



Cleveland Clinic

Mercy Hospital

A Catholic hospital sponsored by
The Sisters of Charity of St. Augustine

School of Diagnostic Medical Sonography
Policy & Procedure Manual and Student Handbook

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School of Diagnostic Medical Sonography

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Program Withdrawal Form

Student Corrective Action Form

Student Letter of Recommendation Request Form

Transcript Request Form

Medical Incident Consent Form

FERPA Release Authorization Form

CLEVELAND CLINIC POLICIES

If using a Cleveland Clinic device, Cleveland Clinic policies are found on the intranet in the Cleveland Clinic Policy and Procedure Manual (PPM).

Some student related policies can also be quickly found on the intranet on Education Institute page here: <https://portals.ccf.org/alliedhealth/Document-Library-Guidelines-and-Procedures>

Important Contact Information

Office of Educational Equity

EduEquity@ccf.org

216-317-6494

Main Campus, JJS4-618

Mail Code JJ40

Title IX Office

TitleIX@ccf.org

216-317-6494

Main Campus, JJS4-618

Mail Code JJ40

Cleveland Clinic Mission

Caring for life, researching for health, educating those who serve.

Cleveland Clinic Vision

Our vision for Cleveland Clinic is to be the best place for care anywhere and the best place to work in healthcare.

Values



Mission Statement of Cleveland Clinic Mercy Hospital, School of Diagnostic Medical Sonography

To cultivate lifelong learners who will continue to grow and meet the needs of their community as exceptional sonographers with a student-centered approach to clinical and didactic education.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography

Program Goals & Objectives

1. Prepare competent entry-level abdominal (extended), obstetric, and gynecologic sonographers in cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.
2. Upon graduation the student shall be able to:
 - Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
 - Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.
 - Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.
 - Exercise discretion and judgment in the performance of sonographic and/or other diagnostic services.
 - Demonstrate appropriate communication skills with patients and colleagues.
 - Act in a professional and ethical manner
 - Facilitate communication and education to elicit patient cooperation and understanding of expectations and responds to questions regarding sonographic examination.
 - Adapted from CAAHEP Standards & Guidelines 2020.

Technical Standards for Sonography Students

Skills:

- Organizational
- Verbal
- Interpersonal
- Customer Relations
- Mathematical
- Analytical
- Read/Comprehend written instructions
- Ability to receive and respond to instructions in clinical settings

Mental and Emotional Requirements:

- Manage stress appropriately
- Make decisions under pressure
- Handle multiple priorities
- Work in areas that are confined and/or crowded

Physical Requirements:

MEDIUM WORK: Exert up to 50-lbs. force occasionally, and/or up to 20 lbs. frequently, and/or up to 10 lbs. constantly

- Ability to perform work in a stationary position for extended periods
- Ability to travel through the hospital system
- Ability to perform repetitive tasks/motions
- Ability to distinguish colors
- Ability to detect anatomy and pathology on the ultrasound screen
- Ability to respond to alarms, telephone, normal speaking voice
- Ability to operate sonography equipment

ACCREDITATION AND SPONSORSHIP

The School of Diagnostic Medical Sonography is sponsored by:
 Cleveland Clinic Mercy Hospital
 1320 MERCY DRIVE, NW
 CANTON, OHIO 44708

Christine Donato, BS, RT(R)
 Administrative Director of Radiology
 330-489-1070

Cleveland Clinic Mercy Hospital is Joint Commission accredited.

The Joint Commission
 One Renaissance Blvd.
 Oakbrook Terrace, IL 60181
 Phone: 630-792-5000
 Web site: www.jointcommission.org

Devon Johnson, BS, RT(R)(CT)(MR)
 Program Director of the School of Radiography
 Cleveland Clinic Mercy Hospital
 School of Radiography is JRC-ERT accredited.

JRCERT
 20 N. Wacker Drive, Suite 900
 Chicago, IL 60606-2901
 Web site: www.JRCERT.org

Susan Bielanski, BS, RDMS
 Program Director of the School of Diagnostic Medical Sonography

The Ultrasound Department is ACR accredited.

ACR
 1891 Preston White Drive
 Reston, VA 20191-4397
 Phone- (703) 648-8900
 Web site: www.acr.org

The School of Diagnostic Medical Sonography is CAAHEP accredited.

CAAHEP
 9355 - 113th St. N, #7709
 Seminole, FL 33775
 P:727-210-2350
 F:727-210-2354
 E: mail@caahep.org
 Web site- www.caahep.org

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

SPONSOR'S RESPONSIBILITIES

Cleveland Clinic Mercy Hospital shall develop, operate, manage, and conduct medical education programs; including, but not limited to, undergraduate and post-graduate programs for students and physicians.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

DESCRIPTION OF PROFESSION
From CAAHEP Standards & Guidelines 2020

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, and ethical judgment, and critical thinking to safely perform diagnostic sonographic procedures.

The sonographer is generally able to perform the following:

- Obtain, review, and integrate pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.
- Perform appropriate procedures and record anatomic, pathologic, and/or physiologic data for interpretation by a physician.
- Record, analyze, and process diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.
- Exercise discretion and judgment in the performance of sonographic and/or other diagnostic services.
- Demonstrate appropriate communication skills with patients and colleagues.
- Act in a professional and ethical manner
- Facilitate communication and education to elicit patient cooperation and understanding of expectations and responds to questions regarding sonographic examination.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

PROGRAM DESCRIPTION

The School of Diagnostic Medical Sonography at Cleveland Clinic Mercy Hospital offers a 12-month, CAAHEP accredited program which qualifies the graduate, to apply for the ARDMS abdomen and ob/gyn examinations.

Full time enrollment consists of up to forty (40) hours per week attendance. Students attend 7:00am-3:30pm Monday through Friday. This includes both classroom and clinical experience. Part time enrollment and distance education are not available.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

PROGRAM ORGANIZATION

The School of Diagnostic Medical Sonography at Cleveland Clinic Mercy Hospital is directed in consultation with the medical director. The program director has line authority from and accountability to the Radiology Department through the administrative director, radiology services.

An advisory committee is organized for the purpose of establishing policies and giving general direction. The committee ensures that all persons involved in and affected by the program are fairly represented in all major decisions.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

GENERAL INSTRUCTIONAL FACILITIES

All instructional facilities for the School of Diagnostic Medical Sonography are on the campus of Cleveland Clinic Mercy Hospital. The students are not required to commute to other locations for any portion of their classroom instruction.

CLASSROOM

The ultrasound classroom is used for most classes. Other conference rooms are located throughout the hospital and may be used occasionally. All rooms seat least 6 students easily.

OFFICES

The program director's office is located just outside of the ultrasound department. Other faculty not having private offices can use the program director's office for their own planning, research, counseling, etc. as needed.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

CLINICAL FACILITIES

The School of Diagnostic Medical Sonography uses the facilities of the ultrasound department at Cleveland Clinic Mercy Hospital. The department equipment consists of Acuson Sequoia units and Siemens S2000 units.

Quality Assurance is performed on all equipment on a regular basis by a Cleveland Clinic medical physicist or designate.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

LABORATORY FACILITIES

General ultrasound rooms in the department are used by students and faculty to conduct experiments and to practice ultrasound procedures. The students are provided with scan lab experience for most exams before they attempt them in the ultrasound department on patients.

Student will not practice the following exams in scan lab: transvaginal, testicular, transrectal prostate or breast scans.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Canton, OH

LIBRARY FACILITIES

SCHOOL OFFICE

The technical library for the School of Diagnostic Medical Sonography is in the program director's office. There are also books for reference kept in the ultrasound department.

MERCY HOSPITAL MEDICAL LIBRARY

Students and staff may borrow books from the Medical Library as well. The Medical Library keeps Ultrasound resources on reference and in circulation. The Medical Library is accessible by badge swipe system 24-hours a day, 7 days a week. There are several computers available there with internet access to online resources.

OHIO LINK

Because the Cleveland Clinic library is the library for the Cleveland Clinic Lerner College of Medicine, it is a member of OhioLINK, enabling it to share physical materials with all institutions of higher learning in Ohio and gain access to numerous databases and journals.

FLOYD D. LOOP ALUMNI LIBRARY

library@ccf.org

Phone: :216-444-5697

The Cleveland Clinic Floyd D. Loop Alumni Library serves Main Campus and Family Health Centers; and shares physical collections with our other regional libraries.

Each library location is part of a different Cleveland community. Through our support of patient care, research, and education, we support those communities by continuing Cleveland Clinic's greater mission of "Caring for life, researching for health, educating those who serve."

Librarians are available to assist student with creating an account, library use training, finding books/e-books and literature searches.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Non-Smoking Policy/ Smoke-Free Campus		POLICY NUMBER: 2.5	
EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p><u>Purpose</u></p> <p>To promote the safety, health and wellness of our organization, enhance the quality of life for each other and those we serve, support state laws and local ordinances, and meet The Joint Commission (TJC) standards.</p> <p><u>Policy Statement</u></p> <p>Cleveland Clinic is committed to providing a safe and healthful environment for all employees, visitors and patients. Therefore, using any smoke-producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers (aka “vapes”)), or the usage of any tobacco products is prohibited on all Cleveland Clinic owned and leased properties and private property adjacent to the facilities.</p> <p>No tobacco products will be sold on Cleveland Clinic properties.</p> <p><u>Definitions</u></p> <p><i>Cleveland Clinic United States locations:</i> Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.</p> <p><i>Licensed Independent Practitioner (LIP):</i> A licensed provider acting within their scope.</p> <p><u>Policy Implementation</u></p> <p><i>Employees</i></p> <p>Employees who violate this policy will be subject to corrective action in accordance with the Corrective Action policy. In addition, any employee who is observed using a vaporizer/vape during their scheduled shift could be subject to mandatory drug testing under the Substance Abuse Policy.</p> <p>To assist employees, Cleveland Clinic offers smoking cessation resources.</p> <p><i>Patients</i></p> <p>Patients found in violation of this policy, will be kindly informed about our Non-Smoking policy. Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from fire risk.</p> <p>Nicotine replacement options may be available, as determined by a physician/licensed independent practitioner (LIP). In addition, smoking cessation information is made available.</p>			

Contractors

This Non-Smoking policy applies to all construction areas and contracted work activities. Nonemployees performing work on Cleveland Clinic properties are expected to follow this policy.

Instances of non-compliance should be reported to the contract manager or designated employee representative.

Repeated non-compliance is grounds for removal from the property.

Visitors

Visitors will be discouraged from using any smoke-producing products (including but not limited to cigarettes, e-cigarettes, cigars, pipes and vaporizers (aka "vapes") and tobacco products on Cleveland Clinic properties.

Visitors who are in violation of our Non-Smoking policy will be kindly informed about our policy.

Repeated violations may result in confiscation of tobacco products in order to protect the safety of others from fire risk, or removal from the property.

Regulatory Requirement/References

Corrective Action Policy
Substance Abuse Policy
Joint Commission Standard EC.02.01.03
State Laws and Local Ordinances

Oversight and Responsibility

Human Resource Management is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory and other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

A focused enforcement may be delegated to specific departments or individuals on a facility-by facility basis.

Other Background Information

ISSUING OFFICE: HR Services, Human Resources

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Substance Abuse Policy	POLICY NUMBER: 2.6
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Purpose

This policy is to define prohibited behavior with regard to alcohol and drugs in the workplace and to provide information on managing substance abuse issues in the workplace.

Policy Statement

Cleveland Clinic is committed to maintaining a safe, healthful and efficient working environment for its employees, patients and visitors. Consistent with the spirit and intent of this commitment, Cleveland Clinic prohibits the misuse of alcohol and drugs as discussed in this policy.

Definitions

Cleveland Clinic United States Locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cleveland Clinic Premises: Includes all Cleveland Clinic buildings, other buildings where Cleveland Clinic employees work, parking garages, parking lots or other open areas owned or under control of Cleveland Clinic, in any Cleveland Clinic vehicle, or at any other location while on Cleveland Clinic business.

Diversion: The unauthorized removal of a controlled substance from a patient and/or patient care setting.

Illegal Drugs and Controlled Substance: Includes any substance which in any manner alters normal perception, thought functions, behavior or mood, including, but not limited to marijuana (regardless of whether it is prescribed medical marijuana or in a product like CBD oil derived from cannabis), cocaine, narcotics, tranquilizers, amphetamines and barbiturates.

Impairment: The effect of the use of alcohol or any psychoactive or mood-altering substance on mental, emotional and/or physical functioning. Symptoms may include, but are not limited to, drowsiness and/or sleepiness, odor of alcohol on breath, slurred/incoherent speech, unusually aggressive or bizarre behavior, unexplained change in mood, lack of manual dexterity, lack of coordination in walking, and unexplained work related accident or injury. Prohibited impairment includes any detectable amount of an illegal drug, controlled substance and/or alcohol in an employee’s system and may be asymptomatic yet result in a positive test.

Improper Self-Medication: Includes, but is not limited to, using drugs prescribed to someone else, using drugs at other than the prescribed dose, or using over-the-counter medication in a manner inconsistent with the manufacturer’s instructions.

Policy Implementation

Prohibited Conduct

Cleveland Clinic prohibits:

- A. The unlawful or unauthorized use, manufacture, possession, sale, or transfer of illegal drugs and/or controlled substances on Cleveland Clinic premises.
- B. Reporting to work or working while impaired or under the influence of any illegal drug, any controlled substance, and/or alcohol.
- C. Consumption of alcohol on Cleveland Clinic premises, including while conducting Cleveland Clinic business remotely (except at functions approved or sponsored by Cleveland Clinic).
- D. Improper self-medication using over-the-counter or prescribed drugs.

For the avoidance of doubt, nothing in this policy prohibits an employee from possessing and/or consuming a controlled substance (except marijuana) if the employee has a valid prescription for the controlled substance and consumes it in the prescribed dose and manner, unless doing so renders the employee unable to perform their job safely and effectively.

Voluntarily Seeking Assistance

Cleveland Clinic recognizes that substance abuse/dependency is a progressive, chronic, disease that has adverse effects on an employee's quality of life and job performance. However, substance abuse/dependency is treatable and early recognition and treatment is advisable. Employees who suspect they may have a problem with substances are encouraged to voluntarily seek assistance.

It is an employee's responsibility to voluntarily seek assistance before the employee is asked to submit to any drug or alcohol test or is discovered to have otherwise violated this policy.

Cleveland Clinic maintains Caring for Caregivers (Employee Assistance Program (EAP), Licensed Professionals Health Program (LPHP), and Physician Health Committee (PHC)) in order to provide confidential assistance in receiving appropriate treatment. An employee's decision to seek/receive treatment through any Cleveland Clinic service or other provider will not be used as a basis for corrective action. However, such treatment will not be viewed as a substitute or a defense for appropriate corrective action, if corrective action is otherwise applicable.

Programs of Education, Prevention, Treatment and Support

Cleveland Clinic provides programs of education, prevention, treatment and support to encourage a drug-free workplace/lifestyle.

Post-Offer Pre-Placement Substance Testing

Post-offer pre-placement testing is required of all prospective newly hired, rehired or reinstated individuals as part of a routine protocol. Positive results will preclude an applicant from being hired.

Post-Accident/Return to Duty Testing

Upon the manager's consultation with Human Resources/Office of Professional Staff Affairs/Graduate Medical Education and Caring for Caregivers (EAP, LPHP, or PHC, as applicable), any employee may be subject to post-accident/return to duty drug and/or alcohol testing following any accident or other safety event during the employee's scheduled shift that the employee caused or contributed to and that results in personal injury, property damage, or other harm to the employee and/or anyone else. An employee who is required to undergo postaccident/return to duty testing will not be permitted to resume working while the test results are pending.

Vaporizers ("Vapes")

The use of vaporizers (aka “vapes”) is prohibited under the Non-Smoking Policy. Any employee who is observed using a vaporizer/vape during their scheduled shift could be subject to mandatory drug testing.

Random Testing

Employees will be subject to random, unannounced drug testing throughout the year. When notified that they have been selected for random screening, employees must report to the designated testing site within the timeframe designated by Occupational Health regardless of their work location (e.g., onsite, hybrid, or remote) unless on preapproved Paid Time Off or an approved leave of absence. The detection of a controlled substance (except marijuana) for which an employee has a valid prescription will not, standing alone, result in a positive drug test. Additionally, random alcohol testing will be conducted where required by Department of Transportation regulations.

Reasonable Suspicion of Impairment/For-Cause Referral

Reasonable Suspicion Testing

Any employee may be subject to “for Cause” urine and/or breath testing when reasonable suspicion exists that the employee appears to be working in an impaired condition and/or under the influence of drugs and/or alcohol. A reasonable suspicion referral for testing will be made on the basis of documented objective facts and circumstances that are consistent with the effects of substance abuse or alcohol misuse.

For the purpose of this policy, the term “reasonable suspicion” shall be defined as aberrant or unusual behavior of an individual employee:

- (a) who is observed on duty, or reporting to duty, by either the employee’s immediate supervisor, higher ranking employee, or other managerial personnel, who are required to document their observations as soon as practicable under the circumstances; and
- (b) who exhibits the type of behavior that shows symptoms of intoxication or impairment caused by drugs and/or alcohol; and
- (c) whose conduct cannot reasonably be explained by other causes.

If, after observing the employee, the manager continues to have reasonable suspicion that the employee is using, consuming and/or under the influence of alcohol and/or drugs while on duty, the employee will be notified of the need for immediate testing and evaluation.

Link to [Substance Abuse - Reasonable Suspicion or For Cause Testing Procedure](#)

Reasonable Suspicion of Diversion/Possession

If a supervisor and/or Diversion Response Team suspects diversion of a controlled substance, the supervisor shall:

- A. Contact Human Resources/Office of Professional Staff Affairs/Graduate Medical Education, Caring for Caregivers (EAP, LPHP, or PHC as applicable) and/or the Nursing Institute for guidance.
- B. Contact the Pharmacy Department for assistance in compiling investigatory reports.
- C. Conduct a thorough investigation checking doctor's orders, documentation of medications dispensed, and other appropriate records/resources.
- D. Consult with Caring for Caregivers (EAP, the LPHP or PHC, as applicable) to review evidence and to coordinate intervention if indicated.

If a supervisor has reasonable suspicion that an employee is in improper possession of alcohol, illegal drugs and/or a controlled substance, the supervisor may request that Cleveland Clinic Police Department and/or security to perform appropriate searches of the employee and Cleveland Clinic premises.

Link to [Substance Abuse - Reasonable Suspicion or For Cause Testing Procedure Reporting Drug-Related Convictions](#)

Employees are required to report to their supervisor any criminal convictions of drug related violations arising from the employees' conduct while on Cleveland Clinic premises and/or conducting Cleveland Clinic business. Employees convicted of a felony offense or offenses while employed by Cleveland Clinic must notify Human Resources of the conviction within three (3) days after the court enters its Judgment.

Refusal to Comply

Any employee refusing to comply with a lawful search, alcohol or drug test, or otherwise failing to cooperate with an investigation conducted in accordance with this policy will be subject to removal from Cleveland Clinic premises and subject to corrective action up to and including termination (see Corrective Action Policy).

Safe Transportation

A supervisor will arrange for safe transportation for the employee to their home whenever reasonable suspicion testing has been initiated. Options may include transportation through a designated family member or friend, UberHealth through Occupational Health, or other means such as a cab voucher where applicable. Refusal of safe transportation options may result in corrective action up to and including termination (See Corrective Action Policy). The supervisor should document noncompliance and immediately notify the Cleveland Clinic Police Department and/or security.

Violation of Policy

Any employee who is found to be in violation of this policy:

- A. Is subject to corrective action up to and including termination (see Corrective Action policy).
- B. May be afforded the opportunity to participate in the Caring for Caregivers Programs (EAP, the LPHP, or PHC, as applicable). These programs and services provide assessment; treatment planning, referral and follow-up services (see Employee Assistance Program policy). Licensed health professionals may be referred to the Licensed Health Professionals Program or the Physician Health Committee for ongoing monitoring of the re-entry to work and review, recommendation and oversight of any restrictions on their license (see Licensed Health Professionals Impairment policy).

Treatment expenses not covered by an employee's health plan, including substance screens, are the responsibility of the employee. Non-compliance with treatment requirements may result in corrective action up to and including termination.

Confidentiality

Employee information related to this policy (e.g., reasonable suspicion of impairment, medical evaluation results, etc.) shall be held in strict confidence as outlined in the Employee Assistance Program policy and the Licensed Health Professionals Impairment policy. All Staff and Employee Assistance Programs operate under confidentiality rules and releases only limited information to supervisors.

Licensing Boards

Cleveland Clinic maintains a cooperative working relationship with all appropriate licensing/certification boards. Appropriate boards/peer assistance programs will be notified when patient safety and/or minimum professional standards are not met and as otherwise mandated by law.

Regulatory Requirement/References

Corrective Action Policy
Employee Assistance Program Policy
Licensed Health Professionals Impairment Policy
Non-Smoking Policy
Reasonable Suspicion or For Cause Testing Procedure

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: Occupational Health, Human Resources

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Security and Campus Safety		POLICY NUMBER: 2.7	
EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

All students must wear a Cleveland Clinic ID badge in a visible manner while in a Cleveland Clinic building. The badge must be readily available while on the grounds and entering and leaving the building, as hospital security personnel may request to see it.

Police escort service, emergencies or security needs- 330-489-1050 or ext. 2222 at any house phone. If a student should see unfamiliar or suspicious looking persons in the hospital, the student should not confront them personally, but should contact security- Ext. 2222.

Security personnel routinely patrol the hospital, the parking lots and all grounds. Access via the various property and hospital entrances is controlled according to the day and time.

Students are encouraged to take steps to protect their personal property. Valuable items, i.e. purses, cell phones, book bags, etc. should never be left unattended or inside vehicles parked on hospital grounds.

It is the policy of the Cleveland Clinic to prohibit any person from carrying a concealed handgun or other deadly weapon onto the property of any Cleveland Clinic facility. Only law enforcement officers on official business are exempt from this policy.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Identification Badges	POLICY NUMBER: 2.71
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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<p><u>Purpose</u></p> <p>Identification badges (ID) are issued to provide employees and non-employees with a means of identification, to promote safety and security on Cleveland Clinic property, to be used for access controls, parking, timekeeping, payroll deductions, and to assist in emergency ID as necessary. ID badges ensure Cleveland Clinic patients, visitors, and coworkers have the ability to identify employees and non-employees.</p> <p><u>Policy Statement</u></p> <p>It is the policy of Cleveland Clinic to provide employees and other individuals who require regular, unescorted, access to the interior of Cleveland Clinic facilities with an ID badge. Such badges must be worn above the waist at all times while on property owned or leased by Cleveland Clinic. In addition, all volunteers, privileged positions, contractors and consultants must wear ID badges. All ID Badge Holders are required to provide their ID badge to management and/or Protective Services, including the Cleveland Clinic Police Department, hospital and hotel security officer, upon request. Failure to properly display, or present, a valid Cleveland Clinic ID badge can result in the revocation of the badge and/or other appropriate corrective action. Replacement badges may be subject to a fee.</p> <p><u>Definitions</u></p> <p><i>Cleveland Clinic United States locations:</i> Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.</p> <p><i>Privileged positions:</i> Non-employed community/Private Practice Physicians, Practitioners and Physician Assistants.</p> <p><u>Policy Implementation</u></p> <p>The standard information to be included on the badge is:</p> <ul style="list-style-type: none"> • ID Badge Holder’s Photograph* • First and Last Legal Name • Licensure as required by job description • Certifications required by law • Education as required by job description (Master’s and above; if Nursing, Bachelor of Science in Nursing (BSN) and above due to Magnet Status requirement) • Institute or Division/Department (in lieu of institute, approval required) <p>*Cleveland Clinic will make reasonable accommodations for dress or grooming directly related to an employee’s religion, ethnicity, or disability unless such accommodation poses a risk to the safety or health of the individual or others. Head attire can be worn in accordance with an employee’s religion, ethnicity or disability and should present neatly and not obscure the face for purpose of clear identification of the ID Badge Holder.</p> <p>Any variation from the standard format must be reviewed and approved by Human Resources and Protective Services. Requests to delete last names for security reasons must be reviewed and approved by Human Resources in collaboration with Protective Services Administration.</p> <p>Assignments to Emergency Departments and Behavioral Health Units qualify as security-related work locations eligible for consideration to remove the last name from a badge.</p>

Non-employee populations including, but not limited to temporary employees, medical students, healthcare students, and visiting and/or other non-employee physicians and other individuals in privileged positions, as well as consultants and contractors must obtain and wear an ID badge during their Cleveland Clinic assignment. Refer to the [Non-Employee Visitation and Onboarding Standard Operating Procedure](#) for details.

Badge types are as follows:

- White badges - all Cleveland Clinic employees and privileged positions
- Pink badges – Nursing employees authorized to provide direct care to infants (training required)
- Blue badges – non-employee
- Green badges –volunteers non-employee

ACCESS CONTROL

General facility access levels are pre-assigned. Additional access levels must be authorized by the ID Badge Holder's Supervisor. Badges will deactivated if the badge is not used for door access for ninety (90) days.

An ID badge shall not be used by anyone other than the individual to whom it was issued. Furthermore, an ID badge will not be issued until an appropriate background check, including government debarment checks and criminal record checks, have been initiated and/or completed on the individual. Such background checks shall be completed by Protective Services consistent with applicable policies and procedures. Other onboarding requirements may also apply prior to an ID badge issuance (see [Criminal Records Background Check Policy](#)). Protective Services shall facilitate the issuance of all ID badges.

In addition to regular, Cleveland Clinic ID badges, a separate process applies to sales representatives who will be within a Cleveland Clinic facility for one day or less, and who have a previously scheduled appointment. That process, Vendormate, is further described within this policy.

Replacement badges

Badge replacement may be subject to a \$30 fee payable via payroll deduction, credit card or cost center (requires supervisor authorization). Report badge issues to the ID Badge Office at badge@ccf.org.

Fee \$30

Photo update (elective)
Lost badge
Damaged (negligence)
Failure to return badge upon termination of employment

No Fee

Photo update (every 4 years per industry standard)
Updated education (requires updated Workday profile and if required to printed on badge – Master's degree and above; if Nursing, BSN and above)
Updated credentials (requires Workday profile updated and if required to be printed on badge)
Name change (must be uploaded in Workday)
Stolen badge (police report required)

Identification Badge Procedure

Special accommodations will be made for work locations requiring a badge for ID only, i.e., Magnetic Resonance Imaging (MRI).

On-Boarding Requirements

Onboarding requirements are determined by job assignment and patient interaction.

Background checks are completed on employees and non-employees who works directly or indirectly for Cleveland Clinic. Please see the [Criminal Records Background Check Policy](#) to review the complete criminal record check procedure.

- Cleveland Clinic employees (white badges, pink badges) must complete pre-employment testing and background check prior to start date. Tuberculosis (TB) testing will be completed on an annual basis thereafter.
- Non-employee must have a background check and TB test prior to their start date. They must also complete assigned online training before badge issuance. These requirements must also be met in order to renew an expiring badge.
- Construction workers must have a background check and complete Infection

- Control Risk Assessment (ICRA) class prior to badge issuance and working on a job site. These requirements must also be met in order to renew an expiring badge.
 - Volunteers must have a background check and Tuberculosis (TB) test prior to badge issuance. These requirements must also be met in order to renew an expiring badge.

A Cleveland Clinic ID badge will not be displayed or worn in any forum that would lead a reasonable observer to believe the activity is Cleveland Clinic sponsored and/or approved and that the individual is representing the organization in an official capacity. The badge may be only worn for its issued, specific purpose within the individual's scope of work performed at Cleveland Clinic.

Vendormate

Vendormate is an online system managed by Protective Services used to accommodate vendors and sales representatives who will be within a Cleveland Clinic facility for a scheduled period of time. These individuals must have an appointment scheduled prior to printing their badge.

Vendormate prints valid ID badges at kiosks throughout the health system. The badge is only valid for the date it is printed.

Companies must apply through Supply Chain to be a part of the Vendormate program.

Vendormate Requirements

1. Vendor representative registers and creates a profile in Vendormate.
2. Online training login information is provided to the vendor representative via Vendormate and must be completed before uploads to the system can be made.
3. Vendor must upload photo ID, TB test results (for clinical settings), criminal background attestation, W-9.
4. Vendormate will conduct a criminal background check for all vendors that will visit a Cleveland Clinic facility.

Vendor representative must read and acknowledge all relevant Cleveland Clinic policies and the Supplier Relationship Handbook.

Off-boarding Requirements

When terminating engagements for employees and non-employees, hiring managers and/or event coordinators are responsible for returning badges to the ID Badge Department. Penalties for unreturned badges apply. (See fee structure)

Retiree Valet Benefit

Retired Cleveland Clinic employees who have worked at Cleveland Clinic a minimum of 25 years and are no longer actively employed with Cleveland Clinic, are eligible for the Retiree Valet Benefit. This benefit provides free valet services to eligible retirees at Cleveland Clinic locations where valet services are available. The retiree's years of service from his/her seniority date do not need to be continuous and may include cumulative services interrupted by one or more breaks in service.

Eligible retirees will receive a Retiree Badge via U.S. mail. Retirees will need to present their badge to valet services when leaving Cleveland Clinic premises in order to have their valet fees waived.

Professional Staff retirees should follow the Retired Staff program managed by the Office of Professional Staff Affairs.

Regulatory Requirement/References

[Criminal Records Background Check Policy](#)

[Corrective Action Policy](#)

[Non-Employee Visitation and Onboarding Standard Operating Procedure](#)

Oversight and Responsibility

Human Resources Management in conjunction with the Cleveland Clinic Department of Protective Services, is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each Hospital, Institute, Department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources and Protective Services

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Parking- Mercy Hospital	POLICY NUMBER: 2.72
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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<p>Purpose</p> <p>To provide safe access and adequate parking facilities for all persons employed or otherwise utilizing the Medical Center facilities. The Medical Center will provide a predefined and controlled access system to monitor existing control points at the Medical Center and ingress/egress traffic at the parking gates.</p> <p>Directive</p> <p>I. GENERAL INFORMATION</p> <p>All persons utilizing the Medical Center parking facilities shall observe the following rules and regulations:</p> <ul style="list-style-type: none"> A. A 10-MPH speed limit has been established on Mercy Medical Center premises. B. Parking on Medical Center premises other than when engaged in Medical Center business is prohibited. C. All those using the parking lots are urged to lock their car doors. The Medical Center is not responsible for theft of property in vehicles or any damage to vehicles on Medical Center property. D. Parking passes are issued by the Protective Services Department and must be displayed on the back of the rear-view mirror or lower left side of the windshield. Failure to display the parking pass is a parking violation. E. All persons shall follow instructions and/ or the directions of the Protective Services officer(s), assigned to supervise the parking lots in parking and/or moving their vehicles. Failure to follow the instructions from the Officer(s) shall result in a parking violation. F. All general traffic laws/signs and safety practices must be obeyed while on Medical Center property. G. All persons utilizing Medical Center parking lots shall be required to register their vehicles with the Protective Services Department. Photo ID/Access Control will be issued as appropriate and must be utilized for both ingress/egress traffic gates. <p>II. PARKING RULES AND REGULATIONS</p> <p>A. Caregivers</p> <ol style="list-style-type: none"> 1. Caregivers are provided with free parking in parking lot C, unless otherwise noted. Caregivers are to park only in designated striped parking areas in such a manner as to not impede the flow of traffic. Caregivers being compensated for any reason (i.e., continuing education, mandatory meetings, or any other reason not mentioned), must park in their designated area. 2. Parking lot C will also be utilized by Caregivers and students of Mercy's affiliated educational programs and those people indicated as shown further in this directive. Those persons will be issued an access badge by the Protective Services Department as appropriate. 3. Caregivers who begin their shift after 6 p.m. and who will be out of the deck by 8 a.m. may park in the Visitor's Deck on the third and fourth floor only and on the lowest level of the Surgery Deck. 4. Caregivers seeking temporary parking accommodations must contact
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Human Resources and their managers to apply for reasonable accommodation as described in the Disability Accommodation Policy. For long term accommodation requests of over 3 months caregivers should apply for a state handicap placard. Caregivers are not permitted to park in designated handicapped spaces, unless they are displaying a State of Ohio Handicapped placard or have handicapped license plates on their vehicle.

B. Student Parking:

All students, including nursing, medical and students who come to the Medical Center as part of an affiliated clinical program will park in Lot C.

C. Medical Staff:

Members of the Medical Staff shall park in the lower floor of the Visitor's parking deck.

D. Patients, Visitors and Vendors:

All patients and visitors may park in either parking deck. All vehicles that exceed 7 ft. 0 in. in height which are too large to enter the deck may park in the employee parking lot or in the gravel parking area just west of the parking deck.

E. Emergency Department Parking:

1. Emergency Department parking areas are restricted to the vehicles of patients entering the Emergency Department for treatment, those individuals visiting ED patients, and law enforcement and emergency rescue vehicles.
2. Persons able to do so, upon completion of registration in Emergency, shall park their vehicle in the Visitor's Parking Deck.

F. All clergy may park in the Visitor's Parking Deck, in the spaces designated for Clergy, or if unavailable, in any of the spaces in the Visitor's Parking Deck.

G. Medical Office Building (MOB) Caregivers, employed by Mercy Professional Care are to park in Lot C. Caregivers employed by Select Specialty are to park in Lot C.

III. ISSUANCE OF PHOTO ID/ACCESS BADGES

A. All Identification badges will be issued by the Protective Services Department.

B. Failure to return the badge at the time of termination will result in a \$30 charge to the caregiver and will be deducted from their final paycheck if applicable.

C. Damaged badges will be replaced by the Protective Services Department free of charge providing the damaged badge is returned.

D. Replacement of lost badges will require a charge of \$30 prior to a new badge being issued.

D. Only one (1) Photo ID/Access Control badge will be issued to each caregiver and/or volunteer.

IV. ISSUANCE OF PARKING PERMITS

A. At the time the Photo ID/Access Control Badge is issued, a parking permit will also be issued by Protective Services.

B. The parking permit must be displayed on the rear-view mirror or lower left windshield. Permits are issued as follows:

- Red: Surgery Deck lower level
- Blue: Visitor Deck lower level
- Green: Lot C
- Yellow: Visitor deck 4th (top) floor.

V. ACCESS TO MEDICAL CENTER DOORS

The Photo ID/Access Control Badge is also utilized for access to certain doors throughout the Medical Center which are controlled by card reader access/control equipment.

VI. PARKING VIOLATIONS

The Protective Services Department is responsible for assuring safe access and adequate parking for all persons utilizing the Medical Center parking facilities. Protective Services officers will monitor the parking lots on a routine basis to enforce the guidelines within this directive.

- A. When a parking violation is issued, Human Resources will send a copy to the caregiver's Manager or Director. Caregivers in violation are subject to corrective action. The Director or Manager of

the ticketed caregiver is responsible for taking the appropriate action regarding the violation, according to the Corrective Action policy.

B. All other persons violating Medical Center parking rules and regulations are subject to the issuance of parking violation notices.

C. The Protective Services Department reserves the right to tow any vehicle on Cleveland Clinic Mercy Hospital premises in accordance with City Ordinance or the Administrative Policy on Towing of Vehicles.

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this directive to maintain compliance with regulatory or other requirements.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Weapons and Contraband		POLICY NUMBER: 2.73	
EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Purpose

To provide Cleveland Clinic health system (CCHs) personnel with a standardized process in preventing the introduction of weapons and contraband to CCHs property and mitigate incidents wherein weapons or contraband are present.

Policy Statement

CCHs personnel will take precautions to prevent introduction of weapons/contraband to its facilities while respecting the inherent rights of the individual as specified by local, state and federal law.

Reducing opportunities for weapons/contraband to enter CCHs facilities and competently resolving situations in which weapons/contraband are found is paramount to assuring a safe healthcare environment for patients, visitors, employees, and non-employees.

Definitions

Chain of Custody- Is the chronological documentation showing the seizure, custody, control, transfer, analysis and disposition of evidence/contraband.

Cleveland Clinic health system- Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Contraband – The Ohio Revised Code 2901.01 defines contraband as:

“Contraband means any property that is illegal for a person to acquire or possess under statute, ordinance or rule, or that a trier of fact lawfully determines to be illegal to possess by any reason of the person’s involvement in an offense.” Any item determined by hospital staff to be hazardous or that may unduly violate the privacy of other patients may be classified as contraband. If any item or substance is suspected of being contraband, it is to be reported to Police/Security authority immediately.

“Contraband includes, but is not limited to, all of the following:

- *Any controlled substance as defined in section 3719.01 of the Revised Code, or any device or paraphernalia.*
- *Any unlawful gambling device or paraphernalia.*
- *Any dangerous ordnance or obscene material.”*

Contraband comment: The broad definition makes it impossible to list all those items which may be considered contraband. Contraband in a hospital environment, especially in a behavioral health care unit, may also include otherwise legal items that could be harmful or dangerous for a patient, employee, non-employee, or visitor to possess based upon the environment.

Cigarettes are considered contraband at CCHs.

Dangerous Ordnance – Is any explosive device including, but not limited to, a hand grenade, dynamite, bomb, blasting cap, or incendiary device.

Deadly Weapon – Is any device capable of causing death, and that is either designed or specially adapted for use as a weapon including, but not limited to, a firearm, knife, crossbow, ax/hatchet, etc.

Hand Held Metal Detectors (wand) – A security scanner used to detect the presence of offensive weapons on a person or in his/her personal effects, and to check parcels or letters for metal objects.

Non-Employee- individual who needs access to CChs property who does not receive a pay check with a Cleveland Clinic logo on it. Examples are students, contractors, observers, etc.

Police/Security Authority – For the purposes of this policy, Police/ Security Authority will be defined as the on-site Cleveland Clinic Police Department Police Officer, Security Officer or the Officer provided by the approved security contract vendor. The term will also be used to reference the local police authority having jurisdiction in circumstances wherein on-site police/security personnel are not assigned to a facility.

Screen – Includes the visual observation, wand, passing through a magnetometer or physical pat-down of a person by police/security or clinical staff

Weapon - Any device that could be carried, possessed or used for the purpose of inflicting physical harm.

Policy Implementation

CChs strictly prohibits the possession of contraband by patients, visitors, employees and nonemployees.

All persons entering CChs premises are subject to reasonable search of their person, belongings, and rooms to ensure the health and safety of all persons.

Cleveland Clinic Police or the security department will evaluate violation of this policy and will recommend corrective action up to and including termination of employment.

Threatening statements made relating to weapons or contraband will result in termination and/or criminal prosecution.

Police or the security department at the location will respond to all Caregivers who discover or suspect a patient, visitor, vendor contractor or other non-employee in possession of a weapon.

Weapons/Firearms and Contraband

A. Firearms are not permitted on any CChs premises, at enterprise sponsored functions while conducting organization business off-premises, or in CChs owned or leased vehicles. For the purpose of this policy, CChs premises includes all enterprise owned or leased buildings, except where exempted by law.

B. Firearms are not permitted on any CChs premises with the exception of law enforcement officers, licensed armored car companies conducting official business on behalf of CChs or its leased properties (e.g. Brinks, Dunbar, Wells Vargo, etc.), Cleveland Clinic Police Officers, or Cleveland Clinic Inspectors of the Protective Services Department and those individuals employed by CChs Protective Services authorized to carry by Federal statute.

1. On-duty uniformed police officers, from any state, may carry their firearm in any CChs premises unless they are a patient due to the likelihood of the officer becoming separated from his belongings and firearm during treatment. Their firearm shall be turned over to a CCPD police officer for storage until the officer is discharged.

2. On-duty plain clothes police officers such as detectives, and state and federal agents, from any state, shall be permitted to carry their firearm in any CChs premises as long as it can be concealed. If

the firearm cannot be concealed, the plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his firearm stored until he/she completes their business or store the firearm in their vehicle.

3. Off-duty police officers to include states and federal agents from any state, in plain clothes shall be permitted to carry their firearm in any CCHs premises as long as it can be concealed. If the firearm cannot be concealed, the off-duty plain clothes officer or agent can be escorted by a CCPD police officer to and from his business, have his/her firearm stored until he/she completes their business or return and store the firearm in their vehicle. Off-duty officers and agents who are patients will not be permitted to carry their firearm in any CCHs premises due to the likelihood of the officer or agent becoming separated from their belongings and weapon during treatment. The weapon can be stored by a CCPD police officer until the officer or agent is discharged or returned and stored in the officer or agent's vehicle. Any on or off duty police officer or agent refusing to comply with the firearm restrictions specified in the SOP will not be permitted inside the impacted premises.

4. Security officers are strictly prohibited from handling any firearm in any CCHs premises.

5. The conveyance of other weapons, other than firearms, by on and off duty law enforcement officers into a CCHs premises, shall be at the discretion of a CCPD supervisor.

C. CCHs employees are not permitted to bring weapons onto CCHs premises. Violation of this policy will result in corrective action, up to and including termination.

D. Contractors, volunteers, vendors and any other non-employees are prohibited from bringing weapons onto CCHs premises.

E. Firearms are not permitted in any CCHs location. The Carry Concealed Weapon (CCW) permit does not authorize patients, visitors, employees, or non-employees to carry the weapon in a CCHs facility. Signs are posted at entrances to CCHs facilities advising of this prohibition.

Room Searches

In order to protect the safety and welfare of patients, visitors, staff and others from the threat caused by the presence of contraband in a clinical setting, CCHs reserves the right to conduct a reasonable search of a patient's room and/or personal property in the following situations:

- a. Reasonable suspicion to believe a patient is concealing weapons/contraband covered by policies.
- b. A patient's personal property will be searched only in circumstances in which the police/security authority, in consultation with the clinical staff, determine that there is reasonable suspicion to believe a patient is in the possession/control of weapons/contraband and there is risk of harm to the patient, visitors, staff or other persons if the weapon/contraband is not removed.

Regulatory Requirement/ References

Ohio Revised Code sections 2901.01 and 3719.01

EC.02.01.01

Center for Medicare and Medicaid Services Conditions of Participation 482.13 (c)(2)

Corrective Action Policy

Major Policies for the Professional Staff - Policy for the Due Process/Right of Review for a Member of the Professional Staff

Oversight and Responsibility

Cleveland Clinic Protective Services will review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Process and Considerations Following Patient Abuse Allegations SOP	POLICY NUMBER: 2.74
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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<p>Purpose</p> <p>To ensure the organization has robust processes to protect patients, reporters and employees in the event of allegations of abuse, neglect (as a form of abuse) and/or harassment of a patient.</p> <p>Abuse protections include:</p> <p>Prevention: A critical part of this system is that there are adequate staff on duty, especially during the evening, nighttime, weekends and holiday shifts, to take care of individual needs of all patients.</p> <p>Screening: Persons with a record of abuse or neglect should not be hired or retained as employees.</p> <p>Identification: The hospital creates and maintains a proactive approach to identify events and occurrences that may constitute or contribute to abuse, neglect and/or harassment of a patient.</p> <p>Training: The hospital, during its orientation program, and through an ongoing training program, provides all employees with information regarding abuse, neglect and/or harassment of a patient, and related reporting requirements, including prevention, intervention, and detection.</p> <p>Protection: The hospital must protect patients from abuse, neglect and/or harassment during investigation of any such allegations of abuse, neglect and/or harassment.</p> <p>Investigation: The hospital ensures, in a timely and thorough manner, objective investigation of all allegations of abuse, neglect and/or harassment of a patient.</p> <p>Reporting/Response: The hospital must assure that any complaints of abuse, neglect and/or harassment of a patient are reported and analyzed, and the appropriate corrective, remedial or disciplinary action occurs, in accordance with applicable local, state, or federal law.</p> <p>Definitions</p> <p>Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, Coastal Care Corporation and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.</p> <p>Abuse: is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment of a patient, with resulting physical harm, pain, or mental anguish. Abuse includes sexual misconduct.</p> <p>Harassment: is defined as any conduct that denigrates or shows hostility or aversion toward an individual or group because of their race, color, religion, gender, sexual orientation, gender identity, gender expression,</p>

pregnancy, marital status, age, national origin, ethnicity, ancestry, disability, military (including veteran) status, citizenship, genetic information, or any other characteristic protected by law.

Medical chaperone: is a designated employee (member of our medical care team) who is asked to observe certain sensitive exams and/or procedures and direct patient care. Their primary role is to ensure safety, respect dignity and privacy, and create comfort whenever possible.

Neglect: is considered a form of abuse and is defined as the failure to provide goods and services to a patient that are necessary to avoid physical harm, pain, or mental anguish, or mental illness.

Sexual Misconduct: includes, but is not limited to, inappropriate sexual touching or physical/verbal conduct of an abusive or sexual nature, and/or any conduct of an abusive or sexual nature toward a patient that is without consent or has the effect of threatening or intimidating the person against whom such conduct is directed.

Levels/Types of Abuse: For purposes of this SOP, complaints of abuse, neglect and/or harassment will be evaluated according to the following levels/types:

- Level 1 – Verbal (derogatory, profane or disrespectful remarks, jokes, innuendos or gestures that are sexual in nature)
- Level 2 – Verbal or Physical (verbal threats or intimidation by a member of the caregiver team; any claim of retaliation from a patient making a complaint; touching that may or may not be within the scope of care that is reported as offensive)
- Level 3 – Verbal, Physical or Sexual (threats of immediate or impending physical harm; physical touching (sexual or other) that clearly falls outside the scope of normal care; threats of adverse action by an employee contingent upon sexual favors; physical or sexual assault; exposure or any physical activity of a sexual nature; acts of physical violence toward a patient)

Instructions

Guidelines for Reporting of Abuse/Neglect/Harassment

1. The employee who is first informed of the complaint, from any source including the

Compliance Hotline, Ombudsman, or Protective Services, must immediately report the complaint to Clinical Risk. If the complaint is received after hours, the report should go through the Clinical Risk's Sentinel Event's pager (pager number 82857).

2. Clinical Risk will then notify the supervisor/manager/nurse operations manager ("NOM").

3. The supervisor/manager/NOM ensures the safety of the patient and other employees, including contacting Cleveland Clinic Protective Services for any urgent safety concerns. Once confirmed that patients and employees are safe, the supervisor/manager/NOM will report to their direct manager ("Manager") who will engage the Human Resources Director ("HRD"). If the complaint is received after hours, the supervisor/manager/NOM will be notified by the Clinical Risk manager on call and the supervisor/manager/NOM will engage the HRD.

4. The Manager and HRD will make a determination (target – 30 minutes) as to the severity/risk of the complaint. If the allegation involves a Level 1 complaint, the employee will be reassigned pending an investigation. If the allegation involves a Level 2 or 3 complaint, the employee will be removed from work pending an investigation and Hospital/Department/Institute leadership will be notified.

5. The Manager and HRD will immediately open a case file and submit a Safety Event Reporting System (SERS) report.

6. The Manager and HRD will work in partnership to notify the Ombudsman, the Office of Professional Staff Affairs ("OPSA"), and Hospital/Division/Institute Leadership as appropriate of the impending investigation.

Guidelines for Investigation of Complaints Alleging Abuse, Neglect and/or Harassment of a Patient

1. In the event of a Level 1 complaint, the Manager, HRD, Ombudsman, and OPSA (where the complaint involves a member of the professional staff) will conduct an investigation. The target completion time is 72 hours from receipt of the complaint. The final decision as to whether the complaint is substantiated will be made by the Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable). If substantiated, appropriate remedial action will be taken. The Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.

2. In the event of a Level 2 complaint, the HRD and OPSA (where the complaint involves a member of the professional staff) will oversee the investigation and may seek collaboration with Protective Services. Clinical Risk and Ombudsman will conduct the interviews required for the investigation. Legal will be consulted prior to a decision as to whether the complaint is substantiated. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will make the final determination as to whether the complaint is substantiated. If substantiated, appropriate remedial action will be taken. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.

3. In the event of a Level 3 complaint, the HRD and OPSA (where the complaint involves a member of the professional staff) will oversee the investigation in partnership with the Legal Department. Protective Services and Ombudsman will conduct the interviews required for the investigation. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will make the final determination as to whether the complaint is substantiated. If substantiated, the Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will advise leadership of the recommended remedial action. The Executive Director, Human Resources, or designated Director of Human Resources or the Executive Director of OPSA (as applicable) will be responsible for documenting the results of the investigation and closing the case file and SERS event.

4. If the person accused is a non-employed member of a regional hospital's medical staff, the applicable Hospital President, Hospital Chief Medical Officer and Hospital Chief of Staff will conduct the preliminary review and take appropriate measures in accordance with the processes outlined in the applicable hospital's medical staff bylaws.

Regulatory Requirement/References

CMS Conditions of Participation – Patient Rights

Oversight and Responsibility

Each institute and/or department is responsible to review, revise, update and operationalize this

Standard operating Procedure to maintain compliance with regulatory or other requirements.

Document was approved by Matt Donnelly prior to submission on 4/7/2023.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Professional Appearance	POLICY NUMBER: 2.8
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Purpose

The purpose of this policy is to provide standards for dress and grooming to ensure the professional appearance, appropriate image, and the necessary safety and infection control requirements of the employee’s work environment, specific work location and duties to be performed.

Policy Statement

Cleveland Clinic recognizes the importance of the professional appearance of its employees in maintaining an atmosphere conducive to the delivery of quality health care services. To promote such an atmosphere, employees are expected to dress in a manner appropriate to the job(s) they perform. Management is responsible for enforcement of this policy and also reserves the right to determine what constitutes appropriate attire, based on the guidelines below, for their particular work environment and location.

Definitions

Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Policy Implementation

General Standards

The professional atmosphere and brand of Cleveland Clinic is exemplified in many ways including the image employees present to our patients, the public, and each other. The following standards are meant to ensure all necessary safety and infection control requirements are met, and to avoid an appearance that calls attention to the individual employee and distracts employees from their patient care, support service or other responsibilities, or causes patients or visitors to question the competence, confidence, professionalism, caring or quality of our employees or our services. These expectations are applicable in all work environments, including virtual.

- A. Hair style, jewelry, makeup and fingernail lengths should be appropriately chosen to achieve a look of professional credibility. Additionally, colors unnatural to human hair (e.g., purple, green, pink, and blue) should not be permitted. Facial hair must be well groomed and able to meet respiratory fit testing requirements, if required by job title.
- B. Shoes should be appropriate for the work being performed and the location/site. Some departments may permit athletic shoes with uniforms.

- C. In those areas where employees are providing movement or exercise therapy, athletic shoes and sport shirts may be worn. In situations where employees are participating in recreation or athletic activities with patients, departments may permit sweat suits, jogging attire, or walking length shorts.
- D. Employees with direct patient care or food handling responsibilities may not wear artificial nail enhancements of any kind (including but not limited to acrylics, extenders, and embellishments). Nails should be kept short and any polish, if worn, may not be chipped.
- E. Department managers will determine if and when business casual attire is appropriate for their particular work area and location. Jeans and denim material are prohibited except when permitted by management.
- F. Tattoos that convey messages that are inconsistent with Cleveland Clinic values must be covered at all times. At manager's discretion, employees may be required to cover other tattoos. No more than two pair of simple earring may be worn per ear, small nose stud piercings are permitted with the exception of septum or rings. Ear gauges that are visible should have solid, skin colored plugs in place.
- G. Hats or other headwear should be worn only if they are part of the approved uniform.
- H. Prohibited attire includes, but is not limited to:
 - a. Attire with political endorsements.
 - b. Attire that is vulgar, obscene, threatening, intimidating or harassing.
 - c. Attire that conveys a message contrary to Cleveland Clinic's policies against discrimination or harassment.
 - d. Attire that provokes a debate over social issues.
- I. Departments may implement policies, further define standards of dress, grooming and appearance relative to jobs within their area and will be responsible for determining if employees are adhering to standards of dress, grooming and appearance.
- J. Contractors and vendors who are routinely on Cleveland Clinic premises should be advised of the expectation to comply with Cleveland Clinic standards of dress, grooming and appearance.
- K. Cleveland Clinic will make reasonable accommodations for dress or grooming directly related to an employee's religion, culture or disability unless such accommodation poses an undue hardship or risk to the safety or health of the individual or others (See Disability Accommodation in Employment Policy, Religious, Cultural and Ethical Accommodation Policy).

Uniformed Employees

Employees working in an area, department or function with a specific uniform requirement are expected to wear the uniform, while on duty, in accordance with the uniform policy of that particular department or area. Decisions regarding the provision and replacement of uniforms and the associated cost to the employee will be the determination of the department.

- A. Employees who are furnished uniforms or other garments by Cleveland Clinic are held responsible for all garments supplied to them and will be charged accordingly for any such garment that is carelessly destroyed, rendered unwearable, lost, stolen or not returned upon departmental transfer or termination.
- B. Uniforms which are provided by Cleveland Clinic should be worn by employees only during working hours for the specific purpose intended, except in those departments where it is permitted to wear Cleveland Clinic issued uniforms while traveling to and from work.
- C. Employees who are furnished uniforms or other garments by Cleveland Clinic are expected to keep them clean, pressed, and in good repair.

- D. The Textile Care Services Department will maintain the uniforms for those areas, as identified by the Infection Control Committee, with a high degree of exposure to bodily fluids.
- E. Employees who furnish their own uniforms are expected to report to work in a uniform which is clean, pressed and in good repair in accordance with the uniform policy of the department.

Non-Uniformed Employees

Employees working in areas or departments that do not have a specific uniform requirement should dress in a professional manner that is appropriate to the job being performed and consistent with the business needs of the area and location. This includes appropriate dress code and professional virtual background for employees working in a remote environment. Management is responsible for enforcement and also reserves the right to determine what constitutes appropriate attire.

- A. Examples of appropriate attire are clean, neat, non-wrinkled skirts, suits, dresses, dress pants, blouses, shirts, sweaters, blazers, sports coats and turtlenecks. Dresses or skirts must be of sufficient length. Ties are encouraged to be worn unless they pose a safety hazard.
- B. Examples of inappropriate attire are revealing, low-cut, form fitting, stained, ripped or see-through clothing, T-shirts, (except as part of an approved uniform top), sweat suits, jogging suits, tank tops, shorts, jeans, denim of any color, leggings, casual/leisure Capri style pants, overalls, sandals, flip flops, fishnet or patterned hosiery, and midriff shirts.

Miscellaneous

- A. The employee ID Badge should be worn above the waist and with the photo ID facing outward.
- B. Good personal hygiene is expected of all employees.
- C. Exposure to strong scents and fragrances can be offensive to others and/or may trigger allergic reactions. Therefore, the use of scented perfumes, colognes and other fragrance products should be used with discretion and with sensitivity to others in the workplace.
- D. Failure to adhere to standards of dress, grooming and appearance may result in corrective action. In addition, management may require employees to remove, modify or cover any attire that is inconsistent with a professional work environment and/or these standards.

Regulatory Requirement/References

Corrective Action Policy
Disability Accommodation in Employment Policy
Identification Badges Policy
Religious, Cultural and Ethical Accommodation Policy

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Social Media Use	POLICY NUMBER: 2.9
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Purpose

To provide all Cleveland Clinic employees and to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures with rules and standards for participation in social media (also known as social networking).

Policy Statement

This policy will also apply to any students, volunteers, contractors, or vendors who are obligated to comply with Cleveland Clinic policies and procedures. The intent of this policy is not to restrict the flow of useful and appropriate information, but to safeguard the interests of Cleveland Clinic, its employees, and its patients. This policy is not intended to limit any employee's rights under the National Labor Relations Act (NLRA) and does not apply to communications protected by the NLRA.

Although Cleveland Clinic recognizes the value of social media as a tool for communicating and gathering information, time spent posting on, or viewing social media sites must not interfere with job responsibilities.

Definitions

Cleveland Clinic United States Locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Content: Employee, business, patient, or financial information, healthcare practices or protocols, or any other information that is transmitted or maintained in any form medium including text, images, video, and audio formats.

Social Media (Social Networking): Social media and social networking include, but are not limited to the following:

- Cleveland Clinic internal intranet sites and blogs;
- Cleveland Clinic publicly facing internet web sites;
- Social networking sites, such as Facebook®, MySpace®, LinkedIn®, Instagram® or Parler®
- Blogs (including corporate or personal blogs and comments to blogs) and other on-line journals and diaries;
- Forums and chat rooms, such as discussion boards, Yahoo! Groups®, or Google® Groups;
- Microblogging, such as Twitter®;
- Online encyclopedias, such as Wikipedia®; and
- Video or image based sites such as Flickr®, YouTube®, TikTok® and similar media.

In addition to posting on websites like those mentioned above, social media and social networking also include permitting or not removing postings by others where an employee can control the content of postings, such as on a personal profile or blog.

Policy Implementation

When communicating on Cleveland Clinic social media sites, communicating about Cleveland Clinic, or as a representative of Cleveland Clinic on any social media site unaffiliated with Cleveland Clinic, Cleveland Clinic employees are expected to follow the same standards and policies that otherwise apply to them in the workplace as a Cleveland Clinic employee. For example, social media activity is subject to Cleveland Clinic policies that strictly prohibit discrimination, harassment, threats, and intimidation. The standards set forth in Cleveland Clinic's Health Insurance Portability and Accountability Act (HIPAA) and Confidential Information policies also apply to social media activity, such as comments posted to Facebook, blogs, or discussion forums, as do the standards set forth in Cleveland Clinic's Telephone and Cellular Phone Use policy. Likewise, Cleveland Clinic does not intend to limit any employee's rights under the NLRA as such policies do not apply to communications protected by the NLRA.

Employees must not post content about coworkers, supervisors, or the Cleveland Clinic that is knowingly false, vulgar, obscene, threatening, intimidating, harassing, defamatory, or maliciously detrimental to Cleveland Clinic's legitimate business interests. Relatedly, employees must not post content that violates Cleveland Clinic's workplace policies against discrimination, harassment, or hostility based on race, color, religion, gender, sexual orientation, gender identity, gender expression, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information or any other protected class, status, or characteristic protected by state, federal or local law. Inappropriate postings may include, for example, discriminatory remarks; harassment on the basis of race, sex, disability, religion and other protected characteristics; malicious posts meant to intentionally harm someone's reputation; posts that could contribute to a hostile work environment or violate the Professional Conduct Policy; and threats of violence or other similar inappropriate and/or unlawful conduct. Employees should use good judgment and discretion in developing postings. In the interest of guarding the privacy of our patients, employees must not publish any content including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient. Unless the applicable requirements in the Policy on Patient Recordings are fulfilled and approved, postings that attempt to describe any specific patient and/or patient care situation, or that contains any patient identifier, or in combination may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited. Violations of Cleveland Clinic policies that occur online or in social media may subject the violator to disciplinary action, up to and including termination.

STANDARDS

- A. Authorized Social Networking
1. Employees who, within the scope of their job responsibilities are permitted to and wish to post content to a Cleveland Clinic social media site, must first get approval from their supervisor and Corporate Communications (by emailing Corporate Communications' Public and Media Relations team at pubmedrel@ccf.org).
 2. Cleveland Clinic provides its electronic property, including laptops, PCs, phones and other devices to employees solely for the purpose of achieving enterprise objectives. Please refer to Cleveland Clinic's Acceptable Use of Information Assets Policy before using such devices to engage in social media activity.
- B. Employer Monitoring
1. Employees should have no expectation of privacy with respect to any communication sent or received through Cleveland Clinic's computer system or networks, including Cleveland Clinic public or private Wi-Fi. Also, employees should have no expectation of privacy when using social media during work time, or in regard to anything posted that is accessible by the general public.
 2. Social media activity using the Cleveland Clinic's electronic resources is subject to all Cleveland Clinic policies, including the Acceptable Use of Information Assets Policy. Cleveland Clinic will, in its discretion, review and restrict social media activity to the fullest extent permitted by applicable law.
- C. Rules for Social Media and Social Networking
1. In the interest of guarding the privacy of our patients, employees must not publish any content – including photos, names, likenesses, descriptions or any identifiable attributes or information – related to any Cleveland Clinic patient on any form of social media or to any third party. Postings that attempt to describe any specific patient and/or patient care situation, or that contain any patient identifier, or in combination with other information may result in identification of a particular patient directly or indirectly, are inappropriate and strictly prohibited.
 2. Time spent posting or viewing any social media sites, including Cleveland Clinic social media sites, must not interfere with or affect work responsibilities.
 3. For the purpose of respecting all copyright and intellectual property laws, and Cleveland Clinic's interest in the use of its brand, employees must not use Cleveland Clinic's name, logo, trademark, or proprietary graphics in a way that suggests that the employee is representing Cleveland Clinic without receiving permission from the Chief Marketing Officer and the Tax Department. If permission is granted, an employee still must not create a social media page with Cleveland Clinic's logo placed in a way that suggests to readers that Cleveland Clinic is sponsoring or endorsing the page or any of the information contained on it. Employees also must not use Cleveland Clinic's logo, trademark, or proprietary graphics in any commercial activity. Nor shall employees use the Cleveland Clinic logo, trademark, or propriety graphics while engaging in conduct that violates Cleveland Clinic policy.
 4. Employees must not use their enterprise e-mail address to register for any personal social media account or site, or as an identifier needed to participate in any personal social media

activity, except to engage in social media activity authorized by Cleveland Clinic and for Cleveland Clinic's business purposes.

5. Employees should not post photos of other Cleveland Clinic employees on social media sites without the other employee's permission. This rule does not prohibit posting of photos of co-workers engaging in protected activity under the NLRA.
6. Employees must not post content on any social media site that is related to confidential or proprietary information of Cleveland Clinic, its patients, or vendors, such as health information or trade secrets. Trade secrets may include information regarding the development of systems, processes, procedures or other internal business-related confidential communications. This is not intended to limit any employee's rights under the NLRA, and does not apply to communications protected by the NLRA.
7. Statements on social media sites could be considered endorsements under Federal Trade Commission Guidelines, Title 16 of the Code of Federal Regulations Part 255. Therefore, if the employee recommends one of Cleveland Clinic's products or services on any social media site, the employee must be accurate and disclose the employee/employer relationship. Making false or unsubstantiated statements, or failing to make applicable disclosures, may subject the employee to liability under the law.
8. Employees must not use Cleveland Clinic-sponsored sites to solicit for or promote personal businesses or other organizations, including but not limited to outside business ventures, charities, political campaigns, or religious groups. For example, employees must not use Cleveland Clinic-sponsored sites to promote a personal cosmetics business or a political candidate. Use of Cleveland Clinic-sponsored sites to solicit for or promote Cleveland Clinic-approved activities requires the prior approval of the employee's supervisor and the Executive Director of Corporate Communications.
9. If an employee's social networking (including but not limited to their online profile) includes any information related to Cleveland Clinic, the employee must not represent in any way that the employee is speaking on behalf of Cleveland Clinic, unless the employee is otherwise authorized to do so or such activity is a part of the employee's regular job duties. If any of an employee's online activity creates a risk that a third party may believe that he or she is acting on Cleveland Clinic's behalf, that employee must use an appropriate disclaimer, such as: "The postings on this site are my own and do not necessarily reflect the views of the Cleveland Clinic."
10. Employees must not post content to Cleveland Clinic-sponsored sites endorsing any product or service, lobbying or soliciting contributions for any political candidates or parties, or discussing political campaigns, issues, legislation or law.

Regulatory Requirement/References

Federal Trade Commission Guidelines, 16 CFR Part 255 ("255"). The Health Insurance Portability and Accountability Act (HIPAA) Acceptable Use of Information Assets Policy
[Corrective Action Policy](#) [Electronic and Voicemail Policy](#)
Information Security Privacy Manual
[Non-Discrimination, Harassment or Retaliation Policy](#) Policy on Patient Recordings (Photo, Video, and Audio)
Professional Conduct
[Telephone and Cellular Phone Use Policy](#)

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirement.
Department managers and supervisors are responsible for uniform administration of this policy. Employees are responsible for adhering to the provisions of this policy in their use of social media websites.
It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Telephone and Cellular Phone Use	POLICY NUMBER: 2.91
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Purpose

To provide standards on the appropriate use of business telephone and voicemail systems as well as personal cellular phones or similar devices.

Policy Statement

Cleveland Clinic maintains telephone and voicemail systems for business purposes as a vital link to our patients and community. For this reason, Cleveland Clinic discourages the making or receiving of personal calls or engaging other non-work related activity with a phone during working hours either on hospital owned phones or personal cellular phones. This policy is also intended to provide and maintain a quiet, healing environment, and to protect patient confidentiality. Use of cellular phones in patient care areas will be permitted at the discretion of departmental management.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, Weston Hospital, Coral Springs Ambulatory Surgery Center, Martin North Hospital, Martin South Hospital, Tradition Hospital, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Cellular phone: For the purposes of this policy, the term “cellular phone” is defined as any handheld electronic device with the ability to receive and/or transmit voice, text or data messages without a cable connection (including but not limited to cellular phones, Smartphones, tablets, digital wireless phones, radio-phones, telephone pagers, PDAs (personal digital assistants) with wireless communications capabilities which may or may not have the capability to take pictures and videos). Cellular phone devices may also be considered any device capable of being networked by a private network provider to obtain information and send information over the internet.

Policy Implementation

Personal Telephone Calls

Cleveland Clinic understands that employees may periodically need to make and receive personal calls during working hours. Such calls, whether utilizing Cleveland Clinic telephone equipment or personal cell phones and relating to personal, non-emergency issues during work hours, are disruptive to the normal flow of business and should be strictly limited. When at all possible, personal calls during working hours should be limited to the use of personal cellular phones in authorized non-working areas during employee breaks or meal periods.

Voicemail

Voicemail, like other components of Cleveland Clinic’s telephone system, is intended for business use. All messages, whether left of Cleveland Clinic owned desk phones or cellular phones, are company records. While voicemail passwords are intended to limit access to authorized individuals only, employees should not have an expectation of privacy in connection with voicemail messages and should exercise professional discretion and judgment when utilizing the system.

Monitoring Telephone Calls for Customer Service

Cleveland Clinic reserves the right to monitor the calls of employees to ensure a consistent level of service and verify that information provided to customers is accurate. Employees who work in departments where phone monitoring occurs will be informed of this requirement during their departmental orientation process.

Cellular Phones

While at work, employees are expected to exercise the same discretion in using personal cellular phones as they use with Cleveland Clinic telephones. Excessive personal calls, text messaging, social media activity, or internet activity during the workday, regardless of the device used, can interfere with employee productivity and be distracting to others. Employees should restrict all such activity during work time, and should use personal cellular phones only during scheduled breaks or lunch periods in non-working areas and avoid patient care areas when possible.

Cellular phone devices should be on vibrate or silent mode when carried by employees on Cleveland Clinic premises during work time. Cellular phones should not be answered or used for any other non-work related purpose including but not limited to texting, emailing, and social media activity during patient care delivery or where it would interrupt employees' day-to-day work responsibilities, with the exception of conducting business related calls impacting patient care. The personal use of earbuds, headphones, headsets and similar devices or accessories by employees during work time is also prohibited unless authorized in advance by management.

Cleveland Clinic cellular phones are provided to assist employees in the performance of their jobs and intended for business use only. Employees who are issued a Cleveland Clinic cellular phone should use it for all work-related needs and refrain from using a personal device for any business purpose. Employees are expected to use common sense and exercise good judgment regarding the personal use of Cleveland Clinic mobile devices and accounts. Personal use must not conflict in any way with Cleveland Clinic's business objectives, or interest, organizational values, standards of business conduct, nor should such use jeopardize Cleveland Clinic's status as a nonprofit organization. Employees should not have an expectation of privacy or personal ownership in connection with their use of Cleveland Clinic issued cellular phones.

Employees who are issued a Cleveland Clinic cellular phone have the responsibility to be consistent with the following documents:

- Information Security and Privacy Manual
- Acceptable Use of Information Assets Policy
- [Mobile Device User Guidelines](#)

Recording and Photographing

Given privacy concerns, the use of audio recording and/or electronic imaging function of cell phones (i.e., cell phone cameras and video recorders) or of any other devices with similar capabilities is prohibited on Cleveland Clinic premises except when conducting authorized or approved Cleveland Clinic business and/or with express consent from the subject(s) of any such recording or photograph, and in compliance with the Policy on Patient Recordings (Photo, Video, and Audio) if applicable. This provision should not be considered to prevent employees from engaging in activity protected by the NLRA (i.e. employees engaging in protected concerted activity on non-work time in non-work areas).

Cellular Phone Use While Driving

Employees are required to be familiar with and comply with local laws when using a cellular phone while operating a motor vehicle. It is highly recommended that when operating a company-owned vehicle, or a personal vehicle while in the performance of Cleveland Clinic business, employees use hands-free devices when using a cellular phone, electronic communication device or any other electronic equipment. This shall apply to company owned/issued devices or devices owned by the employee, whether used for business or personal reasons.

Employees should use caution when using data services on their cellular phones while driving in the performance of Cleveland Clinic business, and must comply with applicable state and local laws prohibiting communication via text message, e-mail, or instant message while driving.

Application of Policy

- All new employees will be informed of this policy during their new hire orientation. It will be the responsibility of each department to inform current employees and any vendors/ contractors working in their areas of the policy.
- The Environmental Safety Committee will be responsible for investigating and reviewing all incidents that involve suspected interference with clinical devices due to electromagnetic interference (EMI).

Harassment, Fraud or Illegal Activity

Cleveland Clinic prohibits the use of its telephones, owned cellular phones and voicemail systems for purposes of harassment, fraud or other illegal activities. The use of personal phones is also prohibited for this type of activity.

Violations of this policy may result in corrective action up to and including termination.

Regulatory Requirement/References

Cleveland Clinic documents:
Acceptable Use of Information Assets Policy
Corrective Action Policy
Electronic and Voicemail Policy
Information Security and Privacy Manual
Mobile Device User Guidelines
Non-Discrimination, Harassment or Retaliation Policy
Policy on Patient Recordings (Photo, Video, and Audio)
Fleet Vehicle and Driver Directive

Oversight and Responsibility

Human Resources Management is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements. Human Resources is responsible for determining, in collaboration with management, if a violation of this policy has occurred.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office: HR Services, Human Resources

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

POLICY: Competency-based Criteria		POLICY NUMBER: 3.111	
EFFECTIVE DATE: November 1999	REVISED: May 2000 Oct 2000 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

Minimum acceptable levels of performance have been established for clinical education. These address both quantitative and qualitative standards.

QUANTITATIVE:

Minimum numbers and types of procedures are required for each quarterly grading period. Completion of these competencies is necessary to receive a passing grade. The student must successfully complete a minimum of 2 similar, "practice" exams with the clinical instructor, program director or their designee prior to receiving a competency in an exam.

All failed competency forms must be turned in to the program director. After 3 failed attempts at competency, the student will be given additional lab instruction/clinical assistance before another attempt for that competency can be made. Two additional "signed practices" must be documented prior to re-attempting that exam for a competency.

QUALITATIVE:

Minimum acceptable performance standards for procedures have been established. To be considered competent in performing the procedure, the student must receive an 80% or higher grade. This is the minimum acceptable standard.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Required Clinical Competencies & Lab Assessments		POLICY NUMBER: 3.112	
EFFECTIVE DATE: November 1999	REVISED: May 2000 April 2008, April 2009, October 2015, May 2016 Feb 2021 Last reviewed- Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

During the 12-month education, the student must prove to be competent in performing the some of the following procedures and have knowledge of the following equipment:

- | | |
|--|---|
| <ul style="list-style-type: none"> Achilles tendon* Aorta Liver Gallbladder/biliary Pancreas Renals Spleen Pelvis Transvaginal Breast Bladder Abdomen Limited Abdomen Complete OB 1st, 2nd and 3rd trimester Biophysical profiles Thorax Thyroid Testicle Abdomen Doppler Knee GI/Appendix* Lesions Biopsy/Needle procedure 3D imaging ARFI Pylorus Renal Doppler* Mesenteric Doppler* Non-cardiac chest | <p>Equipment Comps:</p> <ul style="list-style-type: none"> Sequoia Doppler 3D* |
|--|---|

*=lab assessment

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Competency & Lab Assessment time limit policy		POLICY NUMBER: 3.113																											
EFFECTIVE DATE: October 4, 2010	REVISED: Oct 2015, May 2016, Feb 2021, Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS																										
<p>To ensure that patients receive care in a timely manner, bioeffects are minimized, and that students are given an adequate amount of time to complete a competency exam, a time limit will be placed on the competency.</p> <p>The student will be given 50% of time over the appointment time.</p> <p>For exams scheduled as a 30-minute appointment, the student will be given 45 minutes of scan time to complete the competency.</p> <p>For 60-minute exams the student will be given 90 minutes to complete the competency.</p> <p>If the student does NOT complete the exam in the allotted time, it will be considered an automatic failure.</p> <p><u>30 minute exams include:</u></p> <table style="width: 100%; border: none;"> <tr> <td>RUQ</td> <td>spleen</td> <td>renals</td> <td>aorta</td> <td>pelvis</td> </tr> <tr> <td>transvaginal</td> <td>Bio</td> <td>thyroid</td> <td>testicles</td> <td>breast</td> </tr> <tr> <td>knee</td> <td>lesion/mass</td> <td>fetal position</td> <td>OB targeted</td> <td>ARFI</td> </tr> <tr> <td>bladder</td> <td>GI/Appendix</td> <td>non-cardiac chest</td> <td>1st trimester OB</td> <td></td> </tr> </table> <p><u>60 minute exams include:</u></p> <table style="width: 100%; border: none;"> <tr> <td>Fetal Age (2nd and 3rd trimester OB)</td> <td>ABD complete</td> <td>ABD Doppler</td> </tr> <tr> <td>Renal Doppler</td> <td>Mesenteric Doppler</td> <td></td> </tr> </table> <p>Biopsy/Needle Procedure competencies have no time limit, as it is mainly dependent upon the Radiologist and patient condition.</p>				RUQ	spleen	renals	aorta	pelvis	transvaginal	Bio	thyroid	testicles	breast	knee	lesion/mass	fetal position	OB targeted	ARFI	bladder	GI/Appendix	non-cardiac chest	1 st trimester OB		Fetal Age (2 nd and 3 rd trimester OB)	ABD complete	ABD Doppler	Renal Doppler	Mesenteric Doppler	
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Proof of Competency in Performing Procedures		POLICY NUMBER: 3.12	
EFFECTIVE DATE: November 1999	REVISED: May 2000, April 2008 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Under no circumstances will any student be permitted to perform any procedure without immediate supervision prior to being evaluated for competency for that procedure. Competency checks will be performed by a registered staff sonographer, clinical instructor, or the program director. Any competencies given by a "registry ready" sonographer must be performed under supervision of, checked and undersigned by the program director.</p> <p>Competencies and lab assessments may only be performed during normally scheduled clinical hours. (No afternoons or weekends)</p> <p>A list shall be posted in the program director's office indicating all procedures for which a student has been competency checked. This list will be updated on an ongoing basis by the program director.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Overtime Compensation		POLICY NUMBER: 3.130	
EFFECTIVE DATE: November 1999	REVISED: Sept. 2002, May 2000 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>All justified overtime will be documented on the student's attendance record. This time will be reviewed on a regular basis and the student will be advised as to available time.</p> <p>Compensatory/Overtime time may not be used to obtain early graduation or to miss scheduled classes. Compensatory time may be applied toward sick time, professional days, or personal business.</p> <p>Compensatory time will be granted at the discretion of the program director. Permission or denial will be based on the policies concerning academic standing, sick time, and class schedule. Refer to Policies #4.230, #4.231, #4.232, #4.3, #7.421 and #7.43.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Scheduling - Total Time Allowed		POLICY NUMBER: 3.131	
EFFECTIVE DATE: November 1999	REVISED: May 2000 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The total number of hours a student spends in the training program shall not exceed forty (40) hours per week. This will include classroom instruction and clinical experience. No averaging of variable hours or weeks will be permitted.</p> <p>To ensure quality patient care, a student will be permitted to remain past the normal shift ending time. All overtime compensation must be taken according to Policy #3.130.</p> <p>Make up time falls under a different ruling. Please refer to policy # 7.48</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Rotation Schedules		POLICY NUMBER: 3.132													
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS												
<p>The clinical rotation schedules are posted in advance. Every effort is made to assure that all students will have equal opportunity to experience all possible clinical learning situations.</p> <p>*NOTE: No changes will be made in the rotation schedule without permission from the program director, clinical instructor or designate.</p> <p>Students that have completed all required clinical competencies for the current quarter may request a rotation through another area for educational purposes. These areas include, but are not limited to:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">-radiologist</td> <td style="width: 25%;">- vascular lab</td> <td style="width: 25%;">- cardiac lab</td> <td style="width: 25%;">-ultrasound off-site</td> </tr> <tr> <td>-radiology</td> <td>- MRI</td> <td>-CT</td> <td>- nuclear medicine</td> </tr> <tr> <td>-mammography</td> <td>-specials</td> <td>- radiation therapy</td> <td>-ultrasound off-shifts</td> </tr> </table> <p>The program director will coordinate with other areas to schedule the student's rotation and will inform the student of the scheduled time. Allowed time length of each rotation will be based on the student's clinical performance and the educational value of the rotation. Every effort will be made to accommodate reasonable requests.</p>				-radiologist	- vascular lab	- cardiac lab	-ultrasound off-site	-radiology	- MRI	-CT	- nuclear medicine	-mammography	-specials	- radiation therapy	-ultrasound off-shifts
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Daily Shift Assignments		POLICY NUMBER: 3.133	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Students will be scheduled forty (40) hours a week. This will include weekdays only and will encompass both clinical time and classes.</p> <p>**NOTE: No changes will be made in the schedule without permission from faculty of the school.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Distribution of Clinical Experience		POLICY NUMBER: 3.14									
EFFECTIVE DATE: November 1999	REVISED: Jan 2006, Oct 2015, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS								
<p>Clinical assignments include the following approximates for types of clinical experience and are subject to change based on student needs:</p> <table><tr><td>Abdomen</td><td>39.3%</td></tr><tr><td>Obstetrical/GYN</td><td>16.1%</td></tr><tr><td>Superficial Structures</td><td>40.6%</td></tr><tr><td>MSK</td><td>4.0%</td></tr></table>				Abdomen	39.3%	Obstetrical/GYN	16.1%	Superficial Structures	40.6%	MSK	4.0%
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Validation of Clinical Competency Requirements		POLICY NUMBER: 3.15	
EFFECTIVE DATE: November 1999	REVISED: Feb. 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

The required clinical competencies listed in Policy #3.122 will be reviewed annually by the program director and appropriate faculty. The following criteria should be used in updating clinical requirements:

- Availability of procedures in ultrasound department
- Availability of clinical assignments for each student
- Difficulty level of required procedures
- Time constraints of training process
- Requirements of potential employees
- CAAHEP standards and guidelines

*NOTE: The program director is responsible for conducting external validation studies of the program and reporting to the advisory committee. The program director may seek advice from other personnel either internally or externally.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Supervision		POLICY NUMBER: 3.2	
EFFECTIVE DATE: November 1999	REVISED: May 2000, April 2008, Feb 2021, May 2023 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

A registered sonographer shall be always present on the premises in the Ultrasound Department for assistance when students are performing exams. This includes exams for which the student has proved competent.

Students must have a sonographer present when performing an exam for which competency has not been proven.

For students to gain confidence and independence, the students may perform a procedure without the sonographer constantly in the room if all of the following exists:

- (1) Student has proven competent to perform exam
- (2) The student is performing a 3rd or 4th quarter exam
- (3) The registered sonographer is in the room for patient identification prior to beginning the exam.
- (4) A registered sonographer reviews exam/rescans before patient is dismissed and is immediately available if the student requires assistance.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Coordinator		POLICY NUMBER: 3.3	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The Clinical Instructor shall have the primary responsibility for evaluating student clinical performance in diagnostic sonography.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Capacity		POLICY NUMBER: 3.41	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The number of students enrolled in the program shall not exceed recommendations of the JRC-DMS. The JRC-DMS must be notified if a change in capacity of students is requested.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Attrition Rate		POLICY NUMBER: 3.42	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The program director will be responsible for conducting attrition studies and exit interviews on a regular basis to help identify reasons for attrition. The program director also may seek advice from personnel within the department of ultrasound, radiology or from personnel within the hospital.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Didactic Curriculum - Content		POLICY NUMBER: 4.11	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>A file shall be maintained for all updated course objectives and outlines. This file is open for review by all students and members of the faculty and staff.</p> <p>The program director shall keep copies of all tests, exams, and evaluations in a locked file. These are to be open to authorized faculty for their use only.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Class Attendance		POLICY NUMBER: 4.21	
EFFECTIVE DATE: November 1999	REVISED: May 2000	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>All scheduled classes must be attended.</p> <p>It is the student's responsibility to arrange for make-up of any classes or exams missed due to illness. Any exams not made up within two days of the student's return will be automatic "Fs. Arrangements may be made with the program director.</p> <p>Classes missed due to unexcused absences cannot be made up.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Computation of Grades		POLICY NUMBER: 4.220	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

Grades are computed on a quarterly basis for each course based upon the following grading system:

A	(4.0) = Excellent	(100%-93%)
B	(3.0) = Good	(92%-84%)
C	(2.0) = Average	(83%-75%)
D	(1.0) = Poor	(74%-69%)
F	(0.0) = Failing	(68% & below)
I	Incomplete	
W	Withdraw	
WF	Withdraw failing	

GPA Grading Legend

A = 4.0	C+ = 2.3
A- = 3.7	C = 2.0
B+ = 3.3	C- = 1.7
B = 3.0	D+ = 1.3
B- = 2.7	D = 1.0

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Incomplete Credit		POLICY NUMBER: 4.211	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>An "I" (Incomplete) may be given at the instructor's discretion if course material is not completed on time.</p> <p>The "I" must be replaced with a valid grade no later than six weeks following the end of the quarter.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Transfer Credit		POLICY NUMBER: 4.222	
EFFECTIVE DATE: November 1999	REVISED: April 2008 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>To maintain the program standards of excellence both clinically and academically, transfer credits will not be accepted for courses included in the curriculum for the sonography school.</p> <p>No student will be granted "advanced placement".</p> <p>No credit is given for work experience.</p> <p>*Prerequisites degrees and classes will be accepted from appropriately accredited institutions when documented on official transcripts.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Credit Hours		POLICY NUMBER: 4.223																																																																																																	
EFFECTIVE DATE: November, 1999	REVISED: March 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS																																																																																																
<p>Credit hours are assigned to each course based upon the following guidelines:</p> <p style="margin-left: 40px;">1.0 credit = 12 clock/contact hours 1.0 credit = 75 clinical clock hours</p> <p>Below are the course credits required to complete the program:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 40%;"></th> <th style="text-align: center; width: 20%;">Contact Hours</th> <th style="text-align: center; width: 20%;">Credit Hours</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td colspan="4">FIRST QUARTER- July —October</td> </tr> <tr> <td style="padding-left: 20px;">Introduction to Ultrasound</td> <td style="text-align: center;">22</td> <td style="text-align: center;">1.5</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Abdomen</td> <td style="text-align: center;">58</td> <td style="text-align: center;">4.5</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Sectional Anatomy</td> <td style="text-align: center;">57.5</td> <td style="text-align: center;">4.5</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Lab (part of clinical)</td> <td style="text-align: center;">32</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Clinical I</td> <td style="text-align: center;">310.5</td> <td style="text-align: center;">4.0</td> <td></td> </tr> <tr> <td colspan="4">SECOND QUARTER- October- December</td> </tr> <tr> <td style="padding-left: 20px;">Gyn/OB 1</td> <td style="text-align: center;">28.5</td> <td style="text-align: center;">2.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Obstetric 2/3</td> <td style="text-align: center;">72.5</td> <td style="text-align: center;">6.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Lab (part of clinical)</td> <td style="text-align: center;">24</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Clinical II</td> <td style="text-align: center;">355</td> <td style="text-align: center;">4.5</td> <td></td> </tr> <tr> <td colspan="4">THIRD QUARTER- January- March</td> </tr> <tr> <td style="padding-left: 20px;">Superficial Structures</td> <td style="text-align: center;">37</td> <td style="text-align: center;">3.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Ultrasound Physics</td> <td style="text-align: center;">75</td> <td style="text-align: center;">6.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Lab (part of clinical)</td> <td style="text-align: center;">12</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Registry Review (physics portion)</td> <td style="text-align: center;">26</td> <td style="text-align: center;">4th quarter grade</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Clinical III</td> <td style="text-align: center;">330</td> <td style="text-align: center;">4.0</td> <td></td> </tr> <tr> <td colspan="4">FOURTH QUARTER- April - June</td> </tr> <tr> <td style="padding-left: 20px;">Pediatric and Miscellaneous</td> <td style="text-align: center;">50.5</td> <td style="text-align: center;">4.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Registry Review (Abd & OB/Gyn)</td> <td style="text-align: center;">72 (+physics review)</td> <td style="text-align: center;">6.0</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Lab (part of clinical)</td> <td style="text-align: center;">10</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td style="padding-left: 20px;">Clinical IV</td> <td style="text-align: center;">347.5</td> <td style="text-align: center;">4.5</td> <td></td> </tr> <tr style="background-color: #e0e0e0;"> <td style="padding-left: 20px;">TOTAL</td> <td style="text-align: center;">1920</td> <td style="text-align: center;">54.5</td> <td></td> </tr> </tbody> </table> <p><i>Course schedule may be subject to change.</i></p>					Contact Hours	Credit Hours		FIRST QUARTER- July —October				Introduction to Ultrasound	22	1.5		Abdomen	58	4.5		Sectional Anatomy	57.5	4.5		Lab (part of clinical)	32	-		Clinical I	310.5	4.0		SECOND QUARTER- October- December				Gyn/OB 1	28.5	2.0		Obstetric 2/3	72.5	6.0		Lab (part of clinical)	24	-		Clinical II	355	4.5		THIRD QUARTER- January- March				Superficial Structures	37	3.0		Ultrasound Physics	75	6.0		Lab (part of clinical)	12	-		Registry Review (physics portion)	26	4 th quarter grade		Clinical III	330	4.0		FOURTH QUARTER- April - June				Pediatric and Miscellaneous	50.5	4.0		Registry Review (Abd & OB/Gyn)	72 (+physics review)	6.0		Lab (part of clinical)	10	-		Clinical IV	347.5	4.5		TOTAL	1920	54.5	
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Scholastic Standing		POLICY NUMBER: 4.230	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Scholastic standing shall be defined by the following criteria:</p> <ol style="list-style-type: none">(1) Good Standing: The student is progressing in a satisfactory manner, maintaining at least a 2.0 cumulative GPA, and a passing grade for each class offered.(2) Academic or Clinical Probation: The student is not performing satisfactorily.<ol style="list-style-type: none">(a) Failure to maintain a 2.0 GPA(b) Failure to pass any course in the curriculum, including clinical(3) Disciplinary Probation: The student exhibits unacceptable behavior patterns. Policy #7.6.			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Grades		POLICY NUMBER: 4.231	
EFFECTIVE DATE: November 1999	REVISED: June 2001, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The student is expected to complete the required competencies and lab assessments by the end of the clinical quarter. Satisfactory levels of clinical performance must be maintained throughout the four (4) quarters to remain in good standing.</p> <p>The clinical grade is computed as an average of all pass and failed clinical competencies and lab assessments +/- any merits or demerits for that quarter.</p> <p>The clinical grade is based on the merit/demerit system (policy #7.6). the clinical grading scale is as follows:</p> <p style="margin-left: 40px;">100- 93%- A 92-84%- B 83-75%- C 74-69%- D Below 68%- F</p> <p>Clinical performance is reviewed quarterly. Any student performing below minimum standards shall be placed on probation. Refer to Policy #4.230, Section (2).</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Course Failure		POLICY NUMBER: 4.232	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>In the event a student fails a course, either clinical or didactic, the following will occur:</p> <p style="padding-left: 40px;">The student is placed on probation for three (3) months. At the end of the probationary quarter, all courses must be successfully completed to prevent dismissal.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Academic or Clinical Probation		POLICY NUMBER: 4.24	
EFFECTIVE DATE: November 1999	REVISED: May 2000, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Any student not maintaining at least the minimum acceptable grade average in both didactic and or in the clinical will be placed on probation.</p> <p>Probationary period is defined as three (3) months in length. At the end of the probation, the student will be re-evaluated to determine whether sufficient progress has been made to prevent dismissal.</p> <p>Any student having more than one probationary period during training will be automatically terminated.</p> <p>Probationary status at the end of the fourth quarter will disqualify a student from graduating/graduating on time.</p> <p>The advisory committee reserves the right to place any student on probation who does not meet requirements of the hospital either didactically or clinically.</p> <p>Minimum acceptable course grade is a C. although D's are given they are considered unsatisfactory and will lead to probationary status.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Class Schedules		POLICY NUMBER: 4.3	
EFFECTIVE DATE: November 1999	REVISED: Oct 2015 Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The master class schedule shall be planned for the school year and provided to all students at orientation.</p> <p>Clinical rotation schedules will be posted at least one month in advance.</p> <p>Quarterly class schedules for tests and assignments will be given to the students in the course syllabus. It is the student's responsibility to attend all scheduled classes.</p> <p>No classes shall be scheduled on weekends, evenings, or on days when students are routinely scheduled off. Students requesting days off when classes are scheduled are responsible to make prior arrangements with the instructor.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Graduation Requirements		POLICY NUMBER: 4.4	
EFFECTIVE DATE: November 1999	REVISED: April 2008, Mar 2005, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>To be eligible for graduation, the student must</p> <ul style="list-style-type: none">- Satisfactorily complete all clinical requirements (Policy #3.112)- Maintain a satisfactory GPA clinically (Policy #4.231)- Maintain a satisfactory GPA didactically (Policy #4.232)- Complete 12 months of clinical and didactic education- Complete all make up time over 40 hours- Have all costs to the program paid in full			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Budget Process		POLICY NUMBER: 5.11	
EFFECTIVE DATE: Nov. 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The financial needs of the School of Diagnostic Medical Sonography shall be addressed through the regular budget process of the hospital. The program director shall submit the school's budgetary needs to the radiology administrator.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Fees to Students		POLICY NUMBER: 5.22	
EFFECTIVE DATE: Nov. 1999	REVISED: April 2008 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Student fees shall include the following:</p> <ul style="list-style-type: none">(a) Application fee (Policy #7.21)(b) Tuition (Policy #7.22)			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

POLICY: Collection of Tuition	POLICY NUMBER: 5.23
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EFFECTIVE DATE: Nov. 1999	REVISED: Feb 2004, Oct 2015 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
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The collection of tuition shall be as follows:

- (1) Upon acceptance, the student must pay a \$100.00 of the tuition which is non-refundable.
- (2) \$800.00 is due the first day of class.
- (3) The remainder of the tuition is to be paid prior to graduation if the student is making payments. (see policy 7.22)

Sonography School Tuition:	\$14,000.00
- Tuition due upon acceptance (non-refundable)	\$100.00
- Tuition due on first day of classes	<u>\$800.00</u>
Remaining Tuition=	\$13,100.00

Payment Options:

Per Quarter	Monthly
\$3275.00	\$1091.67

Special arrangements can be made with the program director in the event of hardship.

All tuition must be paid in full prior to graduation to receive the diploma and approval for registration with the ARDMS.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Advertising Materials - Guidelines		POLICY NUMBER: 5.31	
EFFECTIVE DATE: November 1999	REVISED: Oct 2015 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS

The web site and other advertising materials must be accurate in the reflection of program costs. All costs must be fairly and accurately stated. Any references to employment or income prospects must be fair and realistic.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Advertising Materials - Approval		POLICY NUMBER: 5.32	
EFFECTIVE DATE: November 1999	REVISED: Oct 2015, Feb 2021, Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>All materials, including those on the website, must be approved by the Education Institute prior to publication.</p> <p>After approval, the materials shall be submitted through regular Cleveland Clinic channels for approval, proofreading and posting.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Status vs Employee Status		POLICY NUMBER: 5.41	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>Students may not be employed in the ultrasound department to perform sonographer's functions nor may students be counted on as primary manpower in the function of the department.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Program Director - Qualifications		POLICY NUMBER: 6.11	
EFFECTIVE DATE: November 1999	REVISED: April 2008, Oct 2015, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

The program director shall be registered in ABD and OB/Gyn Ultrasound by the American Registry of Diagnostic Medical Sonographers and have a minimum of two years of clinical experience as a registered sonographer. The Program Director shall be a full-time employee in the radiology department at Cleveland Clinic Mercy Hospital and have a minimum of a bachelor's degree.

According to CAAHEP standards the program director must:

- 1) possess a minimum of a Baccalaureate degree
- 2) possess the appropriate credential(s) specific to one or more of the concentration(s) offered
- 3) have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques
- 4) have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Program Director – Responsibilities and Job Description		POLICY NUMBER: 6.12	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>The job description and responsibilities for the program director shall include, but not be limited to:</p> <ul style="list-style-type: none"> • Structure and daily operation of the program • The organization, administration, periodic review and evaluation, continued development, and effectiveness of program curricula • Maintaining and updating school records and student records required by law • Developing class schedules and clinical rotations • Assisting in student selection process • Developing overall curriculum and objectives • Coordinating faculty and instructional resources • Orientating new faculty • Mentoring and evaluating didactic and clinical instructors • Counseling students • Academic teaching responsibilities • Regularly performing student reviews • Chairs the Advisory Committee 			

SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY

TITLE: Change of Program Director		POLICY NUMBER: 6.13	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>If there is a change in the program director, notification will be made to the JRC-DMS immediately. Upon notification, the curriculum vitae of the new program director will be submitted within thirty (30) days. If the new candidate is not selected within this timeframe, continuity of the program and progress shall be submitted with notification to the JRC-DMS.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Medical Advisor Qualifications		POLICY NUMBER: 6.21	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The Medical Advisor shall be the chairman of the ultrasound section of radiology at Cleveland Clinic Mercy Hospital or a board-certified member of the radiology medical staff at Cleveland Clinic Mercy Hospital.</p> <p>According to CAAHEP: The medical advisor must be a licensed physician, certified by the American Board of Medical Specialties (ABMS), with relevant experience and knowledge in diagnostic medical sonography.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Medical Advisor – Responsibilities and Job Description		POLICY NUMBER: 6.22	
EFFECTIVE DATE: November 1999	REVISED: Feb 04, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The medical advisor shall:</p> <ul style="list-style-type: none"><input type="checkbox"/> Work with the program director in the development of goals, standards of performance and objectives of the program<input type="checkbox"/> Provide guidance so that the medical components of the didactic and clinical curriculum meet current and acceptable performance standards<input type="checkbox"/> Perform, when needed, limited instructional duties<input type="checkbox"/> Be responsible for final program review of all student health records/reports prior to the first day of classes<input type="checkbox"/> Serve as medical/radiologist representative on the advisory committee			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Change of Medical Advisor		DATE: 6.23	
EFFECTIVE DATE: November 1999	REVISED: May 2000 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>If the medical advisor is changed, the program director shall notify the JRCDS. The program director shall submit curriculum vitae of the new medical advisor within thirty (30) days. If a suitable candidate is not found within that time frame, the program director shall notify the JRCDS to define the problem and express the continuity of the program.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Coordinator - Qualifications		POLICY NUMBER: 6.31	
EFFECTIVE DATE: November 1999	REVISED: Oct 2015, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

The clinical coordinator shall be registered by the American Registry of Diagnostic Medical Sonography in at least Abdomen and OB/Gyn. The clinical coordinator shall be an employee of the radiology department at Cleveland Clinic Mercy Hospital and work under the director of the program director.

According to CAAHEP standards the clinical coordinator must:

- 1) possess an academic degree no lower than an associate degree and at least equal to that for which the graduates are being prepared.
- 2) possess the appropriate credential(s) specific to the concentration(s) that s/he coordinates.
- 3) have documented experience in supervision, instruction, evaluation, student guidance and in educational theories and techniques.
- 4) have a minimum of two years of clinical experience as a registered sonographer in the professional sonography field.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Clinical Coordinator – Responsibilities and Job Description		POLICY NUMBER: 6.32	
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

There shall be a specific job description of the Clinical Coordinator detailing responsibilities to the School of Diagnostic Medical Sonography. The job responsibilities may include any or all the following:

- Be responsible for coordinating clinical education with didactic education as assigned by the program director
- Evaluate and ensure the effectiveness of clinical experiences for the concentration(s) students are enrolled in.
- Provides clinical instruction and document the evaluation and progression of clinical performance leading to clinical competence.
- Assists students with identifying weaknesses and correcting their clinical performance
- Demonstrates and instructs alternative methods of obtaining scans due to patient condition
- Assists with development of clinical rotation
- Serves as voting member on the advisory committee
- Assists with development of clinical evaluation tools
- Maintains clinical records in good order as prescribed by the JRC-DMS
- Has limited academic teaching responsibilities

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty Qualifications		POLICY NUMBER: 6.41	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p>All members of the faculty shall be registered sonographers, radiologists, nurses, or hold appropriate degrees/certifications to teach assigned subjects.</p> <p>The faculty members shall demonstrate an ability and willingness to teach assigned course work as stated in Policy #6.44 Faculty Responsibilities.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Appointment of Faculty			POLICY NUMBER: 6.42
EFFECTIVE DATE: November 1999	REVISED: Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The program director shall see that all areas of the curriculum have qualified instructors to instruct the courses. The program director is free to use discretion in recruiting hospital personnel both within and outside the department of radiology.</p> <p>The program director shall have the primary responsibility for selection of faculty. Financial commitments and resources outside the hospital must have administrative approval except in such cases involving sales or manufacturing representatives providing educational programs as part of their service to the department of radiology.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty Review and Evaluations		POLICY NUMBER: 6.43	
EFFECTIVE DATE: November 1999	REVISED: Oct 2015, Feb 2021 Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Faculty members shall be reviewed by the program director annually. Reviews shall include input from the student body using evaluation instruments as approved by the advisory committee and/or the annual JRCDS student evaluation form.</p> <p>The program director and the medical advisor are responsible to see that identified areas of weakness are corrected.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty - Responsibilities		POLICY NUMBER: 6.44	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Members of faculty shall be responsible for providing quality units of instruction that are well-planned and organized. Course outlines, and objectives should be used. Tests will be specific to course content. Test results shall be reported promptly to the Program Director.</p> <p>Each member of the faculty is responsible for maintaining current copies of the following:</p> <ul style="list-style-type: none">-curriculum vitae-course outline-course objectives-evaluation tools			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Faculty - Instructional Loads		POLICY NUMBER: 6.45	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Instructional loads shall not be so heavy as to prevent the instructors from performing their administrative, technical, or medical duties. Faculty members with primary care responsibilities to patients shall normally be limited to no more than four (4) teaching hours per week.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Continuing Education		POLICY NUMBER: 6.50	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS.
<p>The advisory committee requires continuing education for the instructional staff. Instructional staff is responsible for maintaining their registered status with the ARDMS.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Advisory Committee Composition		POLICY NUMBER: 6.511	
EFFECTIVE DATE: November 1999	REVISED: Apr 2008, Nov 2017, Feb 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

The Advisory Committee for the School of Diagnostic Medical Sonography shall have the following representation:

- Medical Advisor
- Program Director
- Clinical Coordinator
- Administrative Director, Radiology services or representative
- Staff Sonographer
- Graduate
- Student Liaison
- Public member

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Appointment of Student Liaison		POLICY NUMBER: 6.512	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The student liaison members of the advisory committee shall be elected by the student body each year. The advisory committee shall reserve the right to object to nominees selected. This objection shall be based primarily on, but not limited to, unacceptable academic or clinical performance.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Advisory Committee Functions		POLICY NUMBER: 6.513	
EFFECTIVE DATE: November 1999	REVISED: Nov 2017 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The advisory committee for the School of Diagnostic Medical Sonography shall have the authority and responsibility to oversee the following activities concerning the school:</p> <ul style="list-style-type: none">a. Make and approve policy changesb. Make and approve organizational changesc. Approve all faculty appointmentsd. Review faculty effectivenesse. Approve all changes in curriculumf. Make appointments to other committeesg. Define functions and set guidelines for other committeesh. Review student progress in the program<ul style="list-style-type: none">o Make changes in student status based on performance as neededj. Review program outcome data and create action plans			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Admissions Committee Composition and Functions		POLICY NUMBER: 6.511	
EFFECTIVE DATE: November 1999	REVISED: Apr 2008, Nov 2017 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The admissions committee for the School of Diagnostic Medical Sonography shall be comprised of at least:</p> <ul style="list-style-type: none">- Program director- Administrative director, radiology services or representative- Clinical instructor <p>The admissions committee will be responsible for selection of the upcoming class of students.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Curriculum Committee Composition		POLICY NUMBER: 6.531	
EFFECTIVE DATE: November, 1999	REVISED: May 2000, Feb 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The curriculum committee for the School of Diagnostic Medical Sonography shall be comprised of the following:</p> <ul style="list-style-type: none">◆ Medical advisor◆ Staff sonographer◆ Program director◆ Graduate (if available)			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Curriculum Committee Functions		POLICY NUMBER: 6.532	
EFFECTIVE DATE: November 1999	REVISED: Apr 2008 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Duties:</p> <ol style="list-style-type: none">1. Review existing curriculum, goals, objectives and determine validity with regards to:<ol style="list-style-type: none">a. Registry exam resultsb. Graduate capabilities/weaknesses2. Develop changes needed in the curriculum based on:<ol style="list-style-type: none">a. Registry resultsb. ARDMS registry outlinesc. Graduate capabilitiesd. JRCDS criteria3. Give approval to all curriculum and objectives prior to submission to the advisory committee			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Non-discrimination Policy		POLICY NUMBER: 7.11	
EFFECTIVE DATE: November 1999	REVISED: Nov 2017, Feb 2021, Feb. 2022 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Cleveland Clinic is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the working and learning environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation.</p> <p>Any participant in a Cleveland Clinic educational program, including any student, trainee or employee, who may have been subject to discrimination on the basis of a protected characteristic is encouraged to make a report.</p> <p>Reports of discrimination on the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator: TitleIX@ccf.org.</p> <p>Diversity Statement</p> <p>The Center for Health Professions Education and Cleveland Clinic are committed to valuing all people throughout our organization, regardless of background or culture. A diverse and inclusive environment for students and staff and culturally appropriate care for our patients, are essential to fulfilling our vision to be the best place for care anywhere and the best place to work in healthcare. We welcome students from diverse backgrounds and cultures.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Anti-Hazing policy		POLICY NUMBER: 7.112	
EFFECTIVE DATE: Feb. 2022	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Cleveland Clinic has adopted a Student Anti-Hazing Policy which prohibits hazing, defined as, “doing any act or coercing another, including the victim, to do any act of initiation into any student or other organization or any act to continue or reinstate membership in or affiliation with any student or other organization that causes or creates a substantial risk of causing mental or physical harm to any person, including coercing another to consume alcohol or a drug of abuse.” Incidents of hazing should be reported to your program leadership. Reports of discrimination on the basis of sex, gender, sexual orientation, gender identity or gender expression may be made to the Title IX Coordinator at TitleIX@ccf.org.</p> <p>Reports of discrimination on the basis of any other protected characteristic may be made to the Office of Educational Equity at EduEquity@ccf.org.</p> <p>In addition, Cleveland Clinic shall provide reasonable accommodations to any qualified student with a disability in order for the student to have equal access to their program. Students needing a reasonable accommodation in order to apply to or participate in the program should contact the program director as early as possible.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Sexual Misconduct in Education		POLICY NUMBER: 7.113	
EFFECTIVE DATE: Nov. 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Purpose

This policy expresses Cleveland Clinic’s commitment to equal opportunity in its educational programs and activities and establishes a procedure for addressing reports of sex discrimination, sexual harassment, sexual violence and retaliation in those programs and activities. This policy reflects Cleveland Clinic’s compliance with Title IX of the Education Amendments of 1972, as amended, and all other relevant laws and regulations.

Policy Statement

In accordance with Title IX of the Education Amendments of 1972, as amended, the Violence Against Women Reauthorization Act of 2013 (VAWA) and other applicable statutes and regulations, Cleveland Clinic prohibits all forms of discrimination on the basis of sex, gender, sexual orientation, gender expression and gender identity in its educational programs and activities. Prohibited conduct under this policy includes sex discrimination, sexual harassment, sexual violence and retaliation, as those terms are defined herein.

Definitions

Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Educational Program or Activity: Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.

Responsible Employee: An employee who has the authority to address reports of prohibited conduct as defined in this policy. Program directors, administrators, supervisors, program and project managers, coordinators, clinical instructors, clinical educators, fieldwork instructors, fieldwork educators, principal investigators, mentors, preceptors and faculty members are responsible employees, unless they are considered a confidential resource. Confidential resources are professional counselors, pastoral counselors and health care providers, serving in their capacity as counselors and health care providers and any employee designated as a confidential resource by their institute or department.

Sex Discrimination: Behavior or action that denies or limits a person’s ability to benefit from, or fully participate in, education programs or activities or employment opportunities because of a person’s sex, including gender, gender identity, gender expression or sexual orientation. Examples of the type of discrimination that are covered under Title IX include, but are not limited to, sexual harassment, sexual violence, failure to provide equal opportunity in educational and co-curricular programs, discrimination based on pregnancy, and employment discrimination based on sex in educational and co-curricular programs. Some types of sex discrimination are also considered sexual violence.

Sexual Harassment: Conduct on the basis of sex, including gender, gender identity, gender expression or sexual orientation, when:

1. Submission to such conduct is made either explicitly or implicitly a condition of an individual's participation in Cleveland Clinic's educational programs or activities by an employee of Cleveland Clinic;
2. Submission to or rejection of such conduct is used as the basis for educational evaluation, grades, or advancement by an employee of Cleveland Clinic; or
3. Such conduct is unwelcome and would be determined by a reasonable person to be so severe, pervasive and objectively offensive that it effectively denies a person equal access to the Cleveland Clinic's educational programs or activities; or
4. Such conduct constitutes sexual violence as defined herein.

Sexual harassment may include, but is not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; commentary about an individual's body, sexual prowess or sexual deficiencies; leering; whistling; touching; insulting or obscene comments or gestures; displays of sexually suggestive objects or pictures, offensive images on computers or in email messages; and other physical, verbal or visual conduct of a sexual nature.

Sexual Violence: Under this policy, sexual violence includes sexual assault, relationship violence, and stalking. Sexual assault is sexual contact or sexual intercourse without consent, through threat or use of force, or when an individual is incapacitated. Sexual contact is intentional contact, directly, over clothing or with an object, however slight, with the breasts, buttocks, groin or genitals of another, touching another with any of these body parts, or compelling another to touch his or her own body parts or the body parts of another in a sexual manner. Sexual intercourse is sexual penetration, however slight, with any body part or object, by an individual upon another.

Relationship Violence is physical, sexual, or psychological violence or abuse, including acts of intimidation and coercion, by a current or former partner in an intimate relationship upon the other partner. Relationship violence may be referred to as domestic violence when it involves current or former spouses, individuals who are or were cohabitating or individuals who share a child in common. Relationship violence may be referred to as dating violence when it involves another form of intimate relationship. The existence of an intimate relationship will be evaluated considering the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship. Stalking is a course of conduct or repeated acts directed at a specific person that would cause a reasonable person to fear for their safety or the safety of others, or to suffer substantial emotional distress. Stalking may include repeatedly following, harassing, threatening, or intimidating another by telephone, mail, electronic communication, social media, or by any other action, device or method.

Retaliation: Any adverse action or attempt to seek retribution against an individual because of the individual's report, participation in an investigation or resolution of an allegation of Prohibited Conduct as defined in this policy, or exercise of any other right under this policy.

Consent: Consent is informed, freely given and clearly communicated willingness to engage in sexual activity. Both words and actions can express consent, but they must create mutually understood permission to engage in the sexual activity. Consent to one form of sexual activity does not, by itself, constitute consent to another form of sexual activity. Silence, without more, is not consent. Consent may be withdrawn at any time through clear words or actions. Once consent is withdrawn, the sexual activity must cease immediately. Consent is absent when force is used, when an individual is incapacitated, in cases of incest or when a person is too young under applicable law to consent to the sexual activity.

Force includes physical violence, abuse of power, threats, intimidation, and/or coercion. Incapacity occurs when an individual is impaired temporarily or permanently by a mental and/or physical deficiency, disability, illness, or by the use of drugs or alcohol to the extent that the person lacks sufficient understanding or the ability to make or act on considered decisions to engage in sexual activity. A person violates this policy when they know or should know, based on what a reasonable sober person would have known, that the individual seemingly giving consent is incapacitated.

Policy Implementation

Scope

This policy applies to all individuals participating in Cleveland Clinic educational programs and activities, including, without limitation, employees, Professional Staff, medical and other residents, researchers, fellows, interns, students enrolled in Cleveland Clinic and affiliate programs, and third parties (such as patients, vendors and visitors).

This policy applies to conduct on Cleveland Clinic property and to locations, events, or circumstances where Cleveland Clinic exercises substantial control over the person alleged to have engaged in the conduct and the context in which it occurred.

Cleveland Clinic recognizes that certain participants in its educational programs and activities are affiliated with schools, colleges and universities that also have sexual misconduct policies. When another institution's policy may be implicated by conduct prohibited under this policy, Cleveland Clinic will cooperate with that institution to ensure fairness to all parties.

Title IX Coordinator

Cleveland Clinic has a designated Title IX Coordinator with the responsibility to oversee Cleveland Clinic's response to reports of sex discrimination, sexual harassment, sexual violence and retaliation and to identify and address any related patterns or systemic problems. Cleveland Clinic's Title IX Coordinator may be reached at TitleIX@ccf.org.

Questions or concerns regarding Title IX, sex discrimination, sexual harassment, sexual violence or retaliation in Cleveland Clinic's educational programs and activities may be directed to the Title IX Coordinator. Cleveland Clinic's Title IX Coordinator has authority to:

- a. Accept all reports of sex discrimination, sexual harassment, sexual violence and retaliation in Cleveland Clinic educational programs and activities;
- b. Ensure that Cleveland Clinic's response to all such reports is appropriate to stop the conduct, prevent its recurrence, and address its effects;
- c. Provide for a prompt, adequate and impartial investigation into reports when required;
- d. Coordinate Cleveland Clinic's Title IX education and training for all participants in its educational programs and activities;
- e. Keep accurate, confidential records of all reports for seven years; and
- f. Monitor institutional compliance in matters related to Title IX.

Relevant Considerations

Relationships involving authority or power: Relationships between two individuals in which one has responsibility over the other's professional or academic development, performance, or future are ethical violations. Consent can sometimes be difficult to discern in these types of relationships, may be deemed not possible, and may be construed as coercive. Such relationships also may have the potential to result in claims of sexual harassment.

Intention vs. Impact: Prohibited conduct, as defined in this policy, can occur even if the individual engaging in such conduct did not intend to engage in such conduct. All parties within Cleveland Clinic's educational community are expected to understand the conduct that constitutes a violation of this policy. Alleged violations will be evaluated using a reasonable person's understanding of this policy. **Academic Freedom:** The intent of this policy is not to restrict academic freedom in Cleveland Clinic's educational endeavors. Educational topics with sexual content may be appropriate, but their presentation must not interfere with the rights of others not to be sexually harassed. Anyone with concerns that educational material is being used to sexually discriminate or harass should report those concerns.

Reporting

Reporting Options

Any person may report sex discrimination, sexual harassment, sexual violence or retaliation in

Cleveland Clinic's educational programs or activities. All participants in, or applicants to, Cleveland Clinic's educational programs and activities who believe that they have been subjected to sex discrimination, sexual harassment, sexual violence, or retaliation are strongly encouraged to make a report. Prompt reporting allows Cleveland Clinic to provide resources to the participant and facilitates an appropriate response. Reports may be made at any time, but delayed reports may limit the availability of evidence and witnesses, and make it difficult for Cleveland Clinic to respond in an effective and fair manner. Reports may be made to Cleveland Clinic's Title IX Coordinator, to a confidential resource, through Cleveland Clinic's anonymous reporting hotline, to law enforcement, or to a state or federal agency with jurisdiction over the relevant educational program or activity, including the U.S. Department of Education Office of Civil Rights.

Duty to Report

All Responsible Employees who become aware of information that leads them to reasonably believe that a participant in an educational program or activity has been subject to prohibited conduct under this policy must promptly make a report to the Title IX Coordinator. All other Cleveland Clinic employees, except confidential resources, are strongly encouraged to make such a report. Employees of schools, colleges and universities whose students participate in Cleveland Clinic educational programs and activities are encouraged, and in some cases required by agreement, to report to Cleveland Clinic's Title IX Coordinator any information that leads them to reasonably believe that a participant in a Cleveland Clinic educational program or activity has been subject to prohibited conduct under this policy.

Confidentiality

Cleveland Clinic will maintain confidentiality of reports to the extent reasonably possible consistent with its responsibility to provide a safe educational and work environment, to provide a prompt, equitable and fair response, investigation and resolution of the report and to comply with applicable laws related to reporting. An individual's requests for confidentiality will be considered in determining an appropriate response.

Addressing Reports of Prohibited Conduct

Cleveland Clinic will develop procedures to address reports of prohibited conduct under this policy. The procedures shall address supportive measures to be taken to protect all parties to a report, processes for informal resolution and formal investigation of reports and the rights of parties in a resolution process.

Regulatory Requirement/References

Title IX of the Education Amendments of 1972 (as amended by the 1988 Civil Rights Restoration Act)

Violence Against Women Reauthorization Act of 2013
34 CFR, Part 106
34 CFR, §668.46

Oversight and Responsibility

The Chief Academic Office is responsible for the oversight and dissemination of this policy.

The Title IX Coordinator is responsible for implementing the policy.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and related procedures.

Other Background Information

Issuing Office

Chief Academic Office

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Criteria for Admission		POLICY NUMBER: 7.12	
EFFECTIVE DATE: November 1999	REVISED: May 2000, Feb 2004, Jan 2006, April 2008, Jul 2009, Aug 2010 Mar 2013, May 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

The following shall be used for determining the acceptability of a candidate for admission to the Program:

Applicant must be a graduate of a 2-year AMA Allied health education program that is patient care related **OR** a 4-year bachelor's degree with:

- GPA of at least 2.5
- Current BLS certification
- Satisfactory completion of the following prerequisites:

General Physics
Communicating skills /College Composition
Medical Terminology
Human Disease
Algebra 101, or higher-level college Math

Human Anatomy and Physiology I
Human Anatomy and Physiology II
(or Human Structure & Function or
Human Biology)

Meeting application requirements does not guarantee admission into the program.

Selected candidates must pass a criminal background check during onboarding, or they will not be allowed to begin the program.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Application for Admission		POLICY NUMBER: 7.13	
EFFECTIVE DATE: November 1999	REVISED: May 2000, Feb 2004, Apr 2008, May 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

The following materials must be received by the school before an application can be considered:

- Completed application form.
- Transcripts from colleges attended.
- Two completed recommendation forms
- \$25.00 non-refundable application fee
- BLS certification
- Degree or certificate of graduation from a 2-year Allied Health Education program **OR** 4-year bachelor's degree

Completed applications must be submitted by April 1 along with the \$25.00 application fee.

One class of students will be admitted in July of each year.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Interview and Acceptance Procedure		POLICY NUMBER: 7.15	
EFFECTIVE DATE: November 1999	REVISED: May 2000, Sep 2002, Jan 2005, Apr 2008, May 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>All applicants interviewed for admission will be informed of the Committee's decision to accept or deny admission.</p> <p>Interview scores are based on the total of the following two scores:</p> <ul style="list-style-type: none">• <u>Application score</u>- scored on courses taken, prerequisite grades, degree, reapplication, and healthcare experience.• <u>Panel Interview</u>- based on average score of panel members on a set of pre-determined questions, which are the same for all applicants, asked in the same order for all applicants. <p>The applicants with the top four interview scores will be offered student positions in the program. Alternates will be contacted if someone declines a student position.</p> <p>Final class selection will be made by approximately April 30th of each year.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Pre-entrance Medical Examination		POLICY NUMBER: 7.16	
EFFECTIVE DATE: November 1999	REVISED: Apr 2016, Nov 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Accepted students are required to have a physical examination prior to commencement of training. The student's physician must sign the health history sheet as well as the technical standards form to ensure the student is fit for clinical duties. The student is required to submit evidence of immunizations.</p> <p>A. Health requirements to be completed PRIOR to hospital clinical experience:</p> <ol style="list-style-type: none">1. Health history (including childhood disease history) questionnaire2. Immunizations <p>The medical reports are reviewed by the medical director of the school and placed in the student's file. Reports are retained in the student's permanent file.</p> <p>Costs incurred to complete the requirements are the responsibility of the student.</p> <p>*Please also see Student Immunization Policy 7.161</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Immunization Policy		POLICY NUMBER: 7.161	
EFFECTIVE DATE: Nov 2023, formerly included in policy 7.16	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p><u>Purpose</u> This document outlines the process for annual immunizations of all students.</p> <p><u>Policy Statement</u> The Cleveland Clinic strives to protect patients, employees, employees' family members, students and the community through the immunization of all students, clinical instructors and preceptors.</p> <p><u>Definitions</u> <i>Cleveland Clinic health system:</i> Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children's Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities. <i>Student:</i> A person enrolled in a Cleveland Clinic educational program, including in a Health Professions program or a clinical rotation pursuant to an affiliation agreement with a School. Volunteers who do not receive academic credit for their service are not students. <i>Visiting Preceptor:</i> A clinical instructor or preceptor who is not a Cleveland Clinic caregiver. <i>School:</i> A school, college or university with which Cleveland Clinic has an affiliation agreement that provides for students to complete clinical rotations in the Cleveland Clinic health system. <i>Flu Season:</i> As determined annually by Occupational Health, the period in which the flu is most common. Flu season is typically from November through March.</p> <p><u>Policy Implementation</u></p> <p>A. Annual Influenza Immunization</p> <ol style="list-style-type: none"> 1. All students, regardless of age, and visiting preceptors, who are placed in the Cleveland Clinic health system (CChs) for more than 5 days and receive a Cleveland Clinic identification (ID) badge for a planned clinical or educational experience during the flu season are required to receive an influenza vaccination in accordance with this policy. 2. Any student or visiting preceptor who does not comply with this policy will not be allowed to participate in a clinical or educational experience within the CChs during flu season. However, if such a student or visiting preceptor meets all other health and background check requirements, they may be provided a clinical or educational experience outside of flu season if available. 3. Students or visiting preceptors placed in the health system <u>before</u> or <u>after</u> the flu season begins must obtain the annual flu vaccine when it becomes available from their primary care provider (PCP), public clinics, pharmacies, etc. and provide evidence of receiving the flu vaccine to their School, or directly to the CChs employee responsible for student placement. 			

4. Students or visiting preceptors placed in the health system during the flu season must show evidence of receiving the flu vaccine to their School or CChs employee responsible for student placement before they are on-boarded into CChs.

B. Other Immunizations

1. Every Cleveland Clinic educational program may establish requirements for additional immunizations based on the nature of a student's or visiting preceptor's clinical placement. These requirements will be communicated to Schools, or directly to students and visiting preceptors, as appropriate.
2. Any student or visiting preceptor who does not comply with these additional immunization requirements will not be allowed to participate in a clinical or educational experience within the CChs.

C. Exemptions

1. Medical - Exemption to immunization may be granted for medical contraindications.
2. Religious - Exemption to immunization may be granted for religious beliefs.

Exemption requests will be communicated by students, visiting preceptors or Schools to Cleveland Clinic's education representative of the specific education program in which the student or visiting preceptor plans to participate. Generally, such requests will be granted if they would be granted for Cleveland Clinic caregivers.

D. Payment for Immunizations

1. Students and visiting preceptors are not eligible to participate in the Employee Cleveland Clinic Influenza Immunization Program and must obtain all vaccinations at their own (or their School's) cost.

E. Flu Vaccine Documentation

1. Schools will attest to student and visiting preceptor compliance with this policy. Students not affiliated with a School must show evidence that they received all required immunizations to the CChs employee responsible for student placement.

F. Internal Centers for Medicare & Medicaid Service (CMS) Reporting

1. Student Flu Vaccine compliance (CMS data) will be communicated to the Occupational Health Department by Protective Services.
2. Occupational Health is responsible for reporting CChs hospital student and academic instructor or preceptor data to CMS.

Regulatory Requirement/References

Federal Regulations, State and Local Laws, and FDA U.S. Food and Drug Administration Centers for Disease Control and Prevention (CDC).

Centers for Disease Control and Prevention (CDC). Influenza vaccination of health-care personnel: recommendations of the Health-Care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP).

Centers for Medicare & Medicaid Services (CMS), Conditions of Participation for Hospitals, 42 CFR §482.42 Condition of Participation: Infection Control.

National Quality Forum (NQF) #0431 Influenza Vaccination Coverage among Healthcare

Personnel

NVAC - National Vaccine Advisory Committee, a committee of the Department of Health and Human Services.

The Joint Commission Comprehensive Accreditation Manual for Hospitals, 2012, IC.01.04.01, IC.02.04.01, HR.01.04.01, PI.02.01.01, PI.03.01.01.

U.S. Department of Health & Human Services Action Plan to Prevent Healthcare-Associated Infections: Road Map to Elimination

Oversight and Responsibility

The Education Institute is responsible to review, revise, update, and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Compliance with this policy will be monitored by the students' academic institution or those responsible for student placement and onboarding within the CChs.

Other Background Information

Issuing Office: Education Institute

For questions regarding student health services and required health screenings and immunizations, contact the Director of Student/Learning Health:

Tony Tizzano, MD
Director of Student/Learner Health
Assistant Clinical Professor of Surgery | CCLCM - CWRU
Mobile: 330-464-2111
tizzana@ccf.org

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student/ Staff Scanning policy		Policy Number 7.162	
EFFECTIVE DATE: June 2000	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>For educational purposes only, students shall be permitted to scan staff sonographers, radiologists, and fellow students, provided the subject has volunteered.</p> <p>All students must sign a waiver form prior to scanning others or being scanned. Under no circumstances should a student, sonographer or radiologist be coerced into volunteering. The scan subject shall volunteer of his or her own free will. A student's choice to volunteer or not shall not affect their grades or learning opportunities. Students are strictly prohibited from performing transvaginal, transrectal, breast or testicular scan on other students.</p> <p>During student scan lab sessions all infection control guidelines must be followed at all times, including but not limited to hand washing, disinfection of probes and disinfection of equipment.</p> <p>The students must understand that there is a possibility that pathology may be found during the educational exam and must be aware that it would be in their best interest to contact their personal physician if something unusual is seen. The students must also realize that pathology may be present and may not be discovered during the educational practice sessions.</p> <p>Students must understand that there is a risk of ultrasound bioeffects, but if ultrasound used properly, the risk is minimal. Students must be aware that even when used properly, the possibility of potential bioeffects still exists.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Exposure to Infectious Disease, Student Injuries		POLICY NUMBER: 7.163	
EFFECTIVE DATE: December 1999	REVISED: Apr 2016, Mar 2020, Nov 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

For their safety and well-being sonography students shall not participate in exams on patients with an active contagious disease requiring the use of N95 masks such as, but not limited to TB. Other situations will be evaluated on a case-by-case basis by the program director or clinical coordinator/instructor.

Students of the sonography program shall follow the Cleveland Clinic Mercy Hospital Infection Control program policies.

Universal Precautions

Students are provided educational courses designed to inform them that there is the potential for hospital acquired infections as a result of exposure in the department. Many patients are of an undiagnosed nature when diagnostic work-ups are performed. All patients should be considered potentially infectious and therefore require that Standard Precautions be followed. Hand washing between patient contacts is essential in preventing the transmission of infection. Personnel and students must have a basic knowledge of how diseases are spread and the precautions that must be taken in order to contain them. In this way, imaging services can be provided around the clock without compromise to the patient and with a minimum of risk for all. Students should observe all policies as outlined in the Infection Control Manual of each of the clinical sites as made available during orientation to each site. These policies demonstrate concern for patients and coworkers and affords the student prompt medical attention should the need arise.

Hand washing between patient contacts is essential. The hospital's hand washing policy must be followed. Students are to observe the prescribed dress code for the clinicals and the operating room. Eating and drinking are prohibited in all areas other than specified designated areas. When isolation procedures are necessary, portable equipment will be used in the patient's room when possible. Students are to be thoroughly familiar with the hospital's isolation policies. When certain procedures are essential to the patient's care, we have an obligation to perform those services. These patients are entitled to the same high quality care that we administer to other patients.

Student Injuries and Exposures

The emergency department will provide emergency care in the event of a program-related incident. This excludes all dependents. The student is responsible for all health care costs not covered by their health insurance. Students are required to report the on-the-job injury to the program director or clinical coordinator within 48 hours of its occurrence.

If a student incurs an accidental injury while at the clinical site other than a needle stick or blood/body fluid splash, they may visit the emergency department, be sent home, or report to their own private physician for care. The student is responsible for any cost incurred for treatment.

A student must notify the academic program officials of the bloodborne pathogen exposure and comply with their policies and procedures. Occupational Health and Infectious Disease work in collaboration to identify potential or known bloodborne pathogen exposures and will participate in the following process where applicable. Students experiencing a work-related needle stick or blood/body fluid splash should report to the 24/7 Bloodborne Pathogen Exposure (BBPE) Hotline at **(216) 445-0742**. No Safety Event Reporting (SERS) report is required.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Health Services (Cleveland Clinic Health Services Available)	POLICY NUMBER: 7.164
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EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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The health and wellness of students are key factors in ensuring a successful pathway to becoming future healthcare professionals while at Cleveland Clinic. As such, student may access many of the same services available to employees.

Caring for Caregivers

The Caring for Caregivers program offers assistance and support for students in need of connecting with someone regarding mental health and personal safety concerns. Students enrolled in Cleveland Clinic internal health professions programs are eligible for 6 Employee Assistant Program (EAP) sessions.

Services available through Caring for Caregivers include (but are not limited to):

- Suicide Prevention or Self-harm
- Sexual Assault – Partner Violence
- Substance Abuse
- Anxiety Counselling
- Stress Relief Services

To learn more about these resources and discounted costs for students, contact the Caring for Caregivers office at 216-445-6970 or 1-800-989-8820 or visit portals.ccf.org/caregivers.

Cleveland Clinic AtWork

Students may access health and wellness services through [Cleveland Clinic AtWork](#) (CCAW). Those who need to complete the required student onboarding tasks such as health screenings, immunizations, and substance abuse screenings can access services at a discounted rate.

Health and wellness resources available to students include, but are not limited to:

- Health screening examination
- Antibody titers
- Immunizations
- Substance abuse screening
- Fit testing
- STI screening

Cleveland Clinic AtWork services can be accessed at the following locations:

Medina - CCAW

970 E. Washington St., Suite 203
Medina, OH 44256
(330) 721-4955

Garfield Heights - CCAW

5595 Transportation Blvd., Suite 220
Garfield Heights, OH 44125
(216) 587-5431

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Disability Accommodations in Education		POLICY NUMBER: 7.165	
EFFECTIVE DATE: Nov 2023	REVISED Last Reviewed: Jan 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: S. Bielanski, BS, RDMS
<p><u>Purpose</u></p> <p>This policy confirms Cleveland Clinic’s commitment to provide access to educational opportunities for qualified students and applicants with disabilities and establishes criteria for the consideration of requests for reasonable accommodation by such students and applicants. This policy reflects Cleveland Clinic’s compliance with the Americans with Disabilities Act of 1990, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, and all other relevant federal and state laws and regulations.</p> <p><u>Policy Statement</u></p> <p>Cleveland Clinic does not discriminate against qualified individuals with disabilities in regard to their application to, or participation in, educational programs or activities. Cleveland Clinic will make, upon the request of a qualified individual with a disability and under the conditions described herein, a reasonable accommodation to permit such individual to participate in an educational program or activity.</p> <p><u>Definitions</u></p> <p>Cleveland Clinic United States locations: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, South Pointe, Children’s Hospital for Rehabilitation, Cleveland Clinic Florida, Cleveland Clinic Hospital (Weston), Coral Springs Ambulatory Surgery Center, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.</p> <p>Unless otherwise defined by applicable federal, state or local law, terms used in this policy have the following general meanings:</p> <p><i>Affiliate School:</i> An educational institution with which Cleveland Clinic has an affiliation agreement to allow its students to participate in Cleveland Clinic’s educational programs and activities.</p> <p><i>Disability:</i> A physical or mental impairment that substantially limits one or more major life activities of the individual, without taking into account mitigating measures such as medications, medical equipment, or other auxiliary aids.</p> <p><i>Educational Program or Activity:</i> Any program or activity offered at Cleveland Clinic or by Cleveland Clinic employees in the scope of their duties that is educational in nature beyond on-the-job training, general interest, or routine continuing education programs. Factors in determining whether a program or activity is educational include whether it is structured through a particular course of study; whether participants earn academic credit toward a degree or certificate, or qualify to sit for professional exams; or whether a program provides instructors, exams or other evaluation process. Educational programs and activities include, without limitation, degree- or certificate-granting programs offered by Cleveland Clinic and affiliated colleges and universities; clinical rotations for degree- or certificate-granting programs; medical and other residency programs; research and medical fellowships; internships; and educational programs offered to middle school, high school, college and university students.</p> <p><i>Individual with a disability:</i> A person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of a physical or mental impairment that substantially limited a major life activity, or is regarded as having a physical or mental impairment.</p>			

Qualified Individual with a Disability: A qualified individual with a disability is an individual with a disability who, with or without a reasonable accommodation, meets the academic and technical standards requisite for admission to or participation in an educational program or activity.

Reasonable Accommodations: A reasonable accommodation is a modification or adjustment to the practices, procedures or policies of an educational course, program or activity so that a qualified individual with a disability may have equal access to the course, program or activity.

Such accommodations may include adjustments to the physical environment of a course or program, modifications to the policies of a course or program that do not alter the fundamental nature of the program, or provision of auxiliary aids. Reasonable accommodations are determined on a case-by-case basis, as well as on a class-by-class (or course, program or activity) basis. Reasonable accommodations do not include those accommodations that would impose an undue burden on Cleveland Clinic's operations or would substantially alter the fundamental nature of the course, program or activity.

Trainee: An employee who also participates in an educational program or activity as a resident, fellow or scholar. Examples of job titles that denote trainees include Resident, Clinical Fellow, Clinical Research Fellow, Research Fellow, Postdoctoral Fellow, Postdoctoral Research Fellow, Postdoctoral Psychology Fellow, Special Fellow, Clinical Scholar, Research Scholar, and Clinical Institute Research Scholar.

Policy Implementation

This policy applies to all applicants to, and non-employee participants in, Cleveland Clinic's educational programs and activities. Accommodations for job applicants, trainees and employees, including members of the Professional Staff, are addressed in the Disability and Pregnancy Accommodation in Employment Policy.

Accommodations for patients are addressed in the Patient Accommodation Policy (see Florida Patient Accommodation Policy for Weston; does not include Coral Springs).

A qualified individual with a disability who seeks a reasonable accommodation in order to apply to or participate in an educational program or activity must contact the program administrator for that program or activity as early as possible. Upon such notification, Cleveland Clinic will engage in an interactive process to determine if there is an available reasonable accommodation that will allow the qualified individual with a disability to meet the academic and technical standards requisite for admission or participation in the educational program or activity.

Qualified individuals with a disability who are enrolled as students in affiliate schools may make this request through their affiliate school. In such cases, Cleveland Clinic will work with the affiliate school to engage in the interactive process.

The Education Institute shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated/coordinated by the Education Institute.

Nursing Education shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated by Nursing Education. The Lerner Research Institute shall be responsible for engaging in the interactive process and determining the reasonableness of accommodation for non-employee participants in and applicants to the programs and activities operated by the Lerner Research Institute. For educational programs and activities outside of the Education Institute, Nursing Education and the Lerner Research Institute, responsibility shall fall to the institute, department or hospital offering the educational program or activity. All individuals requesting reasonable accommodations are required to cooperate with the interactive process by providing required documentation and being willing to consider alternative accommodations when applicable. Cleveland Clinic shall, in most cases, request medical documentation from individuals seeking an accommodation. In such instances, the individual will be responsible for providing the requested medical documentation and for the initial cost of doing so. Cleveland Clinic will bear the cost of a second opinion, if requested. All medical information shall be kept strictly confidential.

The Education Institute, Nursing Education, Lerner Research Institute or relevant other institute, department or hospital will provide to the individual requesting the accommodation written documentation of any reasonable accommodations provided. The Education Institute, Nursing Education, Lerner Research Institute or relevant institute, department or hospital will maintain documentation of the interactive process, including records of any accommodations that were requested but not provided.

Individuals with a disability have the right to appeal the failure to engage in the interactive process, the denial of a request for a reasonable accommodation, or decision to provide an accommodation that the individual does not accept in accordance with Disability Accommodations in Education Appeals Procedure.

Regulatory Requirement/References

Americans with Disabilities Act of 1990, as amended
Section 504 of the Rehabilitation Act of 1973

Oversight and Responsibility

The Chief Academic Office is responsible for the oversight and dissemination of this policy.
The Section 504 Coordinator is responsible to review, revise, update and operationalize this policy to maintain compliance with regulatory or other requirements.

It is the responsibility of each hospital, institute, division, department and discipline to implement the policy and to draft and operationalize related procedures to the policy if applicable.

Other Background Information

Issuing Office:
Chief Academic Office

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Withdrawal from Program		POLICY NUMBER: 7.17	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>A student planning to withdraw voluntarily should arrange for a conference with the program director and submit an official letter of resignation. Students exiting without official notification to the faculty will be dropped from training through the policy of voluntary termination because of non-attendance.</p> <p>An absence of three consecutive scheduled days without proper notification is considered voluntary termination.</p> <p>A "W" will be recorded on all withdrawals processed after the first week of class. Any withdrawals from a class must take place prior to the final exam in that class. Students who stop attending a course without submitting written documentation on their intent to withdraw will receive a "WF" (failing) grade on their transcript.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Readmission to Program		POLICY NUMBER: 7.18	
EFFECTIVE DATE: November 1999	REVISED: Apr 2016 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>A former student, who had followed the policy for withdrawing from the program, may apply for readmission. The student's past performance will be evaluated to determine the potential for success or failure if readmission is granted. No advanced placement will be granted.</p> <p>Areas that will be evaluated include academic and clinical performance and past behavioral problems.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Application Fee		POLICY NUMBER: 7.21	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>A \$25.00 application fee must accompany the application. The application fee is non-refundable.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Tuition		POLICY NUMBER: 7.22	
EFFECTIVE DATE: November 1999	REVISED: Jun 2001, Feb 2004, Oct 2015 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Tuition for the school of diagnostic medical sonography may change and the prospective students will be informed.

\$100.00 of the tuition is payable by the candidate upon acceptance. The \$100.00 acceptance fee is non-refundable.

\$800 of tuition will be collected on the first day of class. The student is responsible for payment of the remaining tuition in lump sum or by monthly or quarterly payments. In the event of hardship, every effort will be made to arrange a special payment schedule.

The balance of the tuition is due prior to graduation and is a requirement of graduation.

If a student withdraws from the Program, tuition will be refunded as follows:

- Student withdraws during the: 1st quarter- 25% of tuition is due. Refund amount in excess
- 2nd quarter- 50% of tuition is due. Refund amount in excess
- 3rd quarter- 75% of tuition is due. Refund amount in excess
- 4th quarter- 100% of tuition is due.

The hospital reserves the right to change tuition.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Fees and Expenses		POLICY NUMBER: 7.23	
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Students shall be responsible for paying for the following:</p> <ul style="list-style-type: none">a. Uniforms to meet the dress code.b. Maintaining uniforms in accordance with the dress code.c. Textbooks.d. Notebooks, paper and other school supplies.e. Housing and living expenses.f. Registry Exams			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Probationary Period for New Students		POLICY NUMBER: 7.25	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p><u>POLICY:</u></p> <p>Every effort is made by the school to carefully screen, select and place the proper candidate for each student position. To ensure this, new students given a probationary period. During this period, the student and the faculty will communicate on an ongoing basis to assure that continued long-term student status is in the best interest of both the School of Diagnostic Medical Sonography and the student.</p> <p><u>PROCEDURE:</u></p> <ol style="list-style-type: none">1. NEW STUDENTS<ol style="list-style-type: none">A. The first month (30 days) of education shall be considered a probationary period.B. During the initial probationary period, a student may be subject to termination without notice. If at any point during this period it becomes clear that the student is not suited for the program or if the faculty is convinced the student is not suited for the program, either party can terminate the student status immediately.C. The student will be closely monitored during the probationary period to determine adjustment to departmental routine and compliance with school policies.			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Pregnancy		POLICY NUMBER: 7.3	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Although a student is not legally required to report her pregnancy, the student is encouraged to inform the program director of a suspected pregnancy.

Clinical restrictions will apply to the student technologist the same as they would to the staff sonographer. Under no circumstances will a student be dismissed from training due to pregnancy. Should the student need to take a leave of absence, there can be an extension in the length of training.

See policy 7.411

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Personal Time, Sick Time		POLICY NUMBER: 7.411	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The student is allotted 5 days (40 hours) of personal time during the education period of 12 months.</p> <p>* This time can be used for illness, personal appointments, doctor visits, etc.</p> <p>* Any time used that is beyond the allotted 40 hours will be made up at the student's convenience.</p> <p><u>Suspensions:</u> Any student suspended for either clinical infractions, academic infractions or both is a standard three-day suspension. These three days must be extracted from the student's personal time.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Absence and Tardiness		POLICY NUMBER: 7.412	
EFFECTIVE DATE: November 1999	REVISED: May 2000 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Absence and tardiness shall be classified under three (3) categories: Excused, unexcused, and excused with permission.</p> <p>Excused: An absence that is due to a valid reason satisfactory to the program director. Time off is deducted from personal time. Example: Illness, jury duty, physician appointments, and military leave.</p> <p>Unexcused: An absence that is not due to a valid reason satisfactory to the Program Director. Time off is deducted from personal time. Example: Sleeping in, suspensions, no call-no show Suspensions: Any student suspended for either clinical infractions or academic infractions. It is a standard three-day suspension. These three days are deducted from the student's personal time.</p> <p>Absent with permission: Absences arranged in advance with program director. These absences will not use available personal time. Examples: Taking a registry</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Reporting an Absence		POLICY NUMBER: 7.413	
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>When reporting an absence, the student must notify program personnel by calling 330-580-4740. The student may also call or text the program director.</p> <p>An absence of three (3) consecutive scheduled days without notification shall be considered voluntary termination.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Excessive Absence and Tardiness		POLICY NUMBER: 7.414																					
EFFECTIVE DATE: January 2010	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS																				
<p>Excessive absence and/or tardiness are grounds for disciplinary action. Excessive absence is defined as three (3) or more incident points within 30 days or five (5) or more incident points within 180 days. Consecutive days missed for the same illness constitute one (1) incident point.</p> <p>If the student exceeds the allowable number of points within the period, they will be referred to progressive corrective action. Please see policy # 7.61.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; padding-bottom: 5px;">Points</th> <th style="text-align: left; padding-bottom: 5px;">Reason</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px 5px 2px 0;">½</td> <td style="padding: 2px 5px 2px 0;">Forgot Badge/ Forgot to clock in or out</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">½</td> <td style="padding: 2px 5px 2px 0;">Tardy</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">½</td> <td style="padding: 2px 5px 2px 0;">Home early after working at least 4 hours of shift</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">½</td> <td style="padding: 2px 5px 2px 0;">Not clocking in or out</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">1</td> <td style="padding: 2px 5px 2px 0;">Home early without working at least 4 hours of shift</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">1</td> <td style="padding: 2px 5px 2px 0;">Late without working at least 4 hours of shift</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">1</td> <td style="padding: 2px 5px 2px 0;">Call-off within procedure guidelines</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">1 ½</td> <td style="padding: 2px 5px 2px 0;">Late call-off not within procedure guidelines</td> </tr> <tr> <td style="padding: 2px 5px 2px 0;">2</td> <td style="padding: 2px 5px 2px 0;">Failure to call-off or appear for shift</td> </tr> </tbody> </table> <p style="margin-top: 20px;">Other Related policies Make up time # 7.48 Class Attendance # 4.21</p>				Points	Reason	½	Forgot Badge/ Forgot to clock in or out	½	Tardy	½	Home early after working at least 4 hours of shift	½	Not clocking in or out	1	Home early without working at least 4 hours of shift	1	Late without working at least 4 hours of shift	1	Call-off within procedure guidelines	1 ½	Late call-off not within procedure guidelines	2	Failure to call-off or appear for shift
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Return to School Certificate	POLICY NUMBER: 7.422
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EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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The student must obtain a doctor's excuse to return to school after five (5) consecutive days of illness. The note must certify fitness to return to clinical rotation.

If the physician has indicated that the student must be on light duty, then the student will be excused from tasks that are beyond their physical capability.

NOTE: The program director reserves the right to request a physician's note from a student after two (2) consecutive days of illness.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Timecards		POLICY NUMBER: 7.44	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

EARLY CLOCK IN

Students may clock in prior to their scheduled start time however, they will not accrue overtime. Also, they are not permitted to perform exams prior to their scheduled start time.

EARLY CLOCKING OUT

Clocking out early without prior approval is considered grounds for progressive corrective action.

RECORDING OVERTIME

All overtime recorded will be evaluated for validity by a faculty member.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Leave of Absence		POLICY NUMBER: 7.45	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>A student may request a leave of absence for medical reasons if advised by their private physician. The maximum single granted amount of time will be thirty (30) days.</p> <p>See related policies 7.411 & 7.48</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Make-Up Time		POLICY NUMBER: 7.48	
EFFECTIVE DATE: November 1999	REVISED: May 2000 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The student must make up all hours exceeding 40 hours personal time during their training. If the student wishes to make up the time prior to graduation, the student may volunteer for extra hours on day or evening shifts. The program director must approve all make up times and dates prior to the student completing it.</p> <p>Student will NOT be allowed to attempt competencies during make up time after 3:30pm on weekdays or on weekends because the clinical instructor and program director are not available for supervision or review of the competency.</p> <p>Suspensions have a different ruling. Please refer to policy 7.411.</p> <p><u>The following provision is made for extended illness/pregnancy leave, not habitual absenteeism:</u></p> <p style="padding-left: 40px;">An absence of thirty (30) days or more during the twelve (12) month training period will disqualify the student from graduating with the class. The student will be asked to complete an amount of time equivalent to the time missed in excess of the 40 hours personal time before the program director will sign for graduation confirmation with the ARDMS.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Vacations		POLICY NUMBER: 7.52	
EFFECTIVE DATE: November 1999	REVISED: Jan. 2005 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Students are given two (2) weeks of vacation during the one-year program scheduled one week at a time by the program director. The distribution will be as follows:

Five days during December

Five days for Spring Break

- *Vacations may not be used to achieve early graduation.
- *Vacations may be used to make up personal time over 40 hours.
- * Scheduling of vacation is at the discretion of the program director.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Discounts for Students/ Student Benefits		POLICY NUMBER: 7.54	
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Benefits:</p> <ul style="list-style-type: none">Cafeteria discount (with badge)Discounted counseling through EAP- Caring for CaregiversDiscounted immunizations through Cleveland WorksFree parking <p>Availability of these benefit is subject to continuing approval of hospital administration.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Academic Counseling		POLICY NUMBER: 7.551	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The students shall have their grades reviewed approximately at mid-quarter and at the end of each grading period by the program director and clinical instructor. The student's strengths, weaknesses and progress will be evaluated.</p> <p>Students are encouraged to meet with individual instructors to review progress any time throughout the classes.</p> <p>Clinical competencies will be reviewed with the students as soon as possible after they are received.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Personal Counseling		POLICY NUMBER: 7.552	
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Students are encouraged to discuss any problems affecting their performance in the program with the program director or other faculty personnel.</p> <p>Students may also request the services of the Employee Assistance Program for help with personal problems. The program director may refer the student when it becomes apparent that personal problems are interfering with the student's performance.</p> <p>Students dealing with domestic violence can be referred to HAVEN or the ED.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Merit/Demerit Program		POLICY NUMBER: 7.6																			
EFFECTIVE DATE: Nov 2001	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS																		
<p>The demerit system was designed to assure that sonography students comply with program and hospital rules and objectives. Demerits can only be issued by the program director or the clinical instructor. Certain violations, as listed below, will warrant a verbal warning first. If the student violates the same a second time, a demerit will be issued. Other violations, as listed below, will be an automatic demerit with no verbal warning. Any demerit given in a quarter will be a deduction of 2 points off the final clinical grade.</p> <p>The merit system was designed to reward students for exceeding expectations required by the program. A merit is worth 2 hours of clinical time or plus 2 points on their clinical grade (if it will increase their final letter grade for the quarter). Merits may only be given by the program director or the clinical instructor.</p> <p>A verbal warning (documented) will be issued first followed by a demerit for any further violations for the violations listed below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Dress code violations</td> <td style="width: 50%;">5. Taking longer than allotted lunch times</td> </tr> <tr> <td>2. Neglecting room duties</td> <td>6. Early departure or late return from class</td> </tr> <tr> <td>3. Not participating in exams</td> <td>7. Forgetting to clock in or out</td> </tr> <tr> <td>4. Leaving clinical area without informing sonographer</td> <td>8. Tardy</td> </tr> <tr> <td>5. Not turning in log sheets/clinic forms</td> <td></td> </tr> </table> <p>Automatic 2-point demerits:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. Eating in non-designated areas</td> <td style="width: 50%;">5. Not turning in failed competencies</td> </tr> <tr> <td>2. Not calling off prior to start time for illness</td> <td>6. Not wearing ID badge</td> </tr> <tr> <td>3. Not having images checked by staff</td> <td></td> </tr> <tr> <td>4. Not following professional standards or objectives</td> <td></td> </tr> </table> <p>Merits will be given for the following:</p> <ol style="list-style-type: none"> 1. Perfect attendance in a quarter 2. Written thanks from a physician, staff member, or patient 3. Repeated exceptional competency evaluations, compliments from staff, observed acts of kindness. 4. QI slip for an exceptional exam from a Radiologist 				1. Dress code violations	5. Taking longer than allotted lunch times	2. Neglecting room duties	6. Early departure or late return from class	3. Not participating in exams	7. Forgetting to clock in or out	4. Leaving clinical area without informing sonographer	8. Tardy	5. Not turning in log sheets/clinic forms		1. Eating in non-designated areas	5. Not turning in failed competencies	2. Not calling off prior to start time for illness	6. Not wearing ID badge	3. Not having images checked by staff		4. Not following professional standards or objectives	
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SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Progressive Corrective Action		POLICY NUMBER: 7.61	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The Progressive Correction Action follows in a four-step sequence:</p> <ol style="list-style-type: none"> 1. Verbal warning/documented warning 2. Written warning 3. Suspension (usually 3-day) 4. Dismissal <p>PROCEDURE:</p> <p>Step 1: Documented Counseling For infractions considered less serious, a documented counseling action may be the first step in the discipline procedure. It consists of a verbal conference with the student and the program director or education coordinator and will be documented in writing and placed in the students' personal file.</p> <p>Step 2: Written Corrective Action The written corrective action is a document summarizing the performance problem or incident. The document and situation will be reviewed with the student outlining the specific problem(s)/incident and warning the student that further behavior will result in further corrective action.</p> <p>Step 3: Final Written Corrective Action or Suspension A suspension or final written corrective action may occur when undesirable performance or behavior continues. Depending on the seriousness of the incident or behavior the student may receive a suspension as the first step of the corrective action process. A suspension is generally for a three day period however, a greater or lesser number may be determined after review of the particular situation. Suspensions should be scheduled so that consistency and continuity of the learning process is not interrupted more than necessary and as close to the infraction as possible. The program director has the final decision on whether a final written corrective action or a suspension is in the best interest of the student based on the specific infraction.</p> <p>Step 4: Dismissal Dismissal will occur as the final step in the corrective action process. Dismissal may occur for serious offenses or for continued performance or behavioral problems.</p> <p>The program director has the option to use any step or to skip steps in the process due to the severity of the infraction.</p> <p>A student may be dismissed without any other steps for serious violations at the discretion of the advisory committee. The student has the right to appeal according to the Appeals Policy #7.7.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Dress Code	POLICY NUMBER: 7.62
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EFFECTIVE DATE: November 1999	REVISED: Sept 2001, Apr 2008, Feb 2016, Oct 2019 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Students are expected to dress professionally and conservatively. Good judgment in clothing is expected. Failure to adhere to the dress code may result in Progressive Corrective Action up to and including dismissal. The following is the school dress code:

Hair: Hair should be clean, well-groomed. **If shoulder length or longer hair must be pulled back so as not to fall on patients.**

Make-up: Cosmetics must be soft or subdued colors; nail color must be neutral or moderate shades.

Beards: Beards or mustaches must be clean and trimmed, otherwise clean shaven.

Cologne: Cologne must be kept to a minimum. Excessive fragrance will not be permitted.

Jewelry: Jewelry will be limited for the safety of the employee and the patient. No visible body piercings are permitted except for earrings (see below)

Earrings: Earrings will be limited to two per ear. No hoop earrings are permitted. Ear gauges that are visible should have solid, skin color plugs in place.

Necklaces: Visible necklaces will not be permitted; however, they may be tucked into clothing.

Bracelets: Bracelets of any type are not permitted.

Watches: A wristwatch may be worn.

Rings: One ring may be worn on each hand.

Pins: Photo ID badges must be worn. Only one seasonal pin will be permitted.

Tattoos: No visible tattoos are permitted.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Dress Code (continued)	POLICY NUMBER: 7.62
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Uniforms: **Uniform scrub pants must be navy in color. Scrub tops and lab coats must be white with no designs.**

Under garments should be chosen so as not to be obvious under the scrubs.

Jeans or sweatpants are not permitted.

Skirts must be knee length or longer.

Opaque white or navy hose will be worn with skirt. Socks over hose are not permitted.

Shoes: Must be white, black, dark blue or gray hospital shoes or tennis shoes. Small bits of color are acceptable. Bright colored shoes are not permitted.

Students not complying with the dress code will be sent home to change. Sick time hours will be used for this purpose.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Conduct and Infractions	POLICY NUMBER: 7.63
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EFFECTIVE DATE: November 1999	REVISED: Nov 2010, Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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The student is expected to observe good standards of conduct and practice. The following violations will result in Progressive Corrective Action up to and including dismissal from the program:

- a. Negligence or inconsiderate treatment of patients, visitors, or employees.
- b. Habitual absences or tardiness without cause.
- c. Absence of three consecutive days without notification.
- d. Willful destruction of property.
- e. Insubordination.
- f. Possession of, or drinking of, liquor or alcoholic beverages on hospital premises or while representing the hospital off site.
- g. Illegal use or possession of a controlled substance (see Cleveland Clinic PPM: Student Substance Abuse Policy)
- h. Immoral, rude, or disorderly conduct.
- i. Sleeping or loitering while on duty.
- j. Willful violation of any hospital policies.
- k. Theft.
- l. Breach of confidential information.
- m. Cheating or plagiarism of any kind.
- n. Posting comments or images on social media taken at the hospital or while wearing your badge which are detrimental to the image and values of Cleveland Clinic Mercy Hospital (refer to Cleveland Clinic PPM: Social Media Use Policy)
- o. Other infractions not addressed by school policy but follow hospital policy.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Cheating, Plagiarism and Copyright		POLICY NUMBER: 7.64	
EFFECTIVE DATE: Nov 2023	REVISED: Last Reviewed: Mar 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The student is expected to conduct themselves in an ethical manner. Cheating in any form is not tolerated. Any student found exhibiting the following types of behavior while preparing for or during, any assignment, quiz, project, case study, report, test, or final exam will receive a zero for the assignment/assessment and will be recommended for dismissal.</p> <ul style="list-style-type: none"> ▪ Cheating, defined as the act of obtaining or providing information or data improperly or by dishonest, deceitful means. ▪ Plagiarism, defined as copying or imitating the language, ideas or thoughts of another author and presenting these as one's own work, copying language, ideas, or thoughts of another without giving credit in a reference. Examples: <ul style="list-style-type: none"> ○ The copying of words, sentences, and paragraphs directly from the work of another without proper credit. ○ The copying of illustrations, figures, photographs, drawings, models, or other visual and nonverbal materials, including recordings, of another without proper credit. ○ The presentation of work prepared by another in final or draft form as one's own without citing the source, such as the use of purchased research papers. ▪ Copyright Violations- No student may reproduce any copyrighted work in print, video or digital form in violation of the law. Works are considered protected even if they are not registered with the U.S. Copyright Office and even if they do not carry the copyright symbol (©). <ul style="list-style-type: none"> ○ Copyrighted works include but are not limited to: Printed articles from publications, TV and radio programs, videotapes, music performances, photographs, training materials, manuals, documentation, software programs, databases and Internet pages. In general, the laws that apply to printed materials also apply to visual and digital formats such as DVDs, CD-ROMs and Internet pages. 			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Confidential Information		POLICY NUMBER: 7.65	
EFFECTIVE DATE: November 1999	REVISED: Feb 2004, Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The hospital assumes an obligation to keep in confidence all information that pertains to a patient. The responsibility is assumed by every person in any capacity in the hospital.</p> <p>The student will be required to sign a confidentiality agreement during onboarding and at orientation.</p> <p>Whether on or off duty, the student is to refrain from discussing a patient's medical, social, or any other condition.</p> <p>HIPAA regulations will be followed per hospital policy.</p> <p>Violation of this policy may subject the student to immediate dismissal and may involve legal proceedings if a suit is presented for disclosing confidential information.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Program Policies-Scope of Authority		POLICY NUMBER: 7.66	
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Policies of the School of Diagnostic Medical Sonography supersede the policies of the hospital for all matters concerning students of the program. Cleveland Clinic policies apply in all matters not addressed in school policies.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Appeals and Grievance Policy		POLICY NUMBER: 7.7	
EFFECTIVE DATE: November, 1999	REVISED: Sep 2002, Oct 2023 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS

Purpose

The purpose of this Student Grievance Standard Operating Procedure (SOP) is to provide a thorough, timely, and objective assessment and resolution of student concerns in a fair, reasonable and nondiscriminatory manner.

Definitions

Cleveland Clinic health system: Includes the main campus, Avon, Euclid, Fairview, Hillcrest, Lutheran, Marymount, Medina, Mercy, South Pointe, Children’s Hospital for Rehabilitation, and all Family Health Centers, Physician practice sites, Nevada practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to these facilities.

Affiliate-based Health Professions Education Program: A health professions education program that provides students who are actively enrolled in an external academic program with the opportunity to complete a clinical rotation at Cleveland Clinic that is required to fulfill academic requirements. Health professions programs do not generally include programs in nursing or medicine.

Grievance: A claim by a student that Cleveland Clinic and/or one or more of its employees has violated a specific Cleveland Clinic policy or procedure.

Internal Health Professions Education Program: Health professions education program for students pursuing a career in the health professions in which both didactic and hands-on training are taught by current Cleveland Clinic educators. Programs culminate in a certificate of completion from Cleveland Clinic and, for programs partnering with an external academic institution, a degree awarded by the partner institution. Health professions programs do not generally include programs in nursing or medicine.

Program Leader: The Cleveland Clinic employee responsible for the relevant program. For internal health professions education programs, the Program Leader is the Program Director. For affiliate-based health professions programs, the Program Director is the discipline-specific Education Coordinator.

Student: A person enrolled in a Cleveland Clinic internal health professions education program or an affiliate-based health professions education program. Volunteers who do not receive academic credit for their service and are not students.

Eligibility

This procedure is available to any student enrolled in an internal health professions education program or an affiliate-based health professions education program. A grievance may be reviewed under this procedure if it is based on facts that have not previously been reviewed by the student’s school, college, or university or through another Cleveland Clinic process. If a grievance relates to conduct by Cleveland Clinic employees and the employees of a student’s school, college, or university, the Medical Director of the Center for Health Professions Education, shall consult with the student’s school, college, or university to determine which institution shall review the grievance or to jointly review the grievance. A student who believes that they have been subject to discrimination or harassment may also contact the Office of Educational Equity.

Procedure

A student may resolve a grievance through an informal grievance resolution process or a formal grievance review.

Informal Grievance Resolution

If a student feels comfortable doing so, they are advised to discuss their grievance informally with the person who is the subject of the grievance. If the parties resolve the grievance, it is deemed closed. If the grievance is not resolved at this level, the student may request an informal review by their Program Leader. It is expected that most grievances will be discussed and resolved in a timely fashion informally between the student and the Program Leader. The Program Leader shall keep a record of the resolution. If the response from the Program Leader is unacceptable to the student, or if the Program Leader is the subject of the grievance, the student may initiate the formal grievance review.

Formal Grievance Review

A student may initiate a formal grievance review by submitting their grievance to the Center for Health Professions Education by email (CHPEOnboarding@ccf.org). The grievance should include the student's name and program, the name(s) of the Cleveland Clinic employee(s) involved, the specific policy or procedure that may have been violated, and a brief description of the facts giving rise to the grievance. A formal grievance review must be initiated within fifteen (15) business days of the date on which the action giving rise to the grievance is known, whether Health Professions Education Student Grievance Standard Operating Procedure (SOP) or not an informal grievance resolution was attempted. This deadline and those set forth below may be extended by the Medical Director of the Center for Health Professions Education when the Medical Director determines there is good reason to do so.

Step 1

Upon receipt of a grievance, the Center for Health Professions Education shall notify the Program Leader, unless the Program Leader is a source of the grievance. If the Program Leader is a source of the grievance, the Center for Health Professions Education shall notify the Medical Director of the Center for Health Professions Education who shall designate an individual to fulfill the Program Leader's role in Step 1 of the formal grievance review.

The Program Leader shall contact the student who submitted the grievance within 5 business days of receipt of the grievance, and schedule a meeting with the student as soon as possible, but no later than 10 business days of receipt.

After meeting with the student, the Program Leader shall meet with the employee(s) who is/are the subject of the grievance and may gather additional information if necessary. The Program Leader shall render a decision with respect to the grievance as soon as possible, but no later than 10 business days after meeting with the student. The decision shall include any findings, a determination whether the relevant policy or procedure has been violated, and, if so, any consequences for the violation. The Program Leader shall provide the decision in writing to the student, the employee(s) involved and the Center for Health Professions Education.

If the student does not agree with the Program Leader's resolution, they may appeal the decision to the Health Professions' Education Council's Student Appeals Committee (the "SAC") by contacting the Center for Health Professions Education within 3 working days of receipt of the Program Leader's decision.

Step 2

Upon receipt of an appeal to Step 2, the Center for Health Professions Education shall forward the appeal, the grievance, the Program Leader's decision, and any additional information gathered by the Program Leader to the SAC. The SAC chairperson and two committee members will review the record of the grievance and reach a final decision.

The SAC may uphold the Program Leader's decision, alter the decision, or require the Program Leader to conduct additional investigation. The SAC shall render its decision within ten (10) business days of receipt of the appeal. The SAC's decision is final.

The Office of Educational Equity and Legal Departments are available, in a consultative capacity, to the Program Leader, SAC and Medical Director of the Center for Health Professions Education or to the Chair of the Education Institute as it relates to the student's grievance.

Regulatory Requirement/References

Association for Clinical Pastoral Education (ACPE), Commission on Accreditation of Allied Health Education Programs (CAAHEP), Council on Accreditation of Nurse Anesthesia Educational Program (COA), Joint Review Committee on Education in Radiologic Technology (JRCERT), Ohio State Board of Career Colleges and Schools (OSBCCS), National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), Wound Ostomy and Continence Nurses Society (WOCN)
Health Professions Education Student Grievance Standard Operating Procedure (SOP)

Oversight and Responsibility

The Center for Health Professions Education is responsible to review, revise, update, and operationalize this standard operating procedure to maintain compliance with regulatory or other requirements.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Post-Graduation Employment		POLICY NUMBER: 7.8	
EFFECTIVE DATE: November 1999	REVISED: Jan 2006 Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Graduates of the sonography program are eligible to apply for the American Registry for Diagnostic Medical Sonography (ARDMS) Abdomen and OB/GYN registries for certification.</p> <p style="text-align: center;">ARDMS 1401 Rockville Pike Suite 600 Rockville, MD 20852-1402 P: (301) 738-8401 T: (800) 541-9754 F: (301) 738-0312 www.ardms.org</p> <p>Students are highly encouraged throughout their training to apply to sit for the ARDMS Abdomen and OB/Gyn registries as soon as possible for the greatest chance of success. Obtaining ARDMS certification is desirable to potential employers and may help students obtain employment after graduation.</p> <p>If there is a position to be filled in Mercy Hospital's ultrasound department, graduating students will be considered for the opening. Selection will be based upon scholastic and clinical performance during the one year of education. Graduating students seeking employment by the hospital or by other Cleveland Clinic facilities should apply through the Cleveland Clinic website.</p> <p>The department of radiology and Cleveland Clinic Mercy Hospital do not guarantee graduating students employment.</p> <p>The Mercy Hospital employs only registered sonographers. Recent graduates may be hired if they attended a CAAHEP-accredited program and are given one year to become registered or employment will be terminated.</p> <p>The school does not have a formal placement service. All known available jobs are posted.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Professional Days	POLICY NUMBER: 7.81
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EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
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Sixteen (16) hours is allotted to each student as "Professional Days". These days are reserved for professional use only (job orientation, interviews, pre-employment medical exams).

Absence with Permission (See policy 7.412)

Students attending continuing education meetings sponsored by a professional sonography organization will be granted clinical hours equivalent to the length of the meeting. The student may be required to bring the CME form or program as proof of attendance.

Students taking an ARDMS registry examination will be granted the day off on the day they are taking the exam. The student must bring a copy of their results to the program director to receive the day off without personal time.

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Content of Permanent Student File		POLICY NUMBER: 8.111	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Permanent records shall be securely maintained for each student accepted into the program. The School of Diagnostic Medical Sonography shall retain the following items for the student's permanent file:</p> <ol style="list-style-type: none">1. Application for admission and other required admissions documents2. Interviewing material or sheets3. Prior college transcripts4. Record of fees paid5. Health records of the student6. Attendance records7. Transcript8. Counseling summaries9. Anecdotal forms (if any)10. Program start date and graduation date11. Student Rules Agreement Sheet12. Evaluations13. Clinical competencies14. Transcript request forms15. Request for letter of recommendation/letters of recommendation			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: FERPA, Review of Student Files and Recommendations		POLICY NUMBER: 8.121	
EFFECTIVE DATE: November, 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>FERPA (Buckley Amendment)</p> <p>Family Education Rights and Privacy Act of 1974 (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.</p> <p>FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."</p> <ul style="list-style-type: none"> •Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies. •Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information. •Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): <ul style="list-style-type: none"> ○ School officials with legitimate educational interest; ○ Other schools to which a student is transferring; ○ Specified officials for audit or evaluation purposes; ○ Appropriate parties in connection with financial aid to a student; ○ Organizations conducting certain studies for or on behalf of the school; ○ Accrediting organizations; ○ To comply with a judicial order or lawfully issued subpoena; ○ Appropriate officials in cases of health and safety emergencies ○ State and local authorities, within a juvenile justice system, pursuant to specific State law. <p>Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools must tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, student handbook, or newspaper article) is left to the discretion of each school.</p> <p>For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service.</p> <p>Or you may contact us at the following address: Family Policy Compliance Office U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-8520</p>			

In accordance with the Federal Family Educational Rights & Privacy Act (FERPA) of 1974 and subsequent amendments, academic records cannot be released without the student's consent. All outstanding financial, academic, or administrative obligations to the Cleveland Clinic (CCF) must be absolved before a transcript can be processed for release.

Any student wishing to review his/her permanent file may do so by contacting the Program Director.

Any student wishing to obtain information from his/her file; such as transcripts or attendance records, must fill out a Request for Transcripts form which may be obtained in the School of Diagnostic Medical Sonography office or on line: <http://author.portals.ccf.org/alliedhealthed/Document-Library#13529812189-request-forms>

Student who would like a recommendation for employment must complete a "Student Request for a Letter of Recommendation or Verbal Reference" form:

<http://author.portals.ccf.org/Portals/38/Documents/Student%20Recommendation%20Request%20-%20fillable.pdf?ver=2022-02-09-123501-913>

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Record of Curriculum - Maintenance		POLICY NUMBER: 8.21	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>The program director is responsible to maintain a complete copy of the curriculum to include:</p> <ul style="list-style-type: none">A. Description of all coursesB. Course outlines for all coursesC. Course objectives for all courses			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Record of Curriculum - Instructor's Duties		POLICY NUMBER: 8.22	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Each instructor is responsible to submit the following items to the program director for each course taught:</p> <ol style="list-style-type: none">1. Course description2. Course outline3. Course objectives4. Evidence that evaluations correlate with the objectives <p>These items will be reviewed annually and updated as needed.</p>			

SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY
POLICY

TITLE: Student Handbook/Policy manual		POLICY NUMBER: 8.31	
EFFECTIVE DATE: November 1999	REVISED: Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>A policy manual shall be distributed to students that will include:</p> <ul style="list-style-type: none">a. Attendance policiesb. Conduct policiesc. Dress codesd. Academic standardse. Graduation requirementsf. Clinical performance standardsg. Probationary policyh. Employmenti. Student benefitsj. Appeals & Grievance procedures <p>The school policy manual will be reviewed in orientation or the first week of school and the signed Student Rules Agreement will be placed in the student's permanent file.</p>			

SCHOOL OF RADIOLOGIC TECHNOLOGY
POLICY

TITLE: Periodic Program Evaluation		POLICY NUMBER: 9.10	
EFFECTIVE DATE: November 1999	REVISED: Feb 2004, Mar 2011 Last Reviewed: Feb 2024	AUTHORIZED BY: Advisory Committee	PREPARED BY: Susan Bielanski, BS, RDMS
<p>Ongoing Program evaluation will be conducted with the following tools:</p> <ul style="list-style-type: none">- Graduate surveys- -annually- Employer surveys- annually- Student surveys- 4th quarter- Faculty survey- 4th quarter- Student evaluations of course instructors: class and scan lab-quarterly- Student evaluations of sonographers- annually- Attrition/graduation rates- annually- ARDMS registry results- annually <p>The results will be evaluated by the advisory committee and used to gauge the effectiveness of the program, highlight weaknesses in the program and act as a mechanism of change for areas of weakness.</p>			

School of Diagnostic Medical Sonography

Course Schedule

Our program provides a broad base of education and performance- based clinical experience in all technical aspects of work as a sonographer. Training and experience are provided in the following areas of sonography: Abdomen, OB/Gyn, and Superficial Structures. The graduate is eligible to apply for the Abdomen and OB/GYN registry examinations of the American Registry of Diagnostic Medical Sonographers (ARDMS).

FIRST QUARTER-

July —October

	<u>Contact Hours</u>	<u>Credit Hours</u>
Introduction to Ultrasound	22	1.5
Abdomen	58	4.5
Sectional Anatomy	57.5	4.5
Lab	32	-
Clinical I	310.5	4.0

SECOND QUARTER-

October- December

Gyn/OB 1	28.5	2.0
Obstetric 2/3	72.5	6.0
Lab	24	-
Clinical II	355	4.5

THIRD QUARTER-

January- March

Superficial Structures	37	3.0
Ultrasound Physics	75	6.0
Lab	12	-
Registry Review (physics portion)	26	4 th quarter grade
Clinical III	330	4.0

FOURTH QUARTER-

April - June

Pediatric and Miscellaneous	50.5	4.0
Registry Review (Abd & OB/Gyn)	72 (+physics review)	6.0
Lab	10	-
Clinical IV	347.5	4.5
TOTAL	1920	54.5

Course schedule may be subject to change.

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Course Description

Introduction to Ultrasound

This class is an introduction to the theory and practice of ultrasound in the current health care system. It details the basic concepts of the physics of ultrasound and anatomical, directional, and descriptive terms, with emphasis on ultrasound terminology. Content will cover the standards of scanning, correct ergonomics, and prevention of WRMSD. The students will be introduced to professional sonography societies and encouraged to join. The students will be given lectures that cover medical law, code of ethics, professionalism, and patient care specific to sonography including vital signs and venipuncture. Sterile technique and proper use of PPE are also covered. The student will also learn about the importance of cultural competency, good communication, team building, conflict resolution and research statistics and design.

Abdomen

This class details the anatomy, physiology and pathology of the following organs: liver, gallbladder/biliary system, pancreas, genitourinary system, spleen, adrenals, and retroperitoneum. Detailed instruction is given in the basic methods of routine abdominal examinations, measurement techniques and conditions under which the sonographer should extend the basic exam protocol. Content will cover the sonographic appearance and Doppler characteristics of the abdominal organs in both normal and pathological situations. Normal lab values and pharmacology as it relates to each organ or system will also be detailed.

Sectional Anatomy

This course will cover identification of anatomy in sectional planes, including transverse, sagittal and coronal planes. Instruction in sectional anatomy for the following areas will be covered: head, neck, thorax, abdomen, and pelvis. Pictorial slabs as well as drawings, CT, MRI, PET and ultrasound images will be used to enhance the students' learning experience.

Gynecology/OB 1

This class details anatomy, physiology and pathology of the female reproductive organs, pelvic musculature and pelvic ligaments. Detailed instruction is given in methods of routine pelvic examinations including transvaginal exams. The students will be asked to identify the sonographic appearance and Doppler characteristics of the pelvic organs in both normal and abnormal conditions. This course also details the anatomy, embryology, physiology and pathology of the first trimester pregnancy. The student will receive detailed instruction in methods of first trimester obstetric examinations, including transvaginal exams. The student will be asked to recognize the ultrasound appearance of first trimester pregnancy and female pelvis in both normal and abnormal situations. Normal lab values and pharmacology as it relates to first trimester OB and the female reproductive system will be detailed.

Obstetric 2/3

In this class the students will be instructed in detail the anatomy, physiology, pathology and anomalies of the 2nd and 3rd trimester pregnancy. The students will be instructed in the appropriate methods for obtaining fetal measurements and detailed fetal anatomy, as well as in assessing maternal structures, the placenta and Doppler evaluation during pregnancy. The students will be asked to recognize both normal and abnormal conditions associated with pregnancy. Instruction will be given regarding anomalies of the fetus including the fetal heart and non-cardiac chest, fetal abdomen, genitourinary system, abdominal wall, musculoskeletal system, central nervous system, face and neck, chromosomal abnormalities, and twinning syndromes and other pathologies specific to the fetus. 3D imaging techniques with fetal examinations will be discussed.

Superficial Structures (ABD)

This class details the anatomy, physiology and pathology of the thyroid gland, salivary glands, parotids glands, scrotum, penis, breast and prostate gland. The student will be asked to identify the sonographic appearance and Doppler characteristics of these structures in normal and pathological conditions. The student will receive detailed instruction in basic methods of superficial structure examinations.

Ultrasound Physics

The goal of this class is to instruct the students the principles and instrumentation of ultrasound. The students will be asked to recognize and correct artifacts. The students will be instructed in the physics of ultrasound and how it affects the image, instrumentation and processing of the information received by the transducer, Doppler principles, hemodynamics and interpretation of the spectral waveform, safety issues, biological effects and research, emerging sonographic technologies and modes and quality assurance and performance.

Pediatrics and Miscellaneous

This class will instruct the students to recognize the sonographic appearance of normal and pathological conditions of the pediatric abdomen, pelvis, hips, spine, neonatal brain, and well as adult musculoskeletal structures and GI tract. This class will discuss normal anatomy, physiology, and pathology of the following organs/areas: Knee and popliteal space, pediatric and adult GI tract, appendix, abdominal wall, non-cardiac chest, MSK system and miscellaneous lesions. The students will learn to recognize the normal and abnormal sonographic appearance of these structures/areas and they will be instructed in the basic scanning methods of them as well. In addition, the student will continue to build on the knowledge of vessels, anatomy, physiology, and pathology discussed in Abdomen. The students will receive instruction on the theory and use of Doppler, color Doppler and power Doppler during an abdominal Doppler evaluation. The following areas will be covered: aorta (and branches), IVC, the portal venous system, TIPS, organ transplants, renals, renal arteries and veins and the celiac and mesenteric arteries. The students will be able to recognize normal and abnormal sonographic appearances of abdominal vasculature. An introduction to vascular, including peripheral arteries, veins and Doppler evaluation will be included in this course.

Registry Review

This class serves as a review in preparation for the ARDMS Abdomen, OB/GYN and examinations. Students will be given review exercises in the areas of Abdomen, OB/Gyn and Physics. The student will take “mock registries” with at least a 75% average to pass the class.

Clinical I (emphasis ABD)

The first quarter of clinical training the student will concentrate mostly on abdominal scanning and equipment competencies. Most competencies focus on abdominal scanning including the right upper quadrant (liver, gallbladder, pancreas), aorta, renals, bladder, adrenals, and spleen. Students will be given detailed instruction in scan techniques and clinical skills in the above areas. The students are also given detailed instruction in the operation of the sonographic equipment and correct ergonomics. All competencies must be successfully completed to pass the clinical portion of the quarter. Basic Doppler evaluation will be taught.

Clinical II (emphasis ABD and OB/Gyn)

The second quarter of clinical training concentrates on Abdomen and OB/Gyn scanning. Students will be given detailed instruction in scan techniques and clinical skills in the above areas. Competencies are in the above areas including transvaginal examination and must be successfully completed to pass the clinical portion of the quarter. Doppler evaluation of these organs/areas will be included.

Clinical III (emphasis ABD, OB/Gyn and superficial structures)

The third quarter of clinical training concentrates on Abdomen, OB/Gyn and Superficial structure scanning. Students will be given detailed instruction in scanning techniques and clinical skills including Doppler in the above areas. All required competencies must be completed in the above areas to pass the clinical portion of this quarter.

Clinical IV

The fourth quarter of clinical training includes competencies in the areas of abdomen, superficial structures, MSK and OB/Gyn (with 3D imaging). More detailed instruction will be given for Doppler evaluation of the portal and hepatic vessels, renal vessels and other abdominal vessels as encountered in the clinical area. ARFI scan technique and needle procedure guidance will also be taught. Students will focus on fine tuning their scanning skills in these areas. All competencies must be successfully completed to pass the clinical portion of this quarter.

Form Sections

- Program withdrawal form
- Student Corrective Action Form
- Student Letter of Recommendation Request Form
- Transcript Request Form
- Medical Incident Consent Form
- FERPA Release Authorization Form
- Medical Statement in Support of Accommodation Request
- Authorization to Disclose Health Information-Request for Accommodation



Program Withdrawal Form

This form is to be completed by a student planning to withdraw from a Cleveland Clinic Internal Health Professions Program.

Student Name: _____ Date: _____

CCF ID Number: _____

Student Address: _____

City/State/Zip _____ State: _____ Zip: _____

Phone: _____

CCF Program: _____

Option #1. I have completed LESS than 75% of the CCF Program identified above.

By signing, I acknowledge withdrawing from this CCF program at this time may have consequences, which include:

- No refund of tuition or other fees.
- A “W” will appear on my transcript.
- Withdrawing from the program in good standing may not guarantee reentering the program at a later date.

NOTE: Before making the final decision to withdraw from the program, it is in your best interest to discuss your academic situation and explore all of your options with your program director.

- I have discussed my options with the program director.
- I have not discussed my options with the program director and choose not to do so at this time.

Reason for Withdrawing:

I understand that a withdrawing from the program is effective the date this form is processed and my partial refund, if any, will be calculated based on that effective date and in accordance with the published refund schedule. Any forms faxed or sent via email outside business hours, during weekends or holidays will be processed and effective the next business day.

Student Signature: _____ Date: _____

Option #2. I have completed MORE than 75% of the CCF Program identified above.

After completing MORE than or equal to 75% of the program, the program director's signature is required along with written documentation which supports the withdrawal. If there is no supporting documentation or the support is not accepted, the earned letter grade (or unsatisfactory grade) will be recorded on the student's transcript at the time of the withdrawal.

Written Verification of Support: (✓ those that apply and attach documentation.)

(✓)		(✓)	
	Medical		Legal
	Military		Administrative
	Approved		Denied
Program Director Signature			
Name (printed)			
Date			



CLEVELAND CLINIC HEALTH SYSTEM
Center for Health Professions Education

Student Corrective Action Form

STUDENT: _____

DATE: _____

PROGRAM: _____

SCHOOL: _____

SCHOOL'S PROGRAM DIRECTOR/
CLINICAL COORDINATOR: _____

SUBJECT/AREA: _____
(clinical subject and area, i.e. didactic, laboratory, clinical)

This is to inform you of a deficiency in your health professions program performance for the following reason(s): (This form may be used to indicate deficiencies in professional behavior, academic and/or clinical performance. Please reference Student Handbook policies, procedures, etc.)

Correction Plan: (Identify expected improvement, help and direction available or provided, and compliance timeframe. Summarize previous corrective action notices, and identify consequences if improvement is not evident within timeframe.)

Immediate and sustained improvement in all of the above areas, as well as continued satisfactory performance in all the areas in which you presently are not deficient, is necessary to successfully complete this portion of your program. Further deficiencies will result in disciplinary action/s, which may include immediate dismissal. Please refer to your program's Student Handbook for specific information.

Cleveland Clinic Instructor's Signature Date

School's Program Director Signature Date

I acknowledge receipt of this notification. Further, my signature does not mean I agree or disagree with the above.

Student's Signature

Date

Student Comments:

xc: Student, School's Program Director, Cleveland Clinic Instructor's Student File, Center for Health Professions Education

8/20/09, rev. 6/20/13, rev 5/3/2021



Student Request for a Letter of Recommendation or Verbal Reference

If the student would like a letter of recommendation or a verbal reference from their Cleveland Clinic clinical instructor, fieldwork educator or preceptor, the student must provide the following information. No student information will be released without completing this form. A separate request form is required for each reference requested.

Student's Full Name: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Permanent Phone Number: _____

Student is Requesting a Reference from:

Name: _____

Title: _____

Student is Requesting Reference to be Provided to (choose 1):

Provide directly to student

Name: _____

Institution/Company/College: _____

Address: _____

City: _____ State: _____ Zip: _____

Letter of Recommendation Due Date: _____

I understand that letter of recommendation I have requested may become an educational record that I have a right to read under the Family Education Rights to Privacy Act of 1974 (FERPA), 20 U.S.C. 1232 g (a) (1).

I want to (Choose 1):

Retain my right to read this recommendation

Waive any and all access rights to this recommendation granted to me under FERPA

Applicant's Signature: _____ Date: _____

**No recommendation will be provided if form is not signed.*

Office Use ONLY!	Date Sent:	
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Transcript Request Form

In accordance with the Federal Family Educational Rights & Privacy Act (FERPA) of 1974 and subsequent amendments, your academic records cannot be released without your consent. All outstanding financial, academic or administrative obligations to the Cleveland Clinic (CCF) must be absolved before a transcript can be processed for release.

Student's Full Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

CCF ID Number: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

CCF Program: _____

Dates of Attendance: To: _____ From: _____

Transcript Options:

Number of Copies:	<input type="checkbox"/> Official Transcript – Place Transcript in a Sealed Envelope (Sealed Transcripts are official as long as seal is unbroken)	<input type="checkbox"/> Issued to Student (Stamped 'Unofficial – Issued to Student' Stamp)
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Delivery Options:

<input type="checkbox"/> Hold for Pick-Up
<input type="checkbox"/> Mail Transcript

Mail Transcript to:

Name: _____

Institution/Company: _____

Department/College/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Special Instructions:

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Signature: _____ (required) Date: _____ (required)

Office Use ONLY!	Date <u>Picked Up</u> or <u>Sent</u> : (circle one)	
	Sent by:	



Health Professions Student Medical Incident Report

Date: _____

Student's Name: _____

CCHS Preceptor/
Program Director: _____

CCHS Location:
(hospital, floor,
etc.) _____

Description of the Incident:

Health Professions Student:

During your CCHS clinical rotation, there was an incident that compromised your health. For your protection, it is recommended that you be taken to the Emergency Department for medical assessment and/or treatment; *however, as an adult, this is your decision*. If you agree to medical treatment, any medical costs will be billed to your insurance company. Any additional costs not covered by your health insurance will be your responsibility.

I agree and give permission to my preceptor to take me to the Emergency Department for _____ medical assessment and/or treatment.

I do not agree to be taken to the Emergency Department for medical assessment and/or treatment.

Date: _____

Student's
Signature:

Preceptor:

*Please call the student's Emergency Contact.

*Consider entering incident in SERS.

*A copy of this form is to be maintained securely in the department hosting the student's education experience.

**FERPA Release Authorization
for Health Professions Education Students**

I _____, authorize Cleveland Clinic to disclose the following education records:

- Transcript, including grades and courses taken
- Test/exam scores
- Courses taken
- Attendance records
- Disciplinary records
- Medical and health records created and collected by Cleveland Clinic and/or academic institution
- All records

to the following named individuals:

First and Last Name: _____ Relationship:

First and Last Name: _____ Relationship:

First and Last Name: _____ Relationship:

First and Last Name: _____ Relationship:

for the following purpose:

- Household/parental/legal guardian communications about academic/training performance
- Employment
- Admission to another academic or training institution
- Other:

beginning on the date of: _____ and ending on the date of:

Student Name: _____ Date:

Student Signature: _____



MEDICAL STATEMENT IN SUPPORT OF AN Accommodation Request

Form with fields for Student, Provider, Date, Provider Phone Number, and Provider Fax Number.

PLEASE COMPLETE ALL FIELDS

Medical evidence is being requested to support, clarify and/or confirm the need for a work accommodation under the Americans with Disabilities Act (ADA) for the student listed above.

Please answer the following questions regarding the student's condition as it relates to his/her ability to fulfill the requirements of her program.

- 1. Does the student have a physical or mental impairment that substantially limits one or more major life activities? [] Yes [] No

If yes, identify the impairment/clinical diagnosis:

Blank lines for writing the impairment/clinical diagnosis.

- 2. If you answered yes above, identify the major life activity that is substantially limited as a result of the impairment (check all that apply).

- Checkboxes for various life activities: Bending, Thinking, Sitting, Sleeping, Speaking, Standing, Squatting, Interacting with others, Breathing, Toileting, Walking, Working, Caring for self, Eating, Hearing, Seeing, Learning, Concentrating, Pushing/Pulling, Lifting, Performing Manual Tasks, Reaching.

Other _____

3. Can the student participate fully in their educational program without any accommodation?

Yes No

If no, with as much specificity as possible, please identify the functional limitations the student's disability presents.

4. If you answered no above, with as much specificity as possible, please describe any suggested accommodation(s) that will enable the student to participate in their program.

Provider Signature: _____ Date: _____

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of individuals or their family members. To comply with this law, we are asking you not to provide any genetic information when responding to this request for medical information. "Genetic information" that should not be disclosed pursuant to GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual's family member, and genetic information of an embryo lawfully held by an individual or family member receiving assistive reproductive services.



Authorization to Disclose Health Information- Request for
Accommodation

I hereby authorize Cleveland Clinic or other health care provider listed on the Medical Statement in Support of an Accommodation Request submitted to Cleveland Clinic by me and/or on my behalf to release all of my health information that supports medical evidence of my qualifying disability under the American's with Disabilities Act (ADA) to the Cleveland Clinic's Program Director/Education Coordinator in order to provide clarification and confirmation of the ADA accommodation(s) requested and/or needed. I understand and acknowledge that this health information may contain information regarding physical and mental illness, HIV test results or diagnosis, treatment of AIDS/AIDS-related conditions, and/or alcohol/drug abuse. This authorization does not include permission to release outpatient Psychotherapy Notes as defined below. Release of Psychotherapy Notes requires a separate authorization. This authorization and consent will expire one year from my signature date, unless revoked sooner by me (or my legal representative) through written notice to the Program Director/Education Coordinator. Any revocation will not apply to information that has already been released in response to this authorization. I understand that the health care provider releasing my health information will not base decisions regarding treatment, payment, enrollment, or eligibility for benefits on whether or not I sign this authorization. After my health information is released, my information may be re-disclosed by the recipient and may no longer be protected by law.*

**Psychotherapy Notes are defined as notes that document private, joint, group, or family counseling sessions that are separated from the rest of a patient's medical records.*

If this authorization is not complete, signed, and dated, it may be returned and result in my information not being released until completed.

Date

Student Signature

Date

Printed Name

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of individuals or their family members. To comply with this law, we are asking you not to provide any genetic information when responding to this request for medical information. "Genetic information" that should not be disclosed pursuant to GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, genetic information of a fetus carried by an individual or an individual's family member, and genetic information of an embryo lawfully held by an individual or family member receiving assistive reproductive services.