Cleveland Clinic
School of Health Professions

Beachwood Diagnostic Medical Sonography Program Supplemental Handbook

Handbook Publication Date:
June 30, 2026

State of Ohio Board of Career Colleges and Schools
Certificate of Registration Number 2165

Joint Review Committee on Education in Diagnostic Medical Sonography
Abdomen-Extended | Obstetrics & Gynecology
Program # 110402

School of Health Professions
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Professional Organization Information

CAAHEP Accreditation Process www.caahep.org
JRCDMS Standards and Procedures - www.jrcdms.org
American Registry of Diagnostic Medical Sonography (ARDMS) www.ardms.org
Society of Diagnostic Medical Sonography (SDMS) www.sdms.org
American Institute of Ultrasound in Medicine (AIUM) www.aium.org
Society of Vascular Ultrasound (SVU) www.svu.org

ARDMS Certification

To earn the Registered Diagnostic Medical Sonographer credential, candidates must pass the ARDMS Sonographic Principles & Instrumentation examination AND an ARDMS specialty examination.

Towards the end of the 3rd semester, the DMS Instructor teaching the SPI Review class will meet with students individually to set up their personal account on the ARDMS website. Once the SPI Review class is passed successfully, students are encouraged to take the SPI examination during the 4th semester. Sixty days prior to graduation, students may apply to sit for a specialty examination (Abdomen or Ob/Gyn) and receive credentials contingent on passing the examination and meeting all graduation requirements.

For more information about the ARDMS examination process, please visit their website at: https://www.ardms.org

Behavioral Objectives

Personal and professional development starts as a student and continues throughout a sonographer's career. The work ethic and attitudes developed or influenced during the training period greatly impacts the degree of professional success a sonographer enjoys.

Students will:

- Show initiative by displaying motivation and energy in starting and completing tasks.
- Demonstrate a professional attitude by displaying and/or creating a positive emotional and psychological environment for patients and co-workers.
- Develop professional interpersonal relationships as evidenced by positive interactions with patients, families, and co-workers.
- Possess appropriate patient perception skills by demonstrating the ability to perceive patient's needs and respond to them as needed.
- Be productive, as demonstrated by the volume of work accomplished.
- Perform high quality work, as evidenced by the accuracy and thoroughness of procedure performance.
- Possess organizational skills by demonstrating the ability to perform in a systematic and logical fashion.
- Demonstrate the ability to follow direction by possessing the ability and willingness to listen, reason and interpret tasks.
- Demonstrate flexibility by being willing to be guided and instructed.
- Demonstrate adaptability by being able to adapt the procedure to the patient.
- Demonstrate self-confidence.
- Demonstrate a professional demeanor.

- Present a professional appearance in accordance with SOHP and program policy.
- Demonstrate dependability by being reliable and conscientious.
- Demonstrate accountability by taking responsibility for his/her actions and through attendance and punctuality.

In view of the critical role that communication plays in the successful provision of care to patients and to colleagues, all students will subscribe to the following principles:

- **Patients, their families, and significant others are the most important people to the healthcare team.**
    - We communicate information that sets appropriate expectations and reduces anxiety.
    - We take the time to understand their needs and preferences.

- **We lead by setting a good example.**

- **We make ourselves accessible to others.**
    - We listen.
    - We respond to requests in a timely manner.
    - We are open to the opinions of others, options, and ways of doing things.
    - We are on time for patient-related commitments.

- **We exhibit a personable, pleasant, and professional demeanor.**
    - We know the people with whom we work and address them by name.
    - We acknowledge and make eye contact with others.
    - We appreciate similarities and value differences.
    - We use “please”, “thank you”, and “I’m sorry” in our daily vocabulary.

- **We create a positive environment of support, respect, and appreciation.**
    - We give and receive open and honest feedback to allow personal and professional growth.
    - We praise each other publicly and provide constructive feedback privately.
    - We refrain from gossip, rumors, and malicious talk about others.
    - We avoid indirect communication and speak directly with the person involved.
    - We communicate in a clear and consistent manner using appropriate words, body language, and facial expressions.

- **We are all Caregivers and help each other achieve our potential.**
    - We educate each other.
    - We recognize value in every member of the care team.
    - We select the best people for roles based on their skills, strengths, and interests.

- **We manage stress appropriately both in the workplace and on a personal level.**
    - We manage stress to minimize impact on others.
    - We exhibit appropriate non-verbal communications, particularly when under stress.
    - We take care of ourselves so we can take better care of others.

- **We value every member of the care delivery team equally and recognize the “main ingredient for success is the rest of the team”** (- *J Wooden*)
    - We set and communicate expectations in a collaborative manner.
    - We ensure clarity of roles and responsibilities.
    - Our actions reflect our commitment to quality, safety, and efficiency.

- We recognize and reward people in ways they appreciate.

Clinical Competency Examination

Competency examinations will be conducted as a means for students to demonstrate competence in performing procedures according to the following guidelines:

1. Students may ***not*** complete a competency examination on any procedure prior to educational instruction and passing a lab practical or assignment for that procedure. The curriculum is designed to teach sonographic procedures from simpler exams to the more complex as the student progresses in the program.

2. Competency examinations require a minimum score of **84%** for the student to be considered competent. A competency examination is not considered complete until a passing grade is achieved. The student is not considered competent with a score of **less than 84%** on that exam and must repeat the competency (*see Failed Competency Exams section for more detail).*

3. Competency examinations must be filled out using Trajecsys and must be electronically signed by the supervising technologist. The clinical coordinator must then electronically validate each competency.

4. Once a student has successfully passed a competency examination on any given procedure, that student is then allowed to perform the procedure under indirect supervision, following the supervision policy. If the student subsequently demonstrates an inability to correctly perform the procedure, program faculty will deem the competency null and require the student to repeat the competency exam.

5. Students must inform the technologist ***prior*** to the beginning of the procedure that they intend to perform a competency.

6. If a student does not complete the required number of competencies in any given semester, their clinical grade will drop one letter grade, and they will receive an incomplete for that semester. For each subsequent week that the requirement is not met, the grade will drop one more letter grade. The only exceptions are when a student is on an approved leave of absence (LOA), or the student receives an extension for the due date from the clinical coordinator. The student on an approved leave of absence is given additional time, equal to their absence, to complete the clinical requirements.

FAILED COMPETENCY EXAMS:

1. A failed exam is one that received a score lower than 84%. The student is not considered competent on that exam and must repeat the competency examination until an 84% or higher is achieved. Students must have direct supervision until successfully passing the competency exam.

2. All failed competency examinations must have an electronic competency form filled out and electronically signed by the observing technologist and validated by the clinical coordinator in Trajecsys.

3. Students who fail a competency examination must perform remediation on the specific procedure with a program representative in the scan lab or with a clinical preceptor at

clinicals. Remediation will consist of a review of the procedure and the student successfully performing the procedure with the clinical preceptor or program faculty member. A Competency Examination Remediation Form must be completed and submitted by the clinical preceptor or by program faculty in Trajecsys. Once the remediation is completed successfully, the student is required to repeat the competency on a patient in a clinical setting.

4. Any student who fails two competency examinations in the same semester will receive a written academic counseling and one letter grade deduction of their clinical grade.

5. Further failure of a third competency examination within the same semester will result in final written academic counseling and a one letter grade deduction of their clinical grade.

6. If the student fails a fourth competency examination in the same semester, this will result in academic dismissal from the program.

7. If the student fails a competency near the end of the fifth and final semester or does not complete all the required competencies, they have up to three weeks to complete and pass the competency. The student may still attend the graduation ceremony; however, they will not receive their diploma and final official transcript until all graduation requirements are fulfilled.

COMPETENCY EXAMINATIONS:

- Students are required to complete 36 mandatory competencies
- Students are not permitted to complete competency examinations until they have successfully passed their scan lab practical examination* and the student feels confident.

MANDATORY EXAMINATIONS:

- Complete Abdomen (2)
- Aorta/IVC (1)
- Right Upper Quadrant (Biliary System, Liver, Pancreas) (4)
- Kidneys (2)
- Scrotum (2)
- Spleen (1)
- Thyroid (2)
- Bladder (1)
- Pleural Space (1)
- Ultrasound Guided Thoracentesis (1)
- Ascites Survey (1)
- Ultrasound Guided Paracentesis (1)
- Elective (1)
- Transabdominal Pelvis (2)
- Transvaginal Pelvis (2)
- Complete Pelvic Ultrasound TA and TV Pelvis Combo (2)
- First Trimester OB Scan (1)
- Maternal/Fetal Environment (1)
- Fetal Biometry (1)
- Fetal Brain (1)
- Fetal Face (1)
- Fetal Heart/Thoracic (1)
- Fetal Abdomen (1)
- Fetal Spine (1)

- Fetal Extremities (1)
- Biophysical Profile (1)

ELECTIVE EXAMINATIONS:

Pick ONE exam of your choice from any of the following categories.			
Interventional	**Vascular**	**Other**	
Biopsy	Carotid	Nuchal Translucency	Appendix or bowel
Aspiration	Venous Extremity	OB Anatomy Scan	Musculoskeletal (MSK)
Needle Localization	Arterial Extremity	Neonatal Spine	Exam in the OR
Thoracentesis	Vein Mapping	Neonatal Abdomen	Portable Challenging pt
Paracentesis	PVR-Physiological	Neonatal Head	Adrenals
Amniocentesis	Transplant Doppler	Pylorus Evaluation	Positive Hernia
Foreign Body Removal	TIPS Evaluation	Pediatric Hips	Superficial mass/lump
Sono hysterogram (SIS)	Liver Doppler	Pediatric renal PRONE	Prostate
Chorionic Villus Sampling	Renal Artery Doppler	Cervical Lymph Map	Breast
Others approved by the clinical coordinator			

*Students are required to pass a scan lab practical or assignment in the classroom prior to attempting a competency on the specific structure(s) in a clinical setting.

Contingency Plan

If a catastrophic event prevents clinical involvement for the safety of the students or patients, faculty will make every effort to mitigate the loss of clinical education through schedule alterations, reassignments, simulated clinical experiences and virtual clinical demonstrations, such as Sono Sim resources. When restrictions are lifted and at the discretion of program faculty, students may be responsible for completing all or a portion of missed clinical assignments to satisfy graduation requirements.

Fire Plan Rally Point:

The rally point at the Cleveland Clinic Administrative Campus is located on the sidewalk, in front of Building 2, under the skyway between buildings 2 and 4.

When at the clinical site, the clinical preceptor will review the fire plan of their site with students.

Emergency Codes:

- To view Ohio-based emergency codes, click here.
- The students are educated on the Emergency Codes and the procedures that are associated with each code during Introduction to Sonography and Patient Care in the first semester.

Conduct & Performance Standards

Students enrolled in the Beachwood Diagnostic Medical Sonography Program must conduct themselves in an appropriate and professional manner and must adhere to the rules and regulations of the School of Health Professions, the program, and clinical sites. The purpose of this requirement is to provide guidelines to assist with managing student performance or conduct

issues that interfere with the safe, orderly, effective, and efficient operation of the program and the organization. It provides standards and rules governing performance and a procedure for consistent, non-discriminatory application of the rules in the interest of maintaining the highest quality patient care and educational environment.

RECORD OF CORRECTIVE ACTIONS:

- Records of attendance and corrective action remain active and are retained for a period of ten years All records are reviewable for matters pertaining to employment references, dismissal, and reinstatement after dismissal.
- Any student receiving a second corrective action suspension within the length of the program, whether the two suspensions are for related or unrelated conduct, shall be dismissed.
- The receipt of all corrective actions, whether in the capacity as a student, may result in denial of access to clinical sites and/or dismissal from the program.
- If a student is denied access to a clinical site, and cannot be reassigned to another site, the student will not be able to complete the program's requirements and is therefore dismissed from the program.

PROCEDURE:

All students are expected to always conduct themselves in a professional and caring manner. If professional behavior is not exhibited, corrective actions may be implemented up to and including dismissal from the program. When it becomes necessary to implement corrective actions for performance deficiencies, acts contrary to established policies or procedures, or to assure that the program and clinical site best interests are served, reference will be made to the categories below which relate to the severity of the offenses to the corrective action. However, categories are not all-inclusive, and students may be disciplined for actions not specifically designated. If a student is dismissed from the program, utilizes the grievance procedure, and is denied re-acceptance, that student will not be permitted to reapply to the program.

IMPLEMENTATION:

Students who fail to abide by established standards and rules may be subject to corrective action. The steps of corrective action may vary depending upon the nature of the infraction, the circumstances surrounding the offense, and the student's past records. In the event that a student does not conduct him/herself in a professional manner, the following corrective actions may take place. How rapidly a student goes through the following progressive steps, or at what stage the corrective actions will be initiated, will depend upon the seriousness of the offense. The Program Director will use their judgment to determine the appropriate step which applies in each circumstance. Regardless of the category in which an offense is listed, a particularly flagrant violation may result in more severe discipline than that which is indicated for that category. Conversely, in the event that mitigating circumstances are judged to exist, less severe discipline may be imposed than would otherwise be indicated for the category of offense involved. Some infractions are not progressive in nature.

The four steps of Corrective Action (*as defined in the SOHP Corrective Action* Policy) are as follows:

Step 1: Documented Counseling
Step 2: Written Corrective Action
Step 3: Final Written Corrective Action or Suspension

Step 4: Dismissal

CATEGORY I:

- 1st Offense: Documented Counseling
- 2nd Offense: Written Corrective Action
- 3rd Offense: Suspension or Final Written Corrective Action
- 4th Offense: Dismissal

1. Attendance related offenses (see *Attendance policies in the SOHP Catalog).*
2. Failure to inform the clinical site **and** the clinical coordinator regarding absence within two hours of scheduled start time, whether scheduled or unscheduled (no call/no show) for clinical rotation.
3. Failure to notify program faculty for a class absence.
4. Loitering during scheduled working and off-duty hours.
5. Eating or drinking in unauthorized areas.
6. Violation of hospital parking regulations.
7. Sleeping during class or clinical.
8. Unauthorized extended meal period or breaks.
9. Failure to get approval from program officials for clinical schedule changes.
10. Failure to perform in a courteous, conscientious, and caring manner in responding to the needs of patients, visitors, fellow students, or employees.
11. Unauthorized use of the internet, electronic devices, or cell phones during class, lab, or clinical.
12. Failure to adhere to reasonable standards of personal hygiene, grooming, and dress code. This includes failure to adhere to established uniform requirements and failure to wear the appropriate Cleveland Clinic identification badge.
13. Copying answers directly from the answer key for workbook and classroom assignments.

CATEGORY II:

- 1st Offense: Written Corrective Action
- 2nd Offense: Suspension or Final Written Corrective Action
- 3rd Offense: Dismissal

1. Arriving to your assigned area late or leaving your assigned area early.
2. Conduct prejudicial to the best interest of the hospital, School, or program.
3. Unacceptable or unsatisfactory job performance including causing or contributing to unsanitary or unsafe conditions and performing unsafe procedures.
4. Profane or unprofessional language.
5. Careless neglect or improper or unauthorized use of hospital, School, or program property or equipment.
6. Collecting funds or accepting gratuities.
7. Repeated or chronic infractions of hospital, School, or program rules with no evident improvement in performance or conduct.
8. Failure to follow program supervision policies and demonstrate consistent retention in sonographic imaging. Inefficiency, incompetence, or negligence in performance of duties.
9. Reporting to class or clinicals in an unfit or unsafe condition to work.
10. Failure to perform duties at minimally acceptable standards after counseling and guidance.
11. Failing score on two competency examinations in one clinical semester. (*See* Failed *Competency Exams for details)*.
12. Violation of Academic Integrity Policy.

13. Unauthorized use of Cleveland Clinic identification badge.
14. Improper or negligent acts that cause damage to/waste of supplies, equipment, or other property.
15. Any other failure of good behavior or neglect of duty.

CATEGORY III:

- 1st Offense: Suspension or Final Written Corrective Action
- 2nd Offense: Dismissal

1. Reporting to classes or clinical experience under the influence of alcohol or narcotics as evidenced by:
    a. Inability to perform assigned duties or participate in class
    b. Demonstration of undesirable characteristics (such as the odor of alcohol or other substances, attitude, uncooperativeness toward patients, staff, students, visitors, others).
2. Refusing to submit to a medical evaluation including testing when reasonably suspected of being under the influence of alcohol or drugs.
3. Inappropriate treatment of a patient for any reason.
4. Failure to fulfill responsibilities at clinicals to an extent that might reasonably or does cause injury.
5. Insubordination or refusal to perform a reasonable assignment after being instructed to do so.
6. Immoral or illegal conduct and any acts of dishonesty, including cheating or copying another person's work (plagiarism).
7. Sale, loan, or gift of a parking pass.
8. Any serious failure of good behavior or serious neglect of duty.
9. Failure to conform to professional ethics.
10. Fighting or gambling on Cleveland Clinic premises.
11. Failing scores on three competency examinations in one clinical semester. (See *Failed Competency Exams* f*or details*).
12. Solicitation and/or distribution of literature in violation of hospital policy.
13. Posting any information or event regarding patients, visitors, students, or employees that occur at the clinical site or classes on social media
14. Clocking in and not reporting to your assigned area or leaving your assigned area without permission.

CATEGORY IV:

- 1st Offense: Dismissal

1. Possession, use, or sale of alcohol, narcotics, or controlled substances on hospital premises.
2. Threat of or actual physical or verbal abuse of patients, visitors, staff, employees, or students.
3. Falsification of any official hospital or School records.
4. Unauthorized use of time keeping by having someone else clock in and out on your behalf.
5. Any act of academic dishonesty as described in the Academic Integrity policy.
6. Willful damage to or theft of property of the School, hospitals, patients, visitors, employees, or students.
7. Absence from classes or clinical experience without justifiable reason or without reporting off for two consecutive clinical and/or class days, or two incidents of no-call/no-show in a 12-month period.
8. Possession of firearms or other weapons on School/hospital premises.

9. Unauthorized possession, use, copying or revealing confidential information regarding patients, employees, students, or hospital, School, or program activity including on social media sites.
10. Sexual, racial, or other harassment or verbal or physical threats against a fellow student, employee, visitor or patient.
11. Conviction of a felony.
12. Theft, removal of unauthorized possession, tampering with or use of property belonging to others.
13. Failing the fourth competency examination in one clinical semester.
14. Any conduct seriously detrimental to patient care, fellow students, employees, and the School or Cleveland Clinic operations.
15. Any other serious failure of good behavior or gross neglect of duty.

The list of offenses contained herein is meant to be illustrative and not all inclusive. Engaging in activity which is inconsistent with ordinary and reasonable standards of behavior necessary to the mutual welfare of Cleveland Clinic, its employees, patients, and visitors will also be subject to corrective action.

GENERAL

Providing the best possible patient care and understanding customer service is a priority at Cleveland Clinic. In support of this philosophy, Cleveland Clinic does not allow inappropriate treatment or behavior towards the customer. "Customer" is defined as any individual that comes in contact with the department or student during the normal course of doing business. This could include patients, visitors, family members, co-workers, etc. All employees and students are expected to conduct themselves in a professional and caring manner at all times when interacting with the customer.

Employment Guidelines for Students

Should a student be hired as a technologist assistant (or any other position) at a clinical site, time as an employee cannot be used as clinical experience.

Clinical competencies cannot be performed during hours worked as a technical assistant, technologist aide or any other employment position within the hospital. All clinical competencies must be completed during scheduled program clinical hours.

The Beachwood DMS Program will not change rotation schedules, objectives, test dates, or other requirements to accommodate a student’s employment schedule.

Evaluations & Counseling

1. Students are required to have their clinical preceptors complete a required number of student evaluation forms per semester in Trajecsys. The evaluations are anonymous and will be available for review by the clinical coordinator and Program Director.
2. Counseling sessions will be conducted throughout the semester as needed to review:
    - Summary of student evaluations
    - Student competency examinations
    - Semester grades
    - Attendance
    - Additional counseling sessions will be conducted if the Program Director, coordinator, or clinical preceptor finds them necessary.

3. Students are responsible for compliance, and corrective actions may be imposed for non-compliance.

Lab Practical Examination

Lab practical examinations will be conducted as a means for students to demonstrate competence in performing procedures according to the following guidelines:

1. Lab practical examinations require a minimum score of 80% for a student to be considered competent. A lab practical examination is not considered complete until a passing grade is obtained. The student must repeat the lab practical examination (see *Failed Lab Practical Examination* section).

2. Lab practical examinations must be filled out and signed by the supervising faculty member. Once a student has successfully passed a lab practical examination on any given procedure, that student is then allowed to complete a competency exam on that procedure at their clinical rotation. If the student subsequently demonstrates an inability to correctly perform the prior passed procedure, the program faculty can deem the lab practical null and require the student to repeat the lab practical exam.

3. While performing a lab practical examination, the student cannot refer to notes, books, or ask the instructor questions.

4. Students are required to complete the assigned number of lab practical examinations each semester. If a lab practical examination is missed, the student must complete a make-up practical within one (1) week of the original examination date. It is the responsibility of the student to coordinate a time with the program faculty to complete the lab practical examination. For each additional week the required lab practical remains incomplete; the overall lab grade will be reduced by one (1) additional letter grade.

*Exceptions may be made if a student is on an approved leave of absence (LOA). The student on an approved leave of absence is given additional time, equal to their absence, to complete the lab requirements.

FAILED LAB PRACTICAL EXAMS:

1. A failed lab practical exam is one that was failed by a grade of less than 80%. The student is not considered competent on that exam and must repeat the lab practical examination until an 80% or higher is achieved. Upon successful completion of the exam, the original score and the new score will be averaged to calculate the revised total for that exam.

2. All failed lab practical examinations must have a lab practical examination form filled out, signed by the supervising faculty member, and turned into the Program Director for review.

3. Students who fail a lab practical examination must perform remediation on the specific procedure with program faculty. Remediation will consist of a review of the procedure and successful completion of the procedure with a program faculty member. A Lab Practical Examination Remediation Form must be completed and signed by the supervising program faculty member and Program Director.

4. Any student who fails three lab practical examinations in the same semester will receive an automatic drop of one letter grade in that sonography scanning lab course. Further failure of an additional one lab practical examination within the same semester will result in another

automatic drop of a second letter grade.

5. One additional failed lab practical examination in the same semester will result in an automatic drop of a third letter grade. This will then be the fifth failed lab practical examination, which will then require academic dismissal from the program.

6. If a student does not successfully pass the final practical examination of the semester, they will receive an Incomplete for the course. The student will have up to two weeks to remediate with faculty and reattempt the failed practical during the subsequent semester. If the student is unsuccessful on the reattempt, they will be dismissed from the program.

Scheduling of Clinical Experiences

1. Student rotation schedules will be posted prior to the beginning of each clinical experience. Students are expected to adhere to their rotation schedule. Students will ***not*** be scheduled for class and clinical time for more than forty 40 hours per week or eight hours per day.

2. Students must complete all required competency examinations prior to participating in any elective rotation, as warranted by the clinical coordinator.

3. Students will complete a minimum of two rotations at a hospital, and rotations to family health centers/outpatient centers.

4. Student rotations will be determined by the clinical coordinator and may not be altered by the clinical site without approval by the program.

5. It is the responsibility of the clinical site to ensure that student experiences have educational merit. Students must not be used in the place of employees.

6. Should a student's supervising technologist leave the department for any reason (*illness, flex time*, *doctor's appointment, etc.)* and there is no one to assume supervision of that student, the student will be sent home. This will ***not*** affect the student's PTO in any way.

7. The program must provide equitable learning opportunities for all students. For example, if an objective is for students to perform breast imaging, OB/GYN imaging and/or procedures, then both genders must be provided with the same opportunities to attain the requirement.

8. The program faculty reserves the right to move or reassign a student’s clinical site due to extenuating circumstances.

Supervision of Students

Students shall not be used in place of qualified staff. Until a student successfully completes a competency examination in each procedure with at least 84%, all clinical assignments must be carried out under the direct supervision of qualified sonographers.

- A qualified sonographer reviews the request and orders for examination in relation to the student's achievement.
- A qualified sonographer evaluates the condition of the patient in relation to the student's achievement.
- A qualified sonographer is present in the exam room during the entire duration of the

examination.
- A qualified sonographer reviews and approves the sonographic images.

1. After demonstrating competency, students may be permitted to perform procedures with indirect supervision, with the exception of invasive procedures, which needs direct supervision throughout the entire program (see numbers 5 and 6). Indirect supervision is defined as supervision provided by a qualified sonographer that is immediately available to assist regardless of the level of student achievement. The following are the parameters of indirect supervision:
    - A qualified sonographer reviews the request and orders for the examination in relation to the student's achievement; the student is also required to review the patient's orders for accuracy.
    - A qualified sonographer should evaluate the condition of the patient in relation to the student's achievement.
    - A qualified sonographer is present in an area adjacent to the student.
    - A qualified sonographer reviews and approves the sonographic images.

2. The number of students assigned to the clinical site must not exceed the number of clinical staff assigned to the Diagnostic Medical Sonography department. The student to DMS clinical staff ratio must be 1:1, in addition students are never allowed to work together on the same patient. However, it is acceptable that more than one student may be temporarily assigned to one technologist during uncommonly performed procedures. In the event there are not enough technologists to maintain the 1:1 ratio; students may be reassigned to a different area to maintain proper supervision requirements.

3. Unsatisfactory sonographic images must be repeated only in the presence of a qualified sonographer.

4. Students must be directly supervised during all surgical, internal, and mobile procedures regardless of the level of competency.

5. Students must be directly supervised during the performance of all invasive examinations, including but not limited to sonography of the breast, transvaginal, and scrotum, regardless of the level of competency.

6. There are clinical preceptors assigned in each of the clinical facilities. Students are made aware of who the clinical preceptors are for each site. If a clinical preceptor is not available due to PTO, illness, or other factors and there is not another preceptor available, the student will be sent home for that day. This will not affect the students clinical grade or PTO. This ensures that students will always have a clinical preceptor to provide instruction, supervision, and assistance.