health insurance.
 - All students are expected to provide verification of such coverage prior to beginning clinical courses.
 - It is the student's responsibility to obtain and maintain insurance coverage.

To be eligible for program completion, the student must complete all courses in the DMS curriculum with a grade of C or better and a minimum GPA of 2.5.

Program Dismissal:

Non-Academic Dismissals:

Program dismissal may result in the event of (but not limited to) the following:

- Students who test positive for controlled substances
- Students who have not obtained the required criminal background, health physical, immunizations and medical tests necessary by stated deadlines.
- Students whose background check and/or drug screening is not compliant with program requirements.
- Students who fail to follow the Student Code of Conduct, as stated in the College Catalog For the full Student Code of Conduct, [click here](#) to access the Compliance Bridge Policy Portal and search Code of Conduct.
- Students who fail to comply with policies stated in the Diagnostic Medical Sonography Program Handbook, course syllabi, documents and/or College Catalog
- Students not adhering to the Professional Code of Conduct in the clinical facilities.

Academic Dismissals:

Program dismissal will result in the event of (but not limited to) the following:

First Year Students – Semesters One and Two

- Students with less than an overall GPA of 2.5 may not remain in or register for second year, clinical level DMS courses.
- Students with a grade of less than C in a technical course will be dismissed from the technical sequence.

Second Year Students – Semesters Three - Five

- Students that receive grades of “D”, “F”, “U”, or “W” for any technical course may be dismissed from the program.
- The inability to maintain an *overall GPA of 2.5* for all courses attempted at the college will result in dismissal from the program.

DMS Course Remediation

Remediation is the act or process of correcting a deficiency. Students who are unsuccessful with *one* DMS course during the curriculum courses *may* be eligible for remediation. Remediation is a one-time opportunity throughout the duration of the program. Eligibility will be determined at the discretion of the course instructor, clinical coordinator and/or program director.

Didactic Remediation:

- DMS course failure of only one DMS course within that semester with a final grade of $\geq 73\%$. Grades will not be rounded up.
- Student must have earned a grade of A or B in the prerequisite course(s) of the failed course.
- Student has initiated and followed through on meeting with the course instructor after each failed exam or scan proficiency.
- Student must have acceptable, passing grades in all other curriculum courses.
- Successful completion of all clinical competencies due to date
- No unexcused missed clinical days
- No other affective behavioral or professional issues in the program

Students who are eligible for remediation will receive an incomplete for the course. Students will be required to complete additional assignments and assessments. Students may be required to complete the process prior to the beginning of (during the semester break) or during the next semester. Remediation will consist of assignment(s) and or assessment testing and must be passed with a grade of 76% or better.

Clinical Course Remediation:

Students who experience difficulty in the clinical environment as reported or observed by the preceptor, clinical instructors or the program faculty must adhere to the following guidelines:

- First offense will require a meeting with the clinical coordinator and possibly the program director. A written incident report will be provided to the student with the meeting summary and action items to be completed.
- Second offense (of the same or different nature) will result in a clinical hearing. Students may not be able to return to the clinical environment until a hearing determination has been reached.
- Students demonstrating below average performance and/or receives a non-passing grade during any point in the semester, for the clinical portion of the program, will be referred to the health excel coordinator to conduct a clinical hearing. The clinical hearing is designed to formulate a plan of action the student must follow to improve performance. All action plans are approved by the division dean. The clinical grade is determined by scanability, affective and professional behavior. Students are responsible to adhere to the plan of action. Failure to do so is subject to program removal.

Scan Lab Course Remediation:

Students who are unsuccessful in a scan lab course must adhere to the following guidelines:

- Failure to demonstrate proficiency in DMSC 121(scan lab 1) may result in the inability for the

student to progress in the program. A Performance Improvement Plan (PIP) may be implemented by the instructor for students eligible for remediation. Successful completion of the PIP within the designated timeframe must be completed to matriculate to the next semester.

- Failure to demonstrate proficiency in DMSC 122 may result in the inability for the student to progress to clinical rotations. A Performance Improvement Plan (PIP) may be implemented by the instructor for students eligible for remediation. Successful completion of the PIP within the designated timeframe must be completed to matriculate to the next semester.
- Failure to demonstrate proficiency in DMSC 223 and 224 may result in failure of the course. However, a student who has shown continuous progress throughout the course (and program) may be eligible to receive a grade of I (incomplete) and be able to progress to the next semester of the program based on the discretion of the course instructors (including preceptors), clinical coordinator and program director. A clinical hearing may be scheduled, and a Performance Improvement Plan (PIP) will be implemented by the instructor, program director and student. Successful completion of the PIP within the designated timeframe must be completed to continue in the program. The final course grade of I will be modified based on the outcome of the PIP.
- All students must demonstrate competency in complete scan examinations to be eligible for program completion. Therefore, failure to successfully complete DMS 250 (scan lab 5), will result in unsuccessful completion of the program until the skills are satisfactorily demonstrated. A Performance Improvement Plan (PIP) will be implemented by the instructor, program director and student. Successful completion of the PIP within the designated timeframe must be completed to graduate.

Non-Academic Voluntary Withdrawal

Voluntary program withdrawals will be evaluated on an individual basis and re-entry will be subject to the discretion of the program director and faculty.

For more information on policy relative to Leaves of Absence, [click here](#) to access Compliance Bridge Policy Portal and search Leave of Absence. For information on Non-Continuous Enrollment, [click here](#) to access and search the College Catalog.

Readmission

Re-admission to the Diagnostic Medical Sonography Program is determined by the DMS Readmission Committee. Readmission is not automatic or guaranteed. Students seeking readmission must apply in writing within one year of leaving the program. Students must also adhere to the following:

- The student must submit a letter to the Program Director addressing the reason for the previous failure or withdraw. It is the student's responsibility to demonstrate that the reason(s) for the previous failure/withdraw has been altered and that the student has a strong probability of successfully completing the program at this time.
- The student must have a minimum cumulative GPA at TCCNHS of 2.00 to request readmission.

- Because all clinical competencies and clinical training verification expires within one year, some or all clinical courses must be repeated. All clinical competencies previously earned must be repeated.
- The committee may request a personal interview with the readmission candidate for clarification.
- Students may apply only once for re-admission into the DMSC Program.
- Students dismissed due to didactic course failure or withdrawal may apply for readmission depending on circumstance.
- Students dismissed from the program due to behavioral or unprofessional conduct are not eligible for readmission.
- Students will be considered for readmission based on available space, available clinical facility space and previous didactic and clinical performance. Readmission into the DMSC program is not guaranteed. Readmission is dependent on available “seats” in the DMS program. Clinical placements are limited with priority given to enrolled DMS students.
- The decision of the committee will be final.

Students who earn a grade of **D, F, U** or **W** due to extenuating circumstances, from any program technical or clinical course, will not be permitted to continue until they successfully complete the course. Because the courses are offered once each year, students may not be academically or technically ready to start that course a year later. To address this issue, students who are out of the program for one year for academic or personal reasons will be required to demonstrate competency in the prerequisite courses in one of the following ways:

1. Students must have earned an A or B in the semester courses preceding the failed course (i.e. all technical course prerequisites) and must display competency in the course material by earning a score of 80% or better on a comprehensive exam and/or lab competencies of the prerequisite course(s) prior to reinstatement to the program. Documentation must be provided with your reinstatement information.
2. Students who earned a C or less in the technical course prerequisites must display competency in the prerequisite course material by either: earning a score of 80% or better on a comprehensive final exam and/or lab competencies of the prerequisite course(s) prior to reinstatement to the program; Or by auditing or retaking the prerequisite course(s) and earn a grade of B or better in the prerequisite course(s) prior to being granted reinstatement. Documentation must be provided with your reinstatement information as soon as grades are available. The committee will review all other documents prior and may grant contingent reinstatement based on the final grade outcome.

Students who meet the above requirements **will be eligible to apply** for reinstatement.

Reinstatement will be granted based on a reinstatement committee recommendations **and** space availability. Reinstatement is not guaranteed to any student. Once reinstatement is granted, successful completion of bridge course(s) and/or audit of previous DMS courses may be required. All bridge course schedules will be determined by the program director and instructors. Students will be required to pass scan proficiencies prior to being placed in a clinical rotation.

It is the student's responsibility to maintain contact with the appropriate program faculty to formulate a suitable plan for success. We suggest emailing or calling regularly until you have been granted or denied acceptance. If reinstatement is not granted, students may re-apply to the program and follow the current DMS progression requirements. Students returning after an absence of more than one year will be required to repeat all DMS technical curriculum courses.

Academic Advising

ATTENTION: All students must schedule a meeting/planning session with an Academic Advisor prior to registering for classes.

Academic advisors are available through The Christ College of Nursing and Health Sciences through the Department of Student Success and in the Diagnostic Medical Sonography program preferably by appointment however, advisors are available on-site to assist when needed. Students are responsible for seeing an advisor to review program progress/completion and to discuss problems they might be facing.

Faculty of the program attempt to maintain an "open-door" policy for students; however, students are advised that the recommended and best policy is to schedule an appointment with their Advising Coach to ensure that adequate time is available to discuss their situation. Students can [click here](#) to make an appointment with their Advising Coach.

DMS Course Attendance Policy

A primary learning outcome of both the College and the DMS Program is the demonstration of student accountability through responsible self-directed behaviors consistent with the ethics and standards of sonography and patient care. Active participation in class and clinical is essential. Consistent attendance offers the most effective opportunity for students to gain command of sonography concepts and material. Daily attendance, prompt arrival, a positive attitude, respect, and active participation are expected.

- 100% attendance and prompt arrival are expected.
 - Attendance is taken in every class.
 - At course faculty's discretion, students may be asked to sign an attendance sheet daily to document their presence in class. It is the student's responsibility to make sure s/he signs the attendance record.
- Class Absence
 - There may be justifiable reasons for missing a class. These are generally restricted to illness, a family crisis, attendance at a family funeral, etc.
 - Documentation may be requested.
 - If a student knows in advance that a class will be missed for any reason, s/he must notify the faculty before the class meets. If there is a last-minute emergency, students must notify the faculty as soon as possible.
 - Students are responsible for any information and/or material missed due to absence.
- Impact of Absence

- The consequences of missed activities, assignments, assessments, quizzes, and course exams will be addressed by course faculty and within course syllabi.
 - The consequences for absence and tardiness will be addressed in the course syllabus.
 - A full letter grade reduction of the final course grade may result:
 - After four absences in courses that meet three times a week.
 - After three absences in courses that meet twice a week.
 - After two absences in courses that meet once a week.
- Online and Hybrid Courses
 - Attendance is expected for all face-to-face class sessions for hybrid courses
 - Active participation is expected in all online activities, assignments, and projects.
 - Consequences of non-participation will be at the discretion of course faculty.

DMS Grading Policy

1. Students must achieve a 'C' or higher in all DMS program courses. Refer to the syllabus for course grading scale. Percentages are not rounded up before conversion to a letter grade.
2. The student must achieve a Satisfactory clinical rating in clinical sonography courses.
3. Students may request a conference with course faculty to discuss grades.
4. No special assignments or extra credit is provided to compensate for poor grades.
5. Final letter grades are posted in Jenzabar(J1).

Exams, Quizzes, and Assignments

1. The course syllabus lists the number of exams, assignments, and quizzes to be administered during the course as well as the weighted value assigned for grading. Based on student learning needs, faculty may make changes to the number of assignments, quizzes, and/or exams administered.
2. Course faculty reserves the right to assign penalties for late coursework which will be stated in the course syllabus.

Writing Assignments

1. The Christ College values writing as a means of learning as well as a way of evaluating and assessing student learning. Writing fosters idea development and critical thinking, and effective written communication is considered by educators and employers as an essential competency for all graduates. The assignments consistently integrate evidence-based teaching/learning principles.
2. Selected student assignments, as examples of excellent or poor writing, may be shared anonymously with students in current or in future classes, or with faculty for across-the-curriculum alignment in assessing writing. Refer to the most current edition of the Publication Manual of the American Psychological Association for paper format requirements and read the Plagiarism Overview to understand the ethics of source use and documentation. Plagiarism and APA resources are available on the Student Success page in [MyTCC](#) (link).
3. Academic written assignments should be of high quality according to the associated grading rubric.

4. For assistance with writing assignments, writing tutors is available to assist students to discuss writing projects, ideas for papers, and drafts of papers (focus, organization, content, flow, etc.). To make an appointment, please [click here](#).

Academic Integrity and Honesty

The Diagnostic medical Sonographer is always expected to demonstrate honesty and integrity. For the full TCC Honesty and Integrity Policy, [click here](#) to access Compliance Bridge and search Academic Honesty and Integrity.

DMS Clinical Attendance Policy

A primary learning outcome of both the College and the DMS Program is the demonstration of student accountability through responsible self-directed behaviors consistent with the ethics and standards of sonography. Active participation in class and clinical is essential. Consistent attendance offers the most effective opportunity for students to gain command of sonography concepts. Daily attendance, prompt arrival, a positive attitude, respect, and active participation are expected.

1. Clinical attendance is mandatory. All experiences are designed to facilitate the transfer of theoretical knowledge to clinical practice. Missed hours can prevent adequate development and assessment of the required knowledge, skills, attitudes, behaviors, and clinical judgment. Absence from clinical jeopardizes the student's ability to successfully meet the required clinical sonography course outcomes.
 2. Time management is a necessary professional skill and punctuality is expected in professional workplaces. Important information affecting patient care is communicated to students at the start of clinical experiences. Therefore, tardiness for clinical experiences jeopardizes the student's ability to provide safe patient care. Students are required to arrive on time for clinical and stay for the entire time allotted for that clinical experience.
- A. The clinical faculty has the responsibility to ensure patient safety is not compromised. Therefore, any student unable to participate fully to provide safe and effective care to patients will be dismissed from the clinical experience and incur a clinical absence as defined below.

Definitions

1. **clinical absence** is defined as missing one (1) clinical day per clinical sonography course.
2. An **approved absence** from clinical does not constitute a clinical absence as defined above.

Approved absences are reserved for:

- a. Military duty.
- b. Death of an immediate family member.
- c. Required presence at a mandatory court appearance.
- d. Attendance at national, regional, or local College-sponsored events.

The determination of the student's ability to meet clinical outcomes following an approved absence will be made on an individual basis by the clinical faculty, course lead, and/or DMS Program Director.

3. A **clinical tardy** is defined as arriving 1 to 59 minutes after the start of the clinical day or leaving 1 to 59 minutes prior to the end of the clinical experience.
 - a. Two tardies of 1 to 59 minutes after the start of the clinical day or leaving less than one hour prior to the end of the clinical experience are equivalent to one (1) clinical absence.
 - b. Arrival 60 minutes or more after the start of the clinical day or leaving more than 59 minutes prior to the end of the clinical experience constitutes one (1) clinical absence.

Notification of Clinical Tardy or Absence

1. All students are responsible for notifying their assigned unit/agency and their clinical faculty of a clinical absence at least 30 minutes prior to the scheduled clinical start time.
2. Failure to make appropriate notifications may result in a Clinical Learning Contract for lack of accountability and professionalism.

Consequences of Clinical Tardy or Absence

1. More than one (1) clinical absence may constitute failure of that DMS clinical course. In the case of clinical failure for accruing more than one (1) clinical absence, the student may not be permitted to return to class or clinical.
2. The clinical faculty maintain the official student attendance record, which is noted on the student's Clinical Evaluation.
3. Students are responsible for tracking their own absences and tardiness. Failure to do so reflects a lack of accountability and professionalism.

Clinical absences will be made up with alternate assignments at the discretion of clinical faculty and the appropriate course lead. Approved absences, as defined above, are not required to be made up with alternate assignments.

DMS Dress Code Policies

It is the position of the Diagnostic Medical Sonography program that professional appearance and demeanor are a demonstration of self-respect, respect for the patient, and respect for the profession of sonography. As representatives of the profession of sonography and of the College, students are expected to follow the dress code as outlined.

A clinical dress code is necessary for the purposes of infection control and safety for patients and students in clinical settings.

The DMS Program clinical uniform must be purchased through the College's designated vendor. Instructions for the purchase of uniforms will be provided by the Clinical Coordinator prior to the start of clinical experience.

A. **All Clinical Activities**

The following items must be readily available or observed during all clinical activities.

1. Picture ID badge with name facing outward at the collar.
2. Hair
 - a. Hair color must fall within natural occurring shades and be neat.
 - b. All hair lengths should be professional in style
 - c. Hair longer than shoulder-length must be secured away from the face, off the collar.
 - d. Hair accessories, if required, should be professional in style, not excessive in size, and of a neutral color (white, navy, or Christ College logo). Christ College of Nursing headbands may be purchased through Joseph Beth.
 - e. Headwear may be worn if it is clean, and of neutral color (white, black, brown, or beige) and does not hang freely below the shoulders (i.e., turban). All headwear must fit under procedural head covering materials.
 - f. No hair ornaments (i.e., feathers) are permitted.
 - g. Facial hair must be neatly trimmed. Students without facial hair are expected to be cleanly shaven.
3. Natural fingernails must be clean, neatly manicured and support the functional use of hands and fingers.
 - a. Fingernails must be no longer than 1/4 inch from fingertip in length.
 - b. No artificial or long natural fingernails are permitted.
 - i. Artificial nails include, but are not limited to acrylic nails, overlays, tips, bonding, extensions, tapes, inlays, gels, shellac, and wraps.
 - c. Nail jewelry is not permitted.
 - d. Nail polish, if worn, must be clear and well maintained without chips.
4. Jewelry must be simple and professional and must not interfere with patient care or present a hazard to the student.
 - a. One ring or one wedding set may be worn.
 - b. Medic-Alert bracelet (if required) may be worn.
 - c. Two (2) pair of small post earrings or small hoop earrings in contact with the ear may be worn per ear. No space is permitted between the ear and hoop.
 - d. Facial piercing, Monroe or nose piercing must be a spacer of clear or natural skin tone color. Eyebrow, tongue, or lip piercing is prohibited.
 - e. No necklaces are permitted.
5. Makeup must be professional and worn in moderation.
6. No perfume, cologne, or scented lotions. Uniforms may not smell of smoke.
7. All visible body art must be completely covered.
8. Chewing gum during the clinical experience is prohibited.

B. Uniforms are required for the clinical experience:

1. For ALL students:
 - a. Student picture ID badge designated for The Christ College of Nursing and Health Sciences with name facing outward.
 - b. A fleece style jacket, royal blue, or white lab coat of the same material as the uniform may be worn for pre-conference, lunch breaks, and post-conference, but may not be worn while providing care.
 - c. Shoes
 - i. Fully enclosed, clean, non-permeable shoes with soft soles and heels, in good repair.

- ii. Shoelaces must be clean.
 - iii. Athletic shoes must be approved by the Clinical Coordinator. No high-top athletic shoes, canvas, cloth fabrics, clogs with no backs, sling-backs, or crocs with holes are permitted.
 - d. Uniforms must not restrict movement. Skin must not be exposed while bending or moving.
- 2. Additional equipment:
 - a. Conservative, inexpensive well-fitting wristwatch that displays hours, minutes, and seconds.
 - b. Stethoscope. Cloth covers or decorative items attached to stethoscope are prohibited.
 - c. Pens. Pens worn around the neck are prohibited.
- 3. FEMALE students:
 - a. Scrub top and pants or skirt designated by the DMS program of the same fabric, clean, freshly laundered, and free of wrinkles, stains, and odors which is of the appropriate size and fit and in good repair.
 - b. Skirt must be knee length (to knee or top of knee).
 - c. A plain, collarless, round-neck, freshly laundered, white short or long-sleeved shirt may be worn under the scrub top. No design, pattern, or thermal/waffle weave material may be worn. Short sleeves may not hang below the sleeve of the uniform top.
 - d. Full or half-length white or skin-toned slip must be worn with uniform skirt.
 - e. Plain black socks extending above the ankle (no exposed skin may show between sock and pants leg when the student is seated) when wearing uniform pants. No-show, ankle, or “flat” socks may not be worn.
 - f. No cuffs or gathering at bottom of pants.
 - g. Full-length, plain white hose (no patterns) when wearing uniform skirt. Socks may not be worn with hose.
- 4. MALE students:
 - a. Scrub top and pants designated by the DMS program of the same fabric, clean, freshly laundered, and free of wrinkles, stains, and odors which is of the appropriate size and fit and in good repair.
 - b. A plain, collarless, round-neck, freshly laundered, white short or long-sleeved shirt may be worn under the scrub top. No design, pattern, or thermal/waffle weave material may be worn. Short sleeves may not hang below the sleeve of the uniform top.
 - c. Plain black socks extending above the ankle (no exposed skin may show between sock and pants leg when the student is seated). No-show, ankle, or “flat” socks may not be worn.
 - d. No cuffs or gathering at bottom of pants.

C. Specialty areas

- 1. Individual dress code as dictated by the specialty area.
- 2. Occupational, Safety and Health Administration (OSHA) standards prohibit hospital-provided scrubs to be worn outside of the hospital (i.e., home) in order to prevent cross contamination of patients and the public. Violation can lead to a fine for the hospital and student and result in failure of student learning outcomes related to functioning within the framework and policies of the College DMS Program, and Agency.

Smoking Policy

There is no smoking permitted on the campuses of the clinical agencies during clinical experience. This includes electronic cigarettes. Uniforms may not smell of smoke.

Student Conduct While Providing Patient Care Policy

While providing care to patients in a clinical setting, a student shall essentially adhere to the following policies.

- A. A student shall implement measures to promote a safe environment for each patient.
- B. A student shall delineate, establish, and maintain professional boundaries with each patient.
- C. A student shall use standard blood and body fluid precautions.
- D. A DMS student shall not:
 - a. Engage in behavior that causes or may cause physical, verbal, mental, or emotional abuse to a patient.
 - b. Engage in behavior toward a patient that may reasonably be interpreted as physical, verbal, mental, or emotional abuse.
 - c. Misappropriate a patient's property or engage in behavior to seek or obtain personal gain at the patient's expense.
 - d. Engage in behavior that may reasonably be interpreted as behavior to seek or obtain personal gain at the patient's expense.
 - e. Engage in behavior that constitutes inappropriate involvement in the patient's personal relationships; or
 - f. Engage in behavior that may reasonably be interpreted as inappropriate involvement in the patient's personal relationships.
- E. Engage in verbal behavior that is sexually demeaning or may be reasonably interpreted by the patient as sexually demeaning, regardless of whether contact or verbal behavior is consensual, unless the patient is a student's spouse.
- F. A student shall not self-administer or otherwise take into the body any dangerous drug in any way not in accordance with a legal, valid prescription issued for the student, or self-administer any drug that is a schedule I controlled substance.
- G. A student shall not habitually indulge in the use of controlled substances, other habit-forming drugs, or alcohol or other chemical substances to an extent that impairs ability to practice.
- H. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe patient care because of habitual or excessive use of drugs, alcohol, or other chemical substances that impair the ability to practice.
- I. A student shall not have impairment of the ability to practice according to acceptable and prevailing standards of safe patient care because of a physical or mental disability.
- J. A student shall not assault or cause harm to a patient or deprive a patient of the means to summon assistance.
- K. A student shall not misappropriate or attempt to misappropriate money or anything of value by intentional misrepresentation or material deception during practice.
- L. A student shall not have been adjudicated by a probate court of being mentally ill or mentally incompetent, unless restored to competency by the court.
- M. A student shall maintain the confidentiality of patient information. The student shall communicate patient information with other members of the health care team for health care purposes only, shall access patient information only for purposes of patient care or for otherwise fulfilling the student's assigned clinical responsibilities, and shall not disseminate patient information for purposes other than patient care or for otherwise fulfilling the student's assigned clinical responsibilities through social media, texting, emailing or any other form of communication.
- N. To the maximum extent feasible, identifiable patient health care information shall not be disclosed by a student unless the patient has consented to the disclosure of identifiable patient

health care information. A student shall report individually identifiable patient information without written consent in limited circumstances only and in accordance with an authorized law, rule, or other recognized legal authority.

- O. A student shall not use social media, texting, emailing, or other forms of communication with, or about a patient, for non-health care purposes or for purposes other than fulfilling the student's assigned clinical responsibilities

Unsafe Practice Policy

- A. Purpose : To establish clear expectations regarding student performance in the clinical setting and to explain the consequences of unsatisfactory, unsafe, or unethical student clinical practice.
- B. Accountability Under the direction of the Chief Academic Officer and the Dean of Health Sciences, DMS Program Director and all DMS faculty will be responsible for implementing this policy.
- C. Applicability: This policy shall apply to every student enrolled in a clinical sonography course.
- D. Definitions
 - a. Unsatisfactory clinical practice is defined as a failure to perform up to the minimum standards established for the specific clinical experience.
 - b. Unsafe or unethical clinical practice is defined as an occurrence, event or pattern of repeated behavior that places the patient, family or other in jeopardy and/or at an unacceptable level of risk for physical, psychosocial, or emotional harm (Scanlan, Care, & Gessler, 2001). Every student in the program is expected to act in a safe and ethical manner.

Examples of unsafe or unethical practice include, but are not limited to:

- Negligence in patient care.
- Unprofessional behavior either in the lab/simulation setting, or at the clinical agency.
- Substantiated act(s) of patient abuse, either physical or verbal.
- Ongoing unsatisfactory performance documented by the clinical instructors.
- Neglect of duty with actual cause or potential to cause patient harm.
- Fraudulent or egregious acts.
- Demonstrated and /or documented incompetence.
- Personal conduct that adversely effects the learning environment and /or the instructor's ability to perform his/her responsibilities.
 - Exhibiting aggressive or intimidating behavior (e.g., Profanities, threats, loud talking, rudeness, verbal coercion) toward or in the presence of faculty, staff, peers, patients/clients, or agency personnel.
 - Falsifying a client's record.
- Violation of HIPAA regulations (i.e., breach of clients' confidentiality).
- Inadequate preparation for clinical responsibilities.
- Inability to recognize limitations and/or failure to seek appropriate help in time-sensitive situations.
- Dishonest communication with clients, families, faculty and/or agency staff.
- Denying responsibility for one's actions.

Confidentiality

Diagnostic medical Sonography students will respect the privacy of all individuals encountered on campus and at clinical sites during the educational and professional experience. The students must hold all information concerning employees, students, and patients as strictly confidential. They may discuss this information only with medical personnel involved with the professional care of the patients and only in private patient care areas and conference areas. No patient identifiable records may be removed from any facility.

For more information on confidentiality of patient information, [click here](#) to access Compliance Bridge and search HIPAA.

Social Media

Online communication through social media and networking is a recognized form of daily communication. For more information on The Christ College's social media guidelines, [click here](#) to access Compliance Bridge and search Conduct in the Use of Social Media.

Equipment and Lab Maintenance

- After use of equipment and supplies all items should be returned to appropriate place.
- No equipment may be removed from the lab at any time.
- At the end of a lab session, students are expected to leave the laboratory in the order which includes:
 - Ensuring that all surfaces are clean
 - Making and straightening beds/exam tables
 - Returning models and equipment to appropriate location/spaces
 - Table and chairs are neat and in proper order and location
 - All trash and papers should be disposed of in proper manner
 - All equipment (IT/laboratory) should be returned to proper location
 - Mannequins must be secured on exam tables, chairs, or on carts
 - To conserve energy, lights are to be turned off when exiting classrooms

Inclement Weather and Other Emergencies

In the case of inclement weather or cancellation, refer to The Christ College policies regarding cancellations or delays.

[Click here to visit the Compliance Bridge Policy Portal](#) and search Emergency Action Plan. Aside from weather, the Action Plan also includes procedures for other emergencies like fire, tornado, active shooter, etc.

Clinical Rotations

The clinical education portion of the Sonography Program presents the student the opportunity to

perform sonographic procedures under the supervision of qualified registered sonographers. Clinical rotations will begin in the second year of the program. Clinical education centers vary in location and all students are expected to meet the same requirements. Students are responsible for transportation to and from clinical sites. Clinical rotations will consist of a minimum of three 8.5-hour days per week depending on the semester and specialty area. Sonography students are assigned to the clinical rotations by the Clinical Coordinator. Clinical Placements are determined by the clinical coordinator and instructors' input on the students' needs and abilities.

Transportation

Students are to provide their own transportation for clinical experiences. Most clinical facilities are located throughout the Tri-State area although some may be as far as an hour and a half from campus. *Reliable transportation, as well as maintenance costs, should be planned for in advance of starting clinical rotations. If you experience an unexpected or temporary hardship and require some assistance for transportation costs, please [click here](#) to apply for hardship aid.*

Student Employment Policy

Many students find it necessary to maintain a part-time job while enrolled in the Diagnostic Medical Sonography Program. Students may be employed by the ultrasound departments of our Affiliate organizations as technical aids, clerical staff or as student sonographers. Students' first responsibility is to the satisfactory completion of their education. Students are not permitted to receive payment for clinical hours worked as part of the program curriculum.

*Students will be required to inform the Program Director/Clinical Coordinator regarding employment at any of the Diagnostic Medical Sonography Program's clinical affiliates.

The following are guidelines for employment:

1. Student employment shall be on a voluntary basis and not a requirement of the institution.
2. It is expected that the student will continue to fulfill the requirements of the course.
3. No part of the student uniform may be worn while working.
4. The employment is a relationship between the student and the employer (Ultrasound Department). TCCNHS holds no responsibility between student and employer.
5. It is the student's responsibility and not the employer or program faculty to coordinate work and school schedules.
6. The program will not act as an intermediary between the student and the employer (Ultrasound Department).
7. The student will not discuss possible employment with management during clinical hours.
8. Students must inform the Program Director/Clinical Coordinator immediately of a job obtained at any of the Diagnostic Medical Sonography Program's clinical affiliates.
9. Employment is to take place only at times outside of scheduled college classes, and clinical education hours.
10. Students will not be excused early or granted excused absences from class or clinical in order to work.

11. Scheduled PAID working hours cannot be substituted for required clinical education hours.
12. Clinical competency evaluations may not be completed for credit during paid working hours.

Student Health Records

Physical Examination

Students are required to obtain a physical exam and drug screen through Employee Health of The Christ Hospital Health Network as a part of their [Enrollment Steps](#) (link) prior to the beginning of the DMS program.

For more information about the requirements, [click here to visit the Compliance Bridge Policy Portal](#) and search Vaccination and Health Requirements. Additional testing may be required per agency policy and/or suspicion of drug or alcohol use, at the student's expense.

Protection from Blood Borne Pathogen Infections

DMS students are required to provide care to patients in clinical settings during internship courses. This clinical practice assignment may include the care of patients with infectious diseases (HIV/AIDS) or other patients with infections transmitted by blood or body fluids if the instructor see the assignment as supportive to student learning. All students are required to follow guidelines established by the Center for Disease Control (CDC) and are required to follow [Occupational Safety and Health Administration \(OSHA\) Guidelines](#) (link).

To ensure safety and protection of all students from accidental transmission of the HIV or other infections transmitted by blood and bodily fluids, universal precautions as prescribed by the [CDC](#) (link) will be taught within the program theory and lab instruction.

The precautions are as follows:

- Use blood and body fluid precautions for all patients, since medical history and examination does not always provide reliable evidence of all patients' exposure to infection, HIV, and other fluid or blood-borne pathogens.
- Use of special precautions during pre-hospital and emergency care. The risk of blood exposure to health care employees may be increased and the infection status of the patient is generally unknown.
- Appropriate protective devices should be used to create a barrier between the student/employee to prevent exposure to skin and mucous membrane when in contact with blood and body fluids.
- Gloves should always be worn when in contact with blood, body fluids and mucous membranes. Handling items or surfaces soiled with blood or body fluids should always be handled with gloves on. Venipunctures and or other vascular access procedures always require the use of gloves.

- Masks and protective eyewear or face shields should always be worn during procedures likely to generate air-borne droplets nose and eyes.
- During procedures, gowns or aprons should be worn. (Procedures may generate splashes of blood or other bodily fluids).
- Always use caution to prevent injuries caused by needles, scalpels, and other sharp instruments. Always dispose of sharps in an appropriate manner in puncture resistant containers for appropriate disposal. To prevent needle sticks, needles should never be recapped, purposely bent or broken by hand.
- When doing CPR, minimize the need for emergency mouth-to-mouth resuscitation by making resuscitation bags, mouth pieces and ventilation devices available in areas in which the need for resuscitation is predictable.
- Health care workers/students with open lesions or weeping dermatitis should refrain from all direct patient care and from handling equipment until condition resolves.
- Change gloves after caring for each patient, after procedures, as glove integrity cannot be assured with washing and repeated use.
- Proper handwashing prior to and immediately after patient contact is mandatory. Handwashing can help prevent illness. It involves five simple and effective steps (Wet, Lather, Scrub, Rinse, Dry). <https://www.cdc.gov/handwashing/> <https://www.cdc.gov/handwashing/show-me-the-science-handwashing.html>
- If soap and water are unavailable, use an alcohol-based hand sanitizer that contains at least 60% alcohol to clean hands.

Medical Situations

Any condition that impairs functioning and/or for which the student is currently being treated is to be individually evaluated by the faculty member, DMS Program Director, and the Associate Dean, Health Sciences or designee in regard to the student's ability to give patient care.

Infectious Conditions: If a student has symptoms of an acute communicable disease, arrangements are to be made for the student to be taken home or, if necessary, admitted to the hospital.

Surgery: If elective surgery is performed, upon return the student must be able to assume his or her full responsibility the first day of the return to class or clinical. A medical release submitted to the DMS Program Director or designee, permitting a return to the College is required.

Hospitalization: Students who have been assigned to clinical areas and who have been hospitalized must provide a medical release to the DMS Program Director or designee, upon return to class or clinical.

Illness and Convalescence: Any student under the care of a physician for an illness or condition that prevents attendance and/or full participation in the clinical experience is required to have a medical release signed by a physician stating that the student is capable of performing clinical activities with or without limitations. The medical release provides data for a final decision on a student's return to

clinical by the faculty and DMS Program Director or designee.

Medical Releases

Medical Release Without Limitations: A release stating that the student may return to clinical duty without limitations implies that, in the physician's opinion, the student's performance and function will not be a safety risk to patients, healthcare members or other students.

The release, signed by the student's physician should state: "(Student name) may return to clinical without limitations on (date)."

A medical release without limitations is required for a student to return to full participation in clinical activities.

Medical Release with Limitations: A medical release that includes limitations should have a detailed listing of the limitations and the timeframe for the limitations.

The student's return to full participation in clinical activities may be denied.

It will be up to the discretion of the clinical faculty and the DMS Program Director or designee, to decide if the restrictions will interfere with patient safety and student safety and performance.

Student Injury

In the event a student sustains an injury during the clinical experience.

1. The student should report injury to clinical faculty.
 2. The policy at the clinical agency for reporting such injuries should be followed.
- A. If an injury occurs at The Christ Hospital the student must immediately report the injury to the practice/clinical manager. The practice/clinical manager will facilitate appropriate documentation (incident reporting via Midas internal reporting system) and will implement policies and procedures as outlined by the hospital. Practice/clinical manager will report the injury to the DMS program director/practicum coordinator.
1. If a visitor is injured on the premises of the hospital or the Medical Office Building in Mount Auburn, contact the practice/clinical manager and Safety and Security at 5-2222. The responding officer will investigate the event, complete a report, and communicate this information to the risk management department. The visitor should be encouraged to receive an initial evaluation in the TCH Emergency Department to determine the extent of injury and whether treatment will be necessary.
 2. The visitor should be advised that the hospital Emergency Department will obtain all usual health insurance information at the time of registration and that the visitor's applicable insurer will be billed for this evaluation by the hospital and by physicians, such as the emergency room doctor and radiologist, for any necessary diagnostic testing and treatment.
 3. Patient and visitor incidents at all other TCH Network locations should be reported using the organization's electronic incident reporting system. If a patient/visitor's injury is serious enough to require diagnostic testing or treatment not available at the location, call 911 for transportation to the nearest emergency department.
 4. Risk Management will evaluate the circumstances of visitor incidents and may extend payment to health care providers for medical care or treatment not covered by health insurance which is

reasonably related to an injury and to visitors for documented out-of-pocket expenses directly related to the injury.

Student Pregnancy Policy

A student who foresees any educational issues related to a pregnancy or due to parenting responsibilities is strongly encouraged to notify The College as soon as possible. By doing so, the student and College personnel can collaborate and develop an appropriate plan for the continuation of the student's education in light of the unique nature of The College's nursing and health sciences programs and their clinical requirements. Pre-planning can also help with particular challenges a student may face while pregnant, when recovering from childbirth, or due to parenting obligations (e.g., missed classes, make-up work, etc.). Please note, however, that the choice to inform The College of a pregnancy is voluntary, and a student is not required to share this information with The College.

For more information, please [click here to visit the Compliance Bridge Policy Portal](#) and search Pregnancy and Parenting Student Policy.

Disciplinary Standards and Procedures

The Christ College expects students to conduct themselves in a manner that reflects respect for others as well as themselves. The administration of TCC may suspend or terminate a student for incidences in which documented proof indicates that the behavior is inconsistent with the responsibilities of citizenship or the healthcare profession. TCC expects the conduct of its students on and off campus to be in accordance with the Code of Conduct.

For more information, please [click here to visit the Compliance Bridge Policy Portal](#) and search Student Code of Conduct and/or Behaviors of Accountability. These documents outline expectations, disciplinary procedures, and possible sanctions. Additionally, student rights and responsibilities are outlined in the [College Catalog](#) (link).

Grievance and Fair Treatment Policy

All Diagnostic medical Sonography students have the right to fair hearing when they perceive the policies of the program have been violated. The College also provides several means by which to have a complaint addressed.

For more information, please [click here to visit the Compliance Bridge Policy Portal](#) and search for Grievance and Fair Treatment and/or Complaint Policy.

Grade Appeal Process

Grade Appeal provides students with an opportunity to address a final course grade in question that does not coincide with the published grading policy in the course syllabus. Grade appeals are made on final grades and not based on faculty teaching, assessment, or judgment. If a student's failing grade will result in dismissal from the program or College, the student may make a final appeal to the appropriate Academic Dean.

For more information about grade and dismissal, please [click here to visit the Compliance Bridge Policy Portal](#) and search Grade Appeal Procedure and Dismissal Appeal Procedure.

Disability Compliance

The Christ College of Nursing and Health Sciences, in compliance with Section 504 of the Rehabilitation Act of 1973, does not restrict admission of any individual solely by reason of his or her disability. The College also provides accommodations to students with a documented disability.

For more information on Equal Access and the Accommodations process [click here to access Compliance Bridge](#) and search Academic Accommodations. The Accommodations application and relevant staff contact information can also be found on the [MyTCC Accommodations page](#) (link).

CHRIST COLLEGE OF NURSING AND HEALTH SCIENCES

AAS Diagnostic Medical Sonography

Student Handbook Verification Form

I have obtained and read (or will read on-line version) of The Christ Hospital AAS Diagnostic Medical Sonography:

Associate of Applied Science Diagnostic Medical Sonography Student Handbook (Fall 2022-2023 Edition).

I have (circle one) scheduled an appointment OR have met/spoken with my faculty advisor prior to beginning of classes.

Please return the signed and dated form to the Program Director/Clinical Coordinator. This form will be placed in your student file for future reference.

Student Name – Printed Above

Student Signature Above

Date

Received in Program Director/Clinical Coordinator _____
Signed: _____