

Supplemental Student Handbook

Policies of Cleveland Clinic School of Health Professions: Mercy Diagnostic Medical Sonography

SPONSORS RESPONSIBILITY	1.12
DESCRIPTION OF PROFESSION	1.21
PROGRAM ORGANIZATION	1.23
LIBRARY FACILITIES	1.4
COMPETENCY BASED CRITERIA	3.111
REQUIRED CLINICAL COMPETENCY	3.112
COMPETENCY TIME LIMIT	3.113
PROOF OF COMPETENCY	3.12
OVERTIME COMPENSATION	3.130
STUDENT SCHEDULING	3.131
CLINICAL ROTATIONS	3.132
DAILY SHIFT ASSIGNMENTS	3.133
DISTRIBUTION OF CLINICAL EXPERIENCE	3.14
VALIDATION CLINICAL COMPETENCY	3.15
CLINICAL SUPERVISOR	3.2
STUDENT CAPACITY	3.41
ATTRITION RATE	3.42
DIDACTIC CURRICULUM-CONTENT	4.11
CLASS SCHEDULES	4.3
STUDENT STATUS vs EMPLOYEE STATUS	5.41
APPOINTMENT OF STUDENT LIAISON	6.512
ADVISORY BOARD FUNCTIONS	6.513
STUDENT/STAFF SCANNING	7.162
INFECTION CONTROL	7.2
PREGNANCY POLICY	7.3
MERIT/DEMERIT PROGRAM	7.6
PROGRAM POLICIES-SCOPE OF AUTHORITY	7.66
POST-GRADUATION EMPLOYMENT	7.8
PROFESSIONAL DAYS	7 81

SPONSORS' RESPONSIBILITIES

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

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.

PROGRAM ORGANIZATION

The Diagnostic Medical Sonography Program at Cleveland Clinic Mercy Hospital is directed in consultation with the medical director. The program director has line authority from and accountability to the School of Health Professions.

The Diagnostic Medical Sonography Program's Advisory Board serves to address and provide insight on a

Broad range of topics including the program's mission, goals, and objectives, curriculum, outcomes,

Program strengths and areas for improvement in preparing graduates, current and projected community

need for graduates in the field, annual evaluation of program effectiveness, and student, graduate,

Clinical externship affiliate, and employer feedback.

The program's advisory board consists of at least **one current faculty member** and at least one non-employee representative from outside the organization from each of the following communities of interest:

- Student
- Sponsor administration
- Graduate
- Employer
- Physician/medical advisor
- Public member
- A medical advisor attends advisory board meetings and acts as a consultant to the program by participating in goal determination, curriculum development, and outcomes assessment review. The medical advisor is a physician and is currently licensed within a jurisdiction of the United States, licensed, certified by the American Board, of Medical Specialties (ABMS). The medical advisor is board certified in a relevant medical specialty and has knowledge of the use of diagnostic medical ultrasound.

LIBRARY FACILITIES PROGRAM OFFICE

The technical library for the Diagnostic Medical Sonography Program is in the program director's office. There are also books for reference kept in the ultrasound department. Information about the Mercy Hospital Medical Library and Ohio Link can be found in the School of Health Professions handbook.

POLICY:			POLICY NUMBER:
Competency-based Criteria			3.111
EFFECTIVE DATE: November 1999	REVISED:_May 2000 Oct 2000 Last Reviewed: Mar 2025	AUTHORIZED BY: Advisory Board	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.

TITLE:			POLICY NUMBER:
Required Clinical Competencies & Lab Assessments			3.112
EFFECTIVE DATE:	REVISED: May 2000	AUTHORIZED BY:	PREPARED BY:
November 1999	April 2008, April 2009, October 2015, May 2016 Feb 2021, Mar 2025 Last Reviewed: Mar 2025	Advisory Board	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:

Achilles tendon*

Aorta Equipment Comps:

RUQ /Abd Lim Doppler*
Kidney 3D imaging*
Bladder Sequoia*
Pelvis GE*
Transvaginal Trophon*

Breast

Abdomen Complete

OB 1st, 2nd and 3rd trimester

Biophysical profile

Thyroid Scrotum Liver Vascular GI/Appendix* Lesions

Biopsy/Needle procedure

ARFI

Renal Doppler* Mesenteric Doppler* Non-cardiac chest

Portable Sterile Field* PPE don/doff*

Vital signs and venipuncture*

*= Lab Assessment

TITLE:			POLICY NUMBER:
Competency & Lab As	sessment time limit policy		3.113
EFFECTIVE DATE:	REVISED: Oct 2015, May 2016, Feb 2021,	AUTHORIZED BY:	PREPARED BY:
October 4, 2010	Sep 2024, Mar 2025	Advisory	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025	Board	

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.

The student will be given 50% of time over the appointment time.

For exams scheduled as a 30-minute appointment, the student will be given 45 minutes of scan time to complete the competency.

For 60-minute exams the student will be given 90 minutes to complete the competency.

If the student does NOT complete the exam in the allotted time, it will be considered an automatic failure.

30- minute exams include:

RUQ	spleen	kidney	aorta	pelvis
transvaginal	Bio	thyroid	testicles	breast
knee	lesion/mass	POC OB	ARFI	
bladder	GI/Appendix	non-cardiac chest	1st trimester OB	

60- minute exams include:

Fetal Anatomy	Fetal Growth +	ABD complete	Liver Vascular
Renal Doppler	Mesenteric Doppler		

Biopsy/Needle Procedure competencies have no time limit, as it is mainly dependent upon the Radiologist and patient condition.

TITLE:			POLICY NUMBER:
Proof of Competency in Performing Procedures			3.12
EFFECTIVE DATE:	REVISED: May 2000, April 2008	AUTHORIZED BY:	PREPARED BY:
November 1999	April 2006	Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025		

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 coordinator, or the program director.

Competencies and lab assessments may only be performed during normally scheduled clinical hours. (No afternoons or weekends)

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.

			<u> </u>
TITLE:			POLICY NUMBER:
Overtime Compensation			3.130
EFFECTIVE DATE:	REVISED: Sept. 2002,	AUTHORIZED BY:	PREPARED BY:
November 1999	May 2000, Mar 2025	Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar		
on a regular basis and the Compensatory/Overtime Compensatory time may Compensatory time will be	e student will be advised a	s to available time. btain early graduation or e, professional days, or p of the program director.	Permission or denial will

TITLE:			POLICY NUMBER:	
IIILE:			3.131	
Scheduling - Total Time	Allowed			
EFFECTIVE DATE:	REVISED: May 2000	AUTHORIZED BY:	PREPARED BY:	
November 1999	Last Reviewed: Mar 2025	Advisory Board	S. Bielanski, BS, RDMS	
	s a student spends in the to de classroom instruction ar ermitted.			
	care, a student will be per on must be taken according	•	normal shift ending time.	
Make up time falls under	a different ruling.			

TITLE: Clinical Rotation Schedules			POLICY NUMBER: 3.132
Clinical Rotation Scriedu	162		
EFFECTIVE DATE:	REVISED: Feb 2021	AUTHORIZED BY:	PREPARED BY:
November 1999		Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025		

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.

*NOTE: No changes will be made in the rotation schedule without permission from the program director, clinical instructor or designate.

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:

-radiologist - vascular lab - cardiac lab -ultrasound off-site -radiology - MRI -CT - nuclear medicine -mammography -specials - radiation therapy -ultrasound off-shifts

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.

TITLE:			POLICY NUMBER: 3.133	
Daily Shift Assignments			3.133	
EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:	
November 1999		Advisory Board	S. Bielanski, BS, RDMS	
	Last Reviewed: Mar 2025			
Students will be schedule encompass both clinical t	ed forty (40) hours a week. time and classes.	This will include weekda	iys only and will	
**NOTE: No changes will be made in the schedule without permission from faculty of the program.				

TITLE:			POLICY NUMBER: 3.14
Distribution of Clinical	Experience		
EFFECTIVE DATE:	REVISED: Jan 2006, Oct 2015, Feb 2021,	AUTHORIZED BY:	PREPARED BY:
November 1999	Jan 2024	Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025		

Clinical assignments include the following approximates for types of clinical experience and are subject to change based on student needs:

Abdomen	39.3%
Obstetrical/GYN	16.1%
Superficial Structures	40.6%
MSK	4.0%

TITLE: Validation of Clinical Competency Requirements			POLICY NUMBER: 3.15
EFFECTIVE DATE: November 1999	REVISED: Feb. 2021 Last Reviewed: Mar 2025	AUTHORIZED BY: Advisory Board	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 and ABHES standards and guidelines

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

TITLE: Clinical Supervision			POLICY NUMBER: 3.2
EFFECTIVE DATE: November 1999	REVISED: May 2000, April 2008, Feb 2021,	AUTHORIZED BY:	PREPARED BY:
November 1999	May 2023, Jan 2025 Last Reviewed: Mar 2025	Advisory Board	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.

Sonographer preceptors must:

- Hold ARDMS registries in at least Abdomen and OB/GYN
- Complete preceptor modules in My Learning
- Have at least 3 years' scanning experience

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 the following exists:

- (1) Student has proven competent to perform exam
- (2) The student is performing a 3rd or 4th quarter exam
- 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.

Student Capacity			POLICY NUMBER: 3.41
EFFECTIVE DATE:	REVISED: March 2025	AUTHORIZED BY:	PREPARED BY:
ovember 1999		Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025		
	enrolled in the program sha -DMS and CAAHEP must b		

		POLICY NUMBER:
		3.42
REVISED: Feb 2021	AUTHORIZED BY:	PREPARED BY:
Last Review: Mar 2025	Advisory Board	S. Bielanski, BS, RDMS
sons for attrition. The prog	gram director also may se	eek advice from personnel
S	Last Review: Mar 2025 be responsible for conductions for attrition. The prog	Advisory Board

TITLE: Didactic Curriculum - Content			POLICY NUMBER: 4.11
EFFECTIVE DATE: November 1999	REVISED: Mar 2025	AUTHORIZED BY:	PREPARED BY:
November 1999		Advisory Board	S. Bielanski, BS, RDMS
	Last Reviewed: Mar 2025		
all students and members The program director sha		exams, and evaluations i	is file is open for review by in a locked file/secure

Canton, OH			
TITLE:		POLICY NUMBER:	
Class Schedules			
EFFECTIVE DATE:	REVISED: Oct 2015 Feb 2021	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar	Advisory Board	S. Bielanski, BS, RDMS
orientation. Clinical rotation schedule Quarterly class schedule syllabus. It is the studen		e. s will be given to the stud all scheduled classes. ngs, or on days when stu	dents in the course

TITLE:			POLICY NUMBER:
Student Status vs Employee Status			5.41
EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar	Advisory Board	S. Bielanski, BS, RDMS
	ployed in the ultrasound de		

TITLE:			POLICY NUMBER: 6.512
Appointment of Student Liaison			0.012
EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS
The advisory board shall	pers of the advisory board reserve the right to object ot limited to, unacceptable	to nominees selected. Th	nis objection shall be

TITLE:		POLICY NUMBER:	
Advisory Board Functions			6.513
EFFECTIVE DATE:	REVISED: Nov 2017	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar 2028	Advisory Board	Susan Bielanski, BS, RDMS

The Diagnostic Medical Sonography Program's Advisory Board serves to address and provide insight on a

Broad range of topics including the program's mission, goals, and objectives, curriculum, outcomes, Program strengths and areas for improvement in preparing graduates, current and projected community

need for graduates in the field, annual evaluation of program effectiveness, and student, graduate, Clinical externship affiliate, and employer feedback.

The Advisory Board consists of in-field specialists who are committed to assisting the program's leadership and educators in fulfilling education objectives and improving program effectiveness. The Advisory Board meets a minimum of once per year. Distribution of meeting minutes to the Advisory Board, program personnel, and interested parties is documented prior to the next schedule meeting.

The Advisory Board for the Diagnostic Medical Sonography Program shall provide insight and guidance for the following activities concerning the program:

- a. Policy changes
- b. Organizational changes
- c. Faculty appointments
- d. Review faculty effectiveness
- e. Changes in curriculum
- f. Appointments to other committees
- g. Define functions and set guidelines for other committees
- h. Review student progress in the program
- o Review student status based on performance as needed
- j. Review program outcome data and create action plans

TITLE:			Policy Number 7.162
Student/ Staff Scanning policy			
EFFECTIVE DATE:	REVISED: Mar 2021	AUTHORIZED BY:	PREPARED BY:
June 2000	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS

For educational purposes **only**, students shall be permitted to scan staff sonographers, radiologists, and fellow students, provided the subject has volunteered.

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.

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.

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.

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.

TITLE: Infection Control			POLICY NUMBER: 7.2
EFFECTIVE DATE: Mar 2025	REVISED:	AUTHORIZED BY:	PREPARED BY: Susan Bielanski, BS,
IVIAI 2023		Advisory Board	RDMS

Students are expected to follow all infection control policies of Cleveland Clinic. This includes hand hygiene, sterile procedure and proper disinfection of equipment.

Students will wash hands with soap and water:

- · When hands are dirty or visibly soiled
- · After removing gloves if there has been any contact with blood or other potentially infectious material
 - · After using the restroom
 - · Before eating
- · When caring for patients with suspected or confirmed Clostridioides difficile, Hepatitis A, or Norovirus infections
 - · After suspected or proven exposure to Bacillus anthracis 2.

Alcohol-based hand rub (ABHR) is preferred over soap and water for hand hygiene when hands are not visibly soiled. Hand hygiene with ABHR or soap and water will be performed:

- Before and after direct contact with patients and their immediate environment if hands are not visibly soiled and there has been no contact with blood or other potentially infectious material
- · Before inserting indwelling catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical scrub.
 - · When going from a dirty procedure to a clean procedure on the same patient
- Before donning and after removing gloves if there has been no contact with blood or other potentially infectious material (the use of gloves does not eliminate the need to perform hand hygiene)

Student will complete a sterile procedure competency during scan lab in the 1st quarter. After this, they may set up or actively participate in invasive procedures under the supervision of a sonographer.

All ultrasound transducers/probes must be cleaned and then either disinfected or sterilized between patients per manufacturer's instructions for use (MIFU). Probes used on intact skin must be low-level disinfected (LLD). Probes used on non-intact skin or mucous membranes must be high-level disinfected (HLD) or sterilized. After disinfection, use a sterile probe cover.

Probe cords must be low-level disinfected after each use. Follow MIFU for disinfection if a breach/tear of a probe cover is detected. Low-level disinfect non-critical probes BEFORE and AFTER each use.

Only persons with documented training and competency testing annually can high-level disinfect ultrasound probes. Students receive training and perform a competency on operating the Trophon unit during scan lab in the first quarter. They may HLD the probe under the supervision of a sonographer. The student must wear gloves when reprocessing ultrasound probes:

High-level disinfected probes must be reprocessed if not used within 7 days. Ultrasound machines should be cleaned on a routine basis and when visibly soiled. Follow MIFU instructions for cleaning the machine. Clean machine on a routine basis according to department usage and when visibly soiled.

All ultrasound probes must be cleaned after use, even if a probe cover has been used. Follow MIFU for selection of acceptable pre-cleaning/cleaning products that are compatible with the probe. Do not use hand soap.

Low-Level Disinfection For Probes Used On Intact Skin and for Percutaneous Sterile Procedures Utilizing a Sterile Probe Cover (e.g. central line insertion, breast biopsy) Use an Environmental Protection Agency (EPA) registered disinfectant with a human immunodeficiency virus (HIV)/ hepatitis B virus (HBV) and/or mycobacteriacidal claim as recommended by MIFU. Follow recommended contact time on disinfectant product label.

High-Level Disinfection for Probes Used On Non-Intact Skin or Mucous Membranes (Regardless of Use of Probe Cover) Trophon® Vaporized Hydrogen Peroxide System A. Trophon® system may be used for high-level disinfection per the MIFU. Probe must be pre-cleaned and dried before placing in Trophon®. Use gloves when handling the hydrogen peroxide cartridge. Document the HLD in the HLD log.

Store HLD critical probes in a clean probe cover with a tag indicating date and initials of personnel who performed high-level disinfection and the expiration date.

Student should wear proper personal protective equipment (PPE) when involved with patients. Wear gloves

for anticipated contact with blood, body fluids, secretions, excretions, mucous membranes, and nonintact skin or touching contaminated items or surfaces. Remove gloves immediately after use and perform hand hygiene.

Wear a clean, non-sterile fluid-resistant gown to protect skin and to prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions is anticipated. Remove and dispose of gown at completion of task before exiting patient's room and perform hand hygiene.

Wear masks and protective eyewear or face shields if splashing, spraying, spattering, or aerosolization of droplets of blood, body fluids, secretions, or excretions may be generated and eye, nose, or mouth exposure can be reasonably anticipated. Remove masks and protective eyewear after patient contact. Do not reuse disposable face masks.

Clean and low-level disinfect reusable protective eyewear.

TITLE: Pregnancy			POLICY NUMBER:
EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS
childbirth. Students seek	ntitled to reasonable according accommodations should be accommodation and require the student is not required to the studen	ld contact their program	director or student

TITLE:			POLICY NUMBER:
Merit/Demerit Program			7.6
EFFECTIVE DATE:	REVISED: Mar 2021	AUTHORIZED BY:	PREPARED BY:
Nov 2001	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS

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.

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.

A **verbal warning** (documented) will be issued first followed by a demerit for any further violations for the violations listed below:

1. Dress code violations times

5. Taking longer than allotted lunch

2. Neglecting room duties class

6. Early departure or late return from

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

Automatic 2-point demerits:

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

Merits will be given for the following:

- 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

TITLE:			POLICY NUMBER: 7.66
Program Policies-Scope of Authority			7.00
EFFECTIVE DATE:	REVISED: Mar 2021	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS
supersede the policies of	e Medical Sonography (Me i Cleveland Clinic for all ma apply in all matters not add	atters concerning student	s of the program.

TITLE:			POLICY NUMBER:
Post-Graduation Employment			7.8
EFFECTIVE DATE:	REVISED : Jan 2006 Mar 2021	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar2025	Advisory Board	Susan Bielanski, BS, RDMS

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.

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

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.

If there is a position to be filled in Mercy Hospital's ultrasound department, graduating students will be notified and 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.

The Diagnostic Medical Sonography program does not guarantee graduating students' employment.

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.

The program does not have a formal placement service, but all known available jobs are posted.

TITLE: Professional Days			POLICY NUMBER: 7.81
EFFECTIVE DATE: November 1999	REVISED: Mar 2021 Last Reviewed: Mar 2025	AUTHORIZED BY: Advisory Board	PREPARED BY: Susan Bielanski, BS, RDMS

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

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.

TITLE:			POLICY NUMBER:
Student Handbook/Policy manual			0.51
EFFECTIVE DATE:	REVISED:	AUTHORIZED BY:	PREPARED BY:
November 1999	Last Reviewed: Mar 2025	Advisory Board	Susan Bielanski, BS, RDMS

A policy manual or student handbook shall be distributed to students that will include:

- a. Attendance policies
- b. Conduct policies
- c. Dress codes
- d. Academic standards
- e. Graduation requirements
- f. Clinical performance standards
- g. Probationary policy
- h. Employment
- i. Student benefits
- j. Appeals & Grievance procedures

The School Catalog and supplemental handbook 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.