



MEDICAL SONOGRAPHY PROGRAM STUDENT HANDBOOK



Revised: Summer 2014

Sonography Program Student Handbook **Table of Contents Topics**

Section 1 - General Information Page 1: An Introduction to the Student Page 2: Mission Statements Page 2: **Program Philosophy ARDMS Mission Statement** Page 3 - 4: Page 5 - 6: **Program Goals** Page 7: Accreditation, Curriculum Standards and Common Course Library Page 8: Program Evaluation and Assessment Procedure Steps For Choosing Your Prerequisite (For Certification) & Charts Page 9 - 13: **SPI Exam Requirements** Page 14: Page 15 – 16: Organizational Charts Page 17 – 19: Faculty and Administrative Directory Page 21: Forsyth Tech Academic Calendar for 2014-2015 Page 22 - 24: Forsyth Tech Program Catalog Pages - Medical Sonography A.A.S. Degree Program Page 25 – 30: Required Textbooks Page 31: Student Sonographers Association (SSA) Page 32 – 35: By-Laws of Forsyth Tech Student Sonographers Association **Professional Ultrasound Organizations** Page: 36 - 37: Page 38: **Professional Organization Student Letter** Professionalism and Ethics, Code of Professional Conduct for Diagnostic Medical Page 39 - 41: Sonographers (SDMS) Page 42 – 64: Academic Etiquette Confidentiality, Health Insurance Portability and Accountability Act (HIPAA) Section 2 - Program Policies Page 65 - 66: Attendance and Procedure for Making Up Missed Exams Page 66 - 67: **Tardiness** Page 67: Sleeping in Class and Inclement Weather Delayed Class Policy, Cell Phone & Electronic Device Usage, My Space and Facebook Page 68: Page 69: Pregnancy, Working, and Computer Lab Drugs, Progression, Academic Probation, Academic Problems, and Academic Assistance Page 70: Page 71 - 73: Accommodation for Disabilities & Academic Appeal Page 73: Academic Review Committee & Disciplinary Procedure Readmission, Critical Requirements, and Exams Page 74: Page 75: **Grading Scale & Honor Policy** Page 76: Field Trips, General Rules, Behavior in the Classroom & Student Records Student Health Forms, Faculty Availability, Classroom Attire, Policy Violations, A Death Page 77: in the Family, & Scan Lab Utilization Page 78: Homework, Email & Dropping a Class Page 79: Recording Lectures, Instructional Scanning Labs Page 80: Practice Labs, Pre-Scanning Prep, Volunteer Patients & Lectures Page 81: Children on Campus, Inclement Weather Guidelines Additional College and Clinical **Policies** Academic Appeals, Academic Standing/Probation/Dismissal Page 82 - 83:

Page 84:

Page 85 - 88:

Summer Conversion Factor

Services for Students

Section 3 – Signature Pages

These forms are to be signed and returned to the Sonography Program Coordinator:

Page 89: Forsyth Tech Community College Bioeffects Statement of Notification

Page 90: Student Confidentiality Agreement
Page 91: Sonography Program Honor System

Page 92: Critical Incident Report Page 93: Medical Illness Excuses

Page 94: Physical Assessment Informed Consent

Page 95: Policy Violation Form Sample
Page 97: Signature Forms Check-off Sheet
Page 98: Student Manual Acknowledgment

These forms are to be completed only when each situation arises.

Forsyth Tech Community College Sonography Program Medical Illness Excuse Forsyth Tech Community College Sonography Program Critical Incident Report

An Introduction to the Student

Welcome to one of the most exciting professions in healthcare! Sonography is a rapidly growing and evolving field with subspecialties in Abdominal Sonography, Neurosonology (Brain), Vascular Sonography, Obstetrical-Gynecological Sonography, Echocardiography (Cardiac), Musculoskeletal Sonography, Breast Sonography, and Ophthalmic Sonography. Forsyth Technical Community College offers an Applied Associate in Science Degree in Medical Sonography with concentrations in Abdominal and OB/GYN sonography. Students also receive an introduction to Vascular Sonography in this program.

Upon completion graduates may qualify to sit for the certifying exams offered by the American Registry of Diagnostic Medical Sonographers (ARDMS).

Congratulations on your selection into the Medical Sonography Program. Your choice of sonography as a program of study carries with it many important responsibilities.

First, the sonography student must be committed to the profession. Being a sonographer can be challenging physically, mentally and emotionally. One must be prepared to perform to the best of his or her ability at all times.

Second, the sonography student must strive for excellence. The importance of providing good health care is extremely important. When we, as health care providers fail in our performance, the patient becomes the loser. While our primary goal is to obtain high quality diagnostic images, we must strive to provide the best possible patient care. Never forget that the patient lying on your scanning table is a human being with fears, anxieties and concerns. Take care of the patient's human needs first, and then concern yourself with acquiring the best diagnostic images that you can obtain.

Third, plan for your continuing educational growth. Sonography is an ever-changing field of science. New imaging techniques and advances in technology require new learning. Even after many years in the field there is still so much to learn. Some of the more recent technological developments have been tissue Doppler, Elastography, 3D/4D, and B-flow. Most of these new modalities have been developed within the past few years.

Once again, congratulations on your selection and we look forward to working with you throughout the pursuit of your goals.

John Cassell

7 onya Howell
From the Medical Sonography Faculty

om the Medical Sonography Faculty

Chessney Pharr Shelly Ingle Gail Allred

Medical Sonography Program

Mission Statement

The Medical Sonography Program meets the workforce need for providing competent entry-level Diagnostic Medical Sonographers in the cognitive, psychomotor, and affective learning domains. This mission is accomplished through didactic, laboratory, clinical education, and competency measures.

Health Technologies Division

Mission Statement

The Health Technologies Division is a comprehensive academic division for health programs which offers vital learning opportunities for student success. The Health Technologies faculty and staff partner with clinical and community agencies to meet the demands of providing a qualified healthcare workforce.

Forsyth Technical Community College

Mission Statement

Forsyth Technical Community College provides students with exceptional technical education and training as well as college transfer, adult basic education, and continuing and corporate education programs to develop a globally competitive workforce. The college responds to student, employer and community needs with innovative, flexible programs and service delivery.

Program Philosophy

It is the educational philosophy of the Sonography Curriculums of Forsyth Technical Community College that knowledge is best gained when the learner is actively involved in the educational process. Furthermore, a variety of educational experiences should be provided to insure that meaningful learning takes place.

Education is a continual process and the tools necessary for continued learning should be strengthened and refined.

ARDMS Mission Statement

ARDMS (American Registry of Diagnostic Medical Sonographers) promotes quality care and patient safety through the certification and continuing competency of ultrasound professionals.

ARDMS...at a Glance

The American Registry of Diagnostic Medical Sonographers® (ARDMS®), incorporated in June 1975, is an independent, nonprofit organization that administers examinations and awards credentials in the areas of diagnostic medical sonography, diagnostic cardiac sonography, vascular technology, and ophthalmic biometry.

ARDMS offers four different credentials:

- RDMS[®] Registered Diagnostic Medical Sonographer[®]
- RDCS[®] Registered Diagnostic Cardiac Sonographer[®]
- RVT[®] Registered Vascular Technologist[®]
- ROUB® Registered Ophthalmic Ultrasound Biometrist®

Specialty areas within the sonographer credentials include abdomen, breast, neurosonology, obstetrics and gynecology, and ophthalmology (RDMS); adult and pediatric echocardiography (RDCS); and noninvasive vascular technology (RVT).

Recognition of ARDMS practices in providing these credentials has earned ARDMS Category A membership in the National Commission for Certifying Agencies (NCCA). To date, ARDMS has certified more than 40,000 individuals. ARDMS has become a recognized standard for ultrasound certification by many facility accreditation programs.

ARDMS credentials document personal achievement of recognized professional standards. Credentials awarded by ARDMS are widely accepted in the medical community by ultrasound and vascular professional organizations, including:

- American College of Radiology
- American Institute of Ultrasound in Medicine
- American Society of Echocardiography
- Canadian Society for Vascular Technology
- Canadian Society of Diagnostic Medical Sonographers
- International Society for Cardiovascular Surgery
- Joint Commission on Allied Health Personnel in Ophthalmology
- Society for Vascular Surgery
- Society of Diagnostic Medical Sonography

Society for Vascular Ultrasound

ARDMS is governed by a Board of Directors composed of sonographers, vascular technologists, physicians, research scientists, and a public member. The Board creates the policies, defines the direction, and conducts continuous evaluations of ARDMS programs.

The examinations are developed by Exam Development Task Forces (EDTFs). The EDTFs survey job functions and practices in various specialties and develop test questions based upon a blueprint of job tasks in ultrasound. EDTFs consist of sonographers, vascular technologists, physicians, and scientists. The members of each EDTF are knowledgeable in the subject area of the particular examination.

The only means of obtaining an ARDMS credential is by examination. Required examination prerequisites must be met before an applicant can take an ARDMS examination. Applicants are then required to pass two comprehensive examinations to earn a credential: (1) a sonographic physical principles and instrumentation (SPI) examination, and (2) at least one corresponding specialty examination.

An applicant may not use a credential offered by ARDMS until the credential has been earned and the applicant has received official notification by ARDMS. Additional credentials may be earned by successfully completing the appropriate physical principles instrumentation and specialty examinations. Eligible candidates may earn all four ARDMS credentials.

All of ARDMS' ongoing operations and program initiatives are governed by ARDMS <u>By-Laws</u> and Standing Policies.

Program Goals

The stated goal of the program is to provide competent entry-level sonographers in the areas of Abdominal and OB-GYN sonography.

Stated objectives for the program are:

1. The students graduating from the Medical Sonography Program will have entry-level employment knowledge and skills and will be eligible to apply for the American Registry of Diagnostic Medical Sonography (ARDMS) certification examinations in Sonographic Physics and Instrumentation (SPI), Abdomen and Superficial Structures (AB), and Obstetrical-Gynecological (OB/GYN) specialties.

The faculty of this program believes that each student should be mentored on a path toward educational maturity in their chosen career and challenged to develop an appreciation for the profession of Health Care. The program will present didactic information, both historical and current, to assist the student in developing the respect, perspective and knowledge necessary for affective growth in the profession. Paramount to the student's continuous educational growth will be a cognizant understanding for each subject, including but not limited to, a developed appreciation and understanding for effective communication, ethical behavior and professionalism, patient care, performance of routine imaging procedures, problem solving and critical thinking skills.

2. The students graduating from the Sonography Programs will demonstrate preparedness for employment. To determine preparedness, a Programmatic Competency Challenge shall be expected of all students seeking graduation. Post-graduation surveys will be periodically distributed soliciting feedback from the graduates and their employers to evaluate observed workplace performance.

The demonstration of psychomotor competency shall be hallmark in a successful graduate through the progressive incorporation of didactic material and laboratory instruction. This competency shall be assessed through observation of performance within the patient care/patient examination clinical facilities. Program faculty and professional adjuncts will function cooperatively to measure student progress and achievement.

The successful sonography graduate will:

- a. Demonstrate the skills to assess patient condition, provide care for and successfully perform common sonographic procedures in the medical imaging departments, through appropriate equipment selection and implementation of proper protocol as set forth by each clinical site.
- b. Appropriately critique and make corrective changes, when necessary, for images acquired during sonographic examinations for diagnostic quality, pertinent anatomy and pathologic variants.
- c. Demonstrate and employ problem solving and critical thinking skills as they apply to routine procedures, as well as emergency, surgical and special procedures.
- d. Demonstrate a caring and supportive attitude toward the patient while performing medical sonography imaging services.
- e. Promote empathy and ethical standards of health care practice.
- f. Demonstrate the sonographers proper role in the health care team.
- g. Refine thinking skills and independent judgment as evidenced in clinical practice.
- h. Recognize merit for continued personal and professional growth.

Accreditation

The Medical Sonography Associate in Applied Science Degree is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) http://www.caahep.org/ according to the standards and guidelines as outlined by the Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS). http://www.jrcdms.org/

The program is reviewed annually for continued accreditation, with an intensive JRC-DMS program review and site visit every 5 years. Accreditation is renewed for 5-year terms. This program's renewal date is January, 2016.

Students completing the accredited program may be eligible to take the ARDMS registry exams in Sonographic Physics and Instrumentation (SPI), Abdominal Sonography, and Obstetrical/Gynecological Sonography upon completion of the medical sonography program. Qualification for A.A.S. degree graduates is under exam prerequisite #2.

Students who come into the program with a Bachelor's degree in any field, or an Associate's degree in an allied health field will qualify to take the ARDMS registry exam in vascular sonography under exam prerequisite #1 or 3A.

A copy of the exam prerequisites is available in this handbook.

Curriculum Standards

The state of North Carolina has set forth specific standards that all community colleges must follow in order to continue operating their programs.

A copy of the curriculum standards for operating a Medical Sonography Program in the North Carolina Community College System is available online at http://www.nccommunitycolleges.edu/Programs/curr standard 45 health.htm

Common Course Library

The North Carolina Community College System has included all courses that may be taught in a Medical Sonography Program in the Common Course Library.

The Common Course Library (CCL) is a complete listing of all Medical Sonography courses, their prerequisites and co-requisites. Some of these courses are required (as specified in the curriculum standard) while some are electives that a program coordinator may choose to include in the program.

A copy of the CCL is available online

at: https://webadvisor.nccommunitycolleges.edu/WA/WebAdvisor?TOKENIDX=2362630 927&SS=4&APP=ST&CONSTITUENCY=WBFC

Program Evaluation and Assessment Procedure

The Sonography Programs utilize an assessment plan to monitor and evaluate the success of the program and its graduates. Assessment is an ongoing activity with the program goals and effectiveness of instruction being analyzed. Assessment reporting is to Staff, Administrative officials, the State Board of Community Colleges, and the Program Advisory Committee. The Program has consistently maintained a process of evaluation to validate instruction and student success. The process is updated and changed as needed to reflect student and program success and any remediation required.

Analysis of all Program goals will be performed on a periodic basis. Satisfaction surveys for each class will be required. These surveys are conducted both pre and post-graduation.

All courses, instructors, and facilities are evaluated each semester through course surveys.

The Medical Sonography Associate in Applied Science Program is a specialized college program, which includes didactic and laboratory instruction as well as clinical experience at affiliated medical sonography labs. The program is twenty-one (21) months involving five (5) semesters of academic studies and coordinated practice in the medical sonography departments/labs to complete requirements for achieving professional certification.

<u>Degree Awarded</u>: Associate in Applied Science (A.A.S.) in Diagnostic Medical Sonography.



Information Literacy at Forsyth Tech - Information Literacy means being able to access critical information, knowing how to research the right amount and right quality of information that fits the task, being able to evaluate and analyze that information appropriately to solve a problem, and having the ability to communicate that information to others. These are the skills that are necessary for continued success in life, continued learning, career success and the ability to adapt in a changing world. Forsyth Tech feels these skills are of vital importance for students in this Information Age. To emphasize this, the slogan Information Literacy: Because We C.A.R.E. is being used for its QEP campaign. The C.A.R.E. acronym stands for the essential skills (Communicate, Access, Research, and Evaluate) that are beneficial to students.

Steps for Choosing Your Prerequisite

For First-time applicants only. Re-applicants please reference page 8 of the application booklet for requirements. Applicants, who previously applied for the Sonography Principles and Instrumentation (SPI) examination under the SPI Examination Requirement, must choose a prerequisite in order to apply for a specialty examination.

If you are applying for the Sonography Principles and Instrumentation (SPI) examination and are unable to meet the requirements of a prerequisite, please review the SPI Examination Requirement.

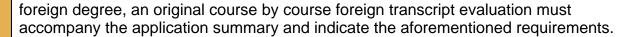
- Visit the ARDMS website (www.ARDMS.org) to access the ARDMS Prerequisite and Requirement Eligibility Program (PREP) at ARDMS.org/PREP which will present you with a series of questions to guide you in choosing a prerequisite or requirement.
 - If you choose not to use the online ARDMS Prerequisite Selection program, please follow the steps below.
- Find your education level in the section labeled "Education."
- Ensure you have met the clinical experience requirement within that prerequisite.
- Assemble the required documentation under "Documentation Required with Application" and submit with an online application form and appropriate fees.
- When you see a numbered term, please refer to "Notes About the Prerequisites" on this page.

Please note that if you currently have only been approved to sit for the Physicians' Vascular Interpretation (PVI) examination and wish to attain the RDMS, RDCS or RVT credential(s), you are considered a first-time applicant and must meet all the requirements of one of the following prerequisites in order to apply.

Eligibility will not be determined by telephone, fax or electronic transmission (e-mail). Applicants must apply online, pay all fees and submit all of the required supporting documentation in order for ARDMS to determine if they are eligible to sit for ARDMS examinations.

Notes About the Prerequisites:

'A two-year allied health education program that is patient-care related is defined as (1) 24 full-time consecutive calendar months or (2) 60 semester credits or (3) 84 quarter credits (4) and requiring a clinical internship/externship to complete the program. Credit hours are based on U.S. equivalency in a post-secondary institution. The program or school must be authorized by an accrediting agency to award semester or quarter credits and the type of credits granted must be reflected on the transcript. Transcripts reflecting clock hours must be converted to credit hours. If submitting a



- ² Full-time is defined as 35 hours per week, at least 48 weeks per year. If working part time, the requirements are prorated. Twenty hours per week would take approximately two years.
- ³ Clinical ultrasound/vascular experience may be obtained one of two ways: (1) being employed as an ultrasound/vascular sonographer in a clinical setting for a minimum of 12 months, or (2) successfully completing a formal, full-time ultrasound program that is a minimum of 12 months in length and includes appropriate clinical and didactic hours. If the total length of the program exceeds 12 months, the applicant must successfully complete the program in its entirety prior to using the program as documentation of the required clinical ultrasound/vascular experience. It is recommended that an applicant be directly involved in a minimum of 800 diagnostic cases during his/her clinical experience in each specialty area for which he/she is applying. Clinical diagnostic settings include hospitals, clinics and private practices. ARDMS does not accept volunteer, instructorship, unpaid, barter or veterinarian experience. The time frames in which the education and clinical requirements are met cannot overlap. Clinical experience earned to document the education requirement cannot also be used to support the clinical requirement.
- ⁴ The mandatory Prerequisite 2 Application letter, is valid for one year from the date of graduation. If the application and appropriate supporting documentation are not received after one year of successful completion of the program, the applicant will need new documentation verifying successful program completion, and a current, completed, original signed CV form for each applied-for specialty area will be required. An original letter per student is required. First-time applicants applying under Prerequisite 2 must apply for either the Sonography Principles 0& Instrumentation (SPI) examination or a specialty area that is included within the programmatically accredited curriculum.
- ⁵ The mandatory Student Prerequisite 3B Application letter, is valid through the expected graduation date. If the student chooses to apply after graduation, then the Graduate Prerequisite 3B Application letter and a current, completed, original signed CV form for each applied-for specialty area will be required. An original letter per student is required.

Note: If the Bachelor's Degree Sonography/vascular technology program is also programmatically accredited through one of the following: Council for Higher Education Accreditation (CHEA), United States Department of Education (USDOE), or Canadian Medical Association (CMA), and the students have graduated, then the Prerequisite 3B students should apply under Prerequisite 2.

Apply online at www.ardms.org.

Examination Prerequisite Chart

The Sonography Principles and Instrumentation (SPI) Examination Requirement may be found on page 14.

Prerequisite requirements are subject to change at any time and from time to time. Applicants must meet current prerequisite requirements in effect at the time of application.

Prerequisite (Note: All items listed must be met and completed prior to submission.) Education

A single two-year allied health education program that is patient-care related Allied health occupations include, but are not limited to, diagnostic medical sonographer, radiologic technologist, respiratory therapist, occupational therapist, physical therapist and registered nurse.

Required Clinical Ultrasound/Vascular Experience

12 months of full-time2 clinical ultrasound/vascular experience3

Note: If you are using your DMS program for the educational requirement, you still have to document an additional 12 months of clinical ultrasound/vascular experience earned outside the two-year program.

Documentation Required with Application

 Official transcript from two-year allied health education program is noted under the above "Education" requirement. Must state specific number of credits and indicate quarter or semester based system

and

2) Copy of education program certificate, credential or license and

3) Original letter from supervising physician, sonographer/technologist or educational program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/ successful completion of sonography program as shown on page 15 and

 Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV.

5) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.) **Education**

Graduate of a program accredited by an agency recognized by the Council for Higher Education Accreditation (CHEA), United States Department of Education (USDOE) or Canadian Medical Association (CMA), that specifically conducts programmatic accreditation for diagnostic medical sonography/diagnostic cardiac sonography/vascular technology.

Required Clinical Ultrasound/Vascular Experience

No additional experience is required.

Documentation Required with Application

Copy of diploma from ultrasound/vascular program or an official transcript indicating the date the degree was conferred and

Original letter signed by program director and/or medical director indicating date of graduation or successful completion of the program. Program directors must use the mandatory formatted sample letter, available at ARDMS.org/PDletter.pdf, as shown on page 16

and

3) The CV form is not required if the application is submitted and received in the ARDMS office within one year after successful completion of the program. Otherwise an original signed and completed CV form for each appropriate specialty area(s) must be submitted. CV forms may be found at ARDMS.org/CV.

and

4) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.) Education

3A

Bachelor's degree (any major) or foreign degree equivalent to a Bachelor's degree in the U.S. or Canada

+

Required Clinical Ultrasound/Vascular Experience

12 months of full-time 2 clinical ultrasound/vascular experience



Documentation Required with Application

Copy of Bachelor's degree or an official transcript earned in the U.S. or Canada or an original foreign transcript evaluation indicating that the degree is equivalent to a Bachelor's degree in the U.S. or Canada and

2) Original letter from supervising physician, sonographer/technologist or educational program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/ successful completion of sonography program shown on page 15 and

Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV.
 and

4) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.) Education

3B

Bachelor's degree in sonography or vascular technology or foreign degree equivalent to a Bachelor's degree in sonography or vascular technology in the U.S. or Canada.

+

Required Clinical Ultrasound/Vascular Experience No additional experience is required.

Note: Sonography or vascular technology Bachelor's degree applicants may take the examination one year prior to the completion of degree, provided they have completed 12 months of full-time clinical experience within the program.

+

Documentation Required with Application

 Copy of Bachelor's degree or an official transcript earned in the U.S. or Canada or an original foreign transcript evaluation indicating that the degree is equivalent to a Bachelor's degree in the U.S. or Canada

and

2) Original letter signed by education program director verifying length of ultrasound or vascular experience. If program is not completed at the time of application a letter signed by the program director stating graduation date and completion of appropriate clinical ultrasound experience ³ is needed ⁵. Program directors must use the mandatory formatted sample letters, available at ARDMS.org/PDletter.pdf, as shown on page 16

and

3) The CV form is not required if the application is submitted and received in the ARDMS office within one year prior to successful completion of the program, provided that the applicant has completed 12 months of full-time clinical experience within the program at the time that the application is submitted. Otherwise an original signed and completed clinical verification (CV) form for each appropriate specialty area(s) must be submitted. CV forms may be found at ARDMS.org/CV.

and

4) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination. Prerequisite

(Note: All items listed must be met and completed prior to submission.)

Education

4A1

General, U.S., and Canada — MD or DO degree earned in the U.S. or Canada and

Formal Training — Attendance of an Accreditation Council for Graduate Medical Education (ACGME) or Royal College of Physicians and Surgeons of Canada (RCPSC) accredited residency or fellowship that includes didactic and clinical ultrasound/vascular experience as an integral part of the program.

+

Required Clinical Ultrasound/Vascular Experience

The applicant must be able to document clinical experience with a minimum of 800 studies in the area in which he/she is are applying for.



Documentation Required with Application

1) Copy of medical school diploma

and

- Original letter from residency/fellowship program director verifying dates of attendance and completion of a minimum of 800 studies in the area in which you are applying
- and

 3) Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV.

 and
- 4) Applicants should maintain a patient log or other record of the 800 studies. This log does not need to be submitted with the application but may be requested as part of a random audit. This documentation should be maintained by the application for at least three (3) years following the date of application for examination.
- 5) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.)

4A2

Education

General, U.S., and Canada - MD or DO degree earned in the U.S. or Canada



Required Clinical Ultrasound/Vascular Experience

12 months of full-time clinical ultrasound/vascular experience.



Documentation Required with Application

1) Copy of medical school diploma

and

- 2) Original letter from supervising physician, sonographer/technologist or educational program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/successful completion of sonography program (visit ARDMS.org/sampleletters for examples). If you are the supervising physician, you may write your own letter.
- Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV.
 and
- 4) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.)

4B1 Education

General — Outside U.S. — MD or DO degrees equivalent to those of the U.S. or Canada

and

Formal Training — Attendance of an accredited residency or fellowship that includes didactic and clinical ultrasound/vascular experience as an integral part of the program.



Required Clinical Ultrasound/Vascular Experience

The applicant must be able to document clinical experience with a minimum of 800 studies in the area in which he/she is are applying for.



Documentation Required with Application

- 1) Original credential report or official notarized copy of the evaluation converting the foreign medical degree must indicate that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada. A listing of organizations that produce individualized, written reports describing each certificate, diploma or degree earned, and specifying its U.S. or Canadian equivalent can be found at ARDMS.org/ForeignTranscripts. If the applicant has taken and passed all three parts of and earned the Educational Commission for Foreign Medical Graduates (ECFMG**) certification, a copy of the ECFMG** certificate may be submitted with a copy of a current, valid MD or DO license from the U.S. or Canada in lieu of the evaluation.
 - and
- Original letter from residency/fellowship program director verifying dates of attendance and completion of a minimum of 800 studies in the area in which you are applying
- and
 3) Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV.
- 4) Applicants should maintain a patient log or other record of the 800 studies. This log does not need to be submitted with the application but may be requested as part of a random audit. This documentation should be maintained by the application for at least three (3) years following the date of application for examination.
- 5) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

4B2

(Note: All items listed must be met and completed prior to submission.)

Education

General — Outside U.S. — MD or DO degrees equivalent to those of the U.S. or Canada

+

Required Clinical Ultrasound/Vascular Experience

12 months of full-time clinical ultrasound/vascular experience.



Documentation Required with Application

1) Original credential report or official notarized copy of the evaluation converting the foreign medical degree must indicate that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada. A listing of organizations that produce individualized, written reports describing each certificate, diploma or degree earned, and specifying its U.S. or Canadian equivalent can be found at ARDMS.org/ForeignTranscripts. If the applicant has taken and passed all three parts of and earned the Educational Commission for Foreign Medical Graduates (ECFMG®) certification, a copy of the ECFMG® certificate may be submitted with a copy of a current, valid MD or DO license from the U.S. or Canada in lieu of the evaluation.

and

2) Original letter from supervising physician, sonographer/technologist or educational program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/successful completion of sonography program (visit ARDMS.org/sampleletters for examples). If you are the supervising physician, you may write your own letter.

and

 Original signed and completed clinical verification (CV) form for each appropriate specialty area(s). CV forms may be found at ARDMS.org/CV. and

4) Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination. Prerequisite

(Note: All items listed must be met and completed prior to submission.)

5

Education
General — Must hold an Active certification with Cardiovascular
Credentialing International (CCI)-RCS or RVS, American Registry of Radiologic
Technologist (ARRT)-Vascular Sonography, Sonography or Breast, or Australian
Society of Ultrasound in Medicine (ASUM)-DMU.

+

Required Clinical Ultrasound/Vascular Experience

Previously met by achievement of other organization's credential.

+

Documentation Required with Application

Copy of Active certification identification card or copy of license

 Original signed and completed CV form for each appropriate specialty area(s), CV forms may be found at ARDMS.org/CV.

and

 Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Prerequisite

(Note: All items listed must be met and completed prior to submission.)

6

MD or DO with RPVI (Active Status)

Physician who currently holds the RPVI credential with active status may apply directly for the RDMS, RDCS and RVT credential examinations.

+

Documentation Required with Application

1) Copy of a current, valid medical license.

and

Original signed and completed Clinical Verification (CV) form for each appropriate specialty area(s). CV forms are available at ARDMS.org/CV.

and

 Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

ARDMS offers an Application Submission Checklist towards the end of this application. Please remove this checklist and use it to ensure you submit all the necessary documentation with your application. You can also obtain additional copies of the ARDMS Application Submission Checklist by visiting ARDMS.org/checklist.

Sonography Principles and Instrumentation (SPI) Examination Requirement

(Note: All listed items must be met and completed prior to submission. See the Notes About the SPI Requirement for footnotes, definitions and complete details.)

Education

Successful completion of a general, medical or sonographic physics class/seminar/course.

Documentation Required with Application

 A transcript (see transcript requirements below) reflecting successful completion of a graded general, medical or sonographic college, post secondary or higher education physics class (with a grade of C or above);

OR

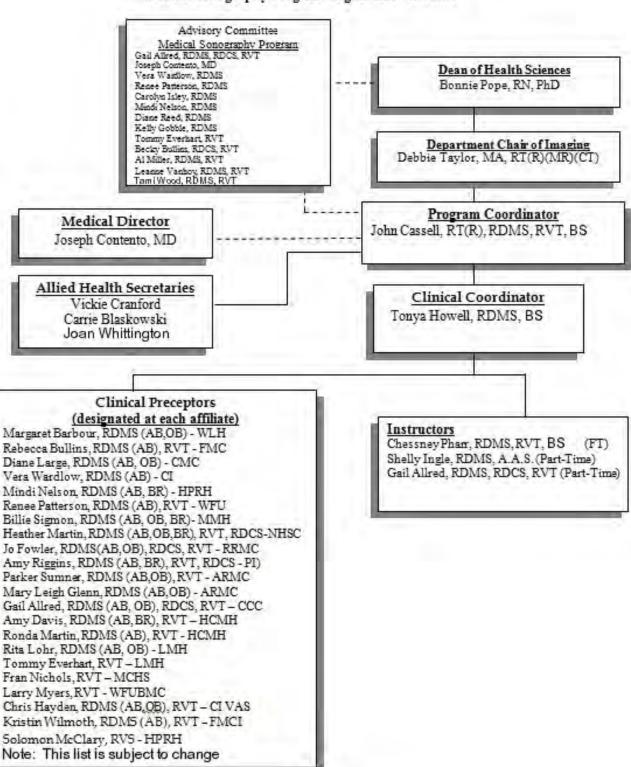
A CME certificate denoting successful completion of a general, medical or sonographic physics seminar, physics review course, or physics correspondence course, denoting a minimum award of 12 ARDMS-accepted CME credits. The certificate must meet ARDMS CME documentation requirements (visit ARDMS.org/CME to view ARDMS-accepted CMEs). The CME credits must be earned within two (2) years prior to application submission.

 Photocopy of a non-expired government issued photo identification with signature; the name on the identification must exactly match the name under which you are applying for ARDMS examination.

Transcript Requirements

- Name of applicant and school must be printed on the transcript; handwritten information will not be accepted.
- The class or course name must specifically indicate "Physics," "Physical Principles" and/or "Instrumentation" in the title and be printed on the transcript. Supplementary information will not be accepted.
- Transcript can be unofficial or official.
- If submitting a foreign transcript or degree, an original course by course foreign transcript evaluation must accompany the application summary and indicate the aforementioned requirements.
- Transcripts only indicating a number grade must include a "grade key" printed on the transcript showing what letter grade the number grade is equivalent to.
 Supplementary information will not be accepted.
- A grade report will not be accepted in lieu of the transcript (unofficial or official).

Forsyth Technical Community College Medical Sonography Program Organizational Chart



Clinical Affiliates

Clinical Affiliates (DMS)

Alamance Regional Medical Center Carolinas Medical Center - NE Community Care Clinic Cornerstone Imaging Forsyth Medical Center Imaging - Maplewood Forsyth Medical Center High Point Regional Hospital Hugh Chatham Memorial Hospital Lexington Memorial Hospital Northern Hospital of Surry County Piedmont Imaging Rowan Regional Medical Center Wake Forest University Baptist Medical Center Wesley Long Community Hospital Morehead Memorial Hospital Carolina Medical Center - Copperfield Women's Hospital of Greensboro

Clinical Affiliates (Vascular)

Alamance Regional Medical Center
Carolinas Medical Center – NE
Cornerstone Vascular
Forsyth Medical Center Imaging - Maplewood
Forsyth Medical Center
High Point Regional Hospital
Lexington Memorial Hospital
Moses Cone Health Systems
Piedmont Imaging
Rowan Regional Medical Center
Wake Forest University Baptist Medical Center
Hugh Chatham Memorial Hospital
Northern Hospital of Surry County

Faculty and Administration Directory

College President Gary Green, EdD

Office: ALL 445

Email: ggreen@forsythtech.edu

Phone: (336) 734-7201

Vice President of Instructional Services

Dr. Conley Winebarger

Office: TEC 501

Email: cwinebarger@forsythtech.edu

Medical Director - Diagnostic Medical

Sonography

Joseph Contento, MD

Forsyth Radiological Associates

Email: jcontento@forsythradiology.com

Phone: (336) 765-2702

Dean of Health Technologies Bonnie Pope, RN, PhD

Office: BGH Room 106
Email: bpope@forsythtech.edu

Phone: (336) 734-7412

Department Chair of Imaging

Debbie Taylor, MA, RT(R)(MR) (CT)

Office: BGH Room W240

Email: dtaylor@forsythtech.edu

Phone: (336) 734-7178

Medical Sonography Program Director John B. Cassell, RTR, RDMS, RVT, BS Office: BGH Suite W226, Room W236

Email: jcassell@forsythtech.edu

Phone: (336) 734-7430

Medical Sonography Clinical Coordinator

Tonya Howell, RDMS, BS

Office: BGH Suite W226, Room W246

Email: thowell@forsythtech.edu

Phone: (336) 757-3206

Vascular Sonography Lead Instructor Chessney Pharr, RDMS, RVT, BS Office: BGH Suite W226, Room W246

Email: cpharr@forsythtech.edu

Phone: (336) 757-3354

Part-Time MS Instructor

Shelly Ingle Phone: TBA Email: TBA

Part-Time MS Instructor

Gail Allred

Community Care Clinic Phone: (336) 723-7904

Email: gsallred@novanthealth.org

HEALTH TECHNOLOGIES DIVISION

DR. BONNIE POPE, DEAN 734-7412

Vickie Cranford, STAFF ASSISTANT TO THE DEAN
Carrie Blaskowski, DIVISIONAL PROGRAM COORDINATOR (PT), Kerri Walters-RETENTION MANAGER
Debra Pitt, TEAS COORDINATOR (PT) ASHLEY WATTS-WORKSTUDY

NURSING: Linda Latham, Director 734-7582

Beth Hyland, SECRETARY

IMAGING: Debbie Taylor, Director 734-7178

Joan Whittington, SECRETARY

PRACTICAL NURSING - NUR

Sharon Moore, Program Chair 734-7569

Melissa Casey

Laura Galloway

Karen Harvell

Angie Lundgren

Denise McSweeney-Stokes County

Serena Strain

ASSOCIATE DEGREE NURSING - NUR

Wanda Douglas Program Chair 757-3327

Vacant, Clinical Coordinator

Ellen Wyrick, Lab Coordinator

Kim Adams

Susan Baker (9 mth)

Renee Harrison

Yolanda Hilton

Ellen Hohf

Sherita Johnson-(Military Leave)

Terina Lineberry

June Martin

Sue Ellen Miller

Caryl Morgan

Bernyce Pritchard

Johnetta Tate

Dr. Marie Thomas (9 mth)

Sherry Troop

Amber Welborn

Stephanie Yoder

CARDIOVASCULAR SONOGRAPHY- CVS

David Wood, Program Coordinator 757-3313

Chesney Pharr – Clinical Coordinator

COMPUTED TOMOGRAPHY - CAT

Cindy Smith, Program Coordinator 734-7560

Jason Lincoln, Clinical Coordinator

INTERVENTIONAL CARDIOVASCULAR & VASCULAR

TECHNOLOGY - ICV

Marti Feathers-Magee, Program Coordinator 734-7189

Leann Handy, Clinical Coordinator

Keith Boles

MAGNETIC RESONANCE IMAGING - MRI

Debbie Taylor, Program Coordinator 734-7178

Kate Latimer, Clinical Coordinator

Melissa Smith (9 mth)

MEDICAL SONOGRAPHY - SON

John Cassell, Program Coordinator 734-7430

Tonya Howell, Clinical Coordinator

NUCLEAR MEDICINE TECHNOLOGY - NMT

Tammy Beck, Program Coordinator 757-3345

Teresa Smith, Clinical Coordinator

RADIOGRAPHY - RAD

Nancy Andrews-Hall, Interim Program Coord 734-7433

Molly Long, Clinical Coordinator

Bonita Harmel

Tonya Oakley

RADIATION THERAPY TECHNOLOGY - RTT

Chris Gibson, Program Coordinator 734-7184

Sherry Strickland, Clinical Coordinator

HEALTH SERVICES: Jean Middleswarth, Director 757-3288

Karen Clement, SECRETARY

RESPIRATORY THERAPY RCP

John Sherman, Program Coordinator 734-7427 Cindy Wiggins, Clinical Coordinator Tina Lovings

DENTAL ASSISTING & DENTAL HYGIENE - DEN

Dr. Jannette Whisenhunt, Dental Education Department Chair/ Program Coordinator of Dental Hygiene, 734-7414

Julie Rushing, Clinical Coordinator

Cindy Edwards, Program Coordinator Dental Assisting 757-3354

Kelly Diller, Clinical Coordinator

Annette Saylor, Traci Roscoe, Paula Bowling, (PT) Clinic Manager

THERAPEUTIC MASSAGE - MTH

<u>Kim Moore, Program Coordinator– Swisher</u> **734-7916** Sandy Mason, Clinical Coordinator

PHARMACY TECHNOLOGY - PHM

Sarah Clement, Program Coordinator **757-3319** Heather Howell, Clinical Coordinator (9 mth)

MEDICAL ASSISTING - MED

<u>Anna Hilton, Program Coordinator</u> **734-7362** Jenifer Gibson, Clinical Coordinator



Academic Calendar 2013-2014

Approved by the Board of Trustees on August 16, 2012.

Fall Semester 2013 (80 Instructional Days)

Monday, August 19
Monday, September 2
Monday and Tuesday, October 7 & 8
Wednesday, October 9
Thursday and Friday, November 28 & 29
Saturday, November 30
Monday, December 16
Tuesday through Friday, December 17-20
Monday, December 23, through Tuesday, December 31

First Day of Classes
Labor Day Holiday (No Classes)
Fall Break - Faculty Work Days (No Classes)
Professional Development Day (No Classes)
Thanksgiving Holidays (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Days
Winter Holidays

Spring Semester 2014 (80 Instructional Days)

Wednesday, January 1
Thursday and Friday, January 2-3
Monday, January 6
Tuesday, January 7
Monday, January 20
Tuesday, March 11
Wednesday and Thursday, March 12 & 13
Friday, April 18
Saturday, April 19
Monday, May 5
Tuesday and Wednesday, May 6 & 7
Thursday, May 8
Friday, May 9

New Year's Holiday
Faculty Work Days
Faculty Work Day
First Day of Classes
Martin Luther King Holiday (No Classes)
Planning Day (No Classes)
Spring Break – Faculty Work Days (No Classes)
Easter Holiday (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Days
Commencement
Faculty Work Day/Professional Development Day

Summer Term 2014 (50 Instructional Days)

Friday, May 16 Monday, May 26 Friday, July 4 Saturday, July 5 Monday, July 28 Tuesday through Friday, July 29-August 1 Monday through Friday, August 4-8 First Day of Classes
Memorial Day Holiday (No Classes)
Independence Day Holiday (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Days
Faculty Work Days



Academic Calendar 2014-2015

Approved by the Board of Trustees on August 16, 2012.

Fall Semester 2014 (80 Instructional Days)

Monday through Friday. August 11-15
Monday, August 18
Monday, September 1
Tuesday, September 2
Monday and Tuesday, October 13 & 14
Wednesday, October 15
Wednesday, November 26
Thursday and Friday, November 27 & 28
Saturday, November 29
Wednesday, December 17
Thursday and Friday, December 18 & 19
Monday and Tuesday, December 22 & 23
Wednesday through Wednesday, December 24-31

Faculty Work Days
First Day of Classes
Labor Day Holiday (No Classes)
Faculty Work Day (No Classes)
Fall Break – Faculty Work Days (No Classes)
Professional Development Day (No Classes)
Faculty Work Day (No Classes)
Thanksgiving Holidays (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Days
Faculty Work Days
Winter Holidays

Spring Semester 2015 (80 Instructional Days)

Thursday, January 1
Friday, January 2
Monday and Tuesday, January 5-6
Wednesday, January 7
Monday, January 19
Tuesday, March 31
Wednesday and Thursday, April 1 & 2
Friday, April 3
Saturday, April 4
Tuesday, May 5
Wednesday, May 5
Wednesday, May 6
Thursday, May 7
Friday, May 8
Monday through Friday, May 11-15

New Year's Holiday
Winter Holiday
Faculty Work Days
First Day of Classes
Martin Luther King Holiday (No Classes)
Planning Day (No Classes)
Spring Break - Faculty Work Days (No Classes)
Easter Holiday (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Day
Commencement
Faculty Work Days

Summer Term 2015 (50 Instructional Days)

Monday, May 18 Monday, May 25 Tuesday, May 26 Wednesday and Thursday, July 1 & 2 Friday, July 3 Saturday, July 4 Friday, July 31 Monday, August 3 First Day of Classes
Memorial Day Holiday (No Classes)
Faculty Work Day (No Classes)
Faculty Work Days (No Classes)
Independence Day Holiday (No Classes)
No Saturday Classes
Last Day of Classes
Faculty Work Day

Medical Sonography

Curriculum Description

The Medical Sonography curriculum provides knowledge and clinical skills in the application of high frequency sound waves to image internal body structures.

Course work includes physics, cross-sectional anatomy, abdominal, introductory vascular and obstetrical/gynecological sonography. Competencies are attained in identification of normal anatomy and pathological processes, use of equipment, fetal growth and development, integration of related imaging, and patient interaction skills.

Graduates of accredited programs may be eligible to take examinations in ultrasound physics and instrumentation and specialty examinations administered by the American Registry of Diagnostic Medical Sonographers and find employment in clinics, physicians' offices, mobile services, hospitals and educational institutions.

The following represents one way in which the program of study can be completed. Students who aren't able to follow this plan should consult their academic advisor to be sure that they take courses in the best order for their success. Courses with the prefix of SON are only offered during the semesters listed below.

Associate in Applied Science

A45440 REVISED NC CIP: 51.0910

Day

Course	Course Title	HOURS PER WEEK			
		Class	Lab/ Shop	Clinical/ Co-op	Credit
Fall Semester					
BIO 163	Basic Anat & Physiology REVISED REQUISITE		2	0	5
MAT 171	Precalculus Algebra NEW VERSION 2014		2	0	4
PHY 110	Conceptual Physics REVISED REQUISITE		0	0	3
PHY 110A	Conceptual Physics Lab REVISED REQUISITE		2	0	1
SON 110	Intro to Sonography	1	3	3	3
SON 112	Sonographic Terminology NEW 2014	1	0	0	1
SON 130	Abdominal Sonography I		3	0	3
		14	12	3	20
Spring Semester					
SON 111	Sonographic Physics	3	3	0	4
SON 120	SON Clinical Ed I	0	0	15	5
SON 131	Abdominal Sonography II	1	3	0	2

SON 140	Gynecological Sonography	2	0	0	2
Select one:					
COM 231	Public Speaking REVISED REQUISITE OR	3	0	0	3
ENG 115	Oral Communication	(3)	(0)	(0)	(3)
		9	6	15	16
Summer Term					
ENG 111	Writing and Inquiry NEW VERSION 2014	3	0	0	3
SON 121	SON Clinical Ed II	0	0	15	5
SON 241	Obstetrical Sonography I	2	0	0	2
SON 272	Advanced Pathology	0	3	0	1
		5	3	15	11
Fall Semester					
SON 220	SON Clinical Ed III	0	0	24	8
SON 242	Obstetrical Sonography II	2	0	0	2
SON 250	Vascular Sonography	1	3	0	2
	Humanities/Fine Arts Elective 🖪	**	**	0	3
Select one:					
PSY 118	Interpersonal Psychology OR	(3)	(0)	(0)	(3)
PSY 150	General Psychology REVISED REQUISITE	3	0	0	3
		6	3	24	18
Spring Samaatar					
Spring Semester SON 221	SON Clinical Ed IV	0	0	24	8
SON 225	Case Studies	0	3	0	1
SON 289	Sonographic Topics	2	0	0	2
30N 209	Sonographic Topics		0	0	
		2	3	24	11

Total Credit Hours: 76

Legend

- : Comprehensive Articulation Agreement This course is recommended for students transferring to a fouryear university.
- : Local Requirement
- : Instructional Service Agreement

Additional Information

Additional admissions requirements: Biology, algebra and physics recommended.

- 1. Grade of C or better in all required related and program specific courses is mandatory for admission and progression in the Medical Sonography program.
- 2. Completion of the Forsyth Tech Student Medical Form upon acceptance into the program.

Program Information

This program has limited enrollment. Students are chosen by a selective admissions process based on grades earned in required related courses (i.e. biology, English, psychology, etc.) and completion of any training such as certified nurse assistant I and II, emergency medical technician, paramedic or any diploma or degree in a health or non-health field. The Admissions Office can provide additional information on the selection process. Readmission may be possible but requires reapplying and approval by the college.

Humanities/Fine Arts Elective – Select one: ART 111, HUM 110, HUM 115, HUM 120, HUM 170, MUS 110, PHI 215, PHI 240, REL 110, or REL 221. Consult an academic advisor concerning other possible electives.

Criminal Background Checks/Drug Screening

Clinical agencies require criminal background checks and/or drug screening for students assigned to their facility for clinical education. In addition, national and/or state registry and/or licensure boards **may prohibit** eligibility for registry or licensure based on criminal background records. Please refer to the Health Technologies section on www.forsythtech.edu.

**Hours will vary depending on course selection.

First Semester Textbooks & Materials

Course Title Edition Author ISBN# Price

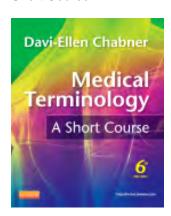
SON 110 Essentials of Sonography and Patient Care

3rd Craig 978-1-4377-3545-1 Publisher: Elsevier

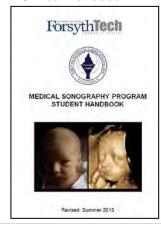
ESSENTIALS
of Sonography
and Patient Care
Thank Edition

MARVEEN CRAIG

SON 110 Medical Terminology A 6th Chabner 978-1-4377-3440-9 \$43.95 Short Course Publisher: Elsevier



SON 110 Medical Sonography Student Handbook & Clinical Handbook



Fall 2013 J. Cassell & T. FTCC Bookstore TBA Howell

Forsyth Tech

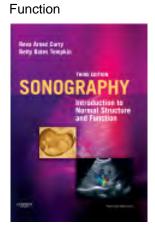
Medical Sonography Program

Clinical Handbook 2013-2015

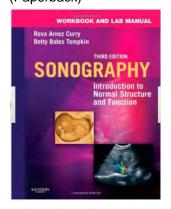
\$67.95

First Semester Textbooks & Materials Continued...

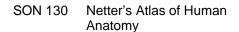
CourseTitleEditionAuthorISBN#PriceSON 130Sonography Introduction to Normal Structure and3rdCurry & 978-1-4160-5556-3 Publisher: Elsevier\$130.95



SON 130 Workbook and Lab Manual 3rd for Sonography Introduction to Normal Structure and Function (Paperback)



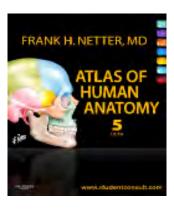
Curry & 978-1-4160-5555-6 \$67.95 Tempkin Publisher: Elsevier



5th

Netter

978-1-4377-0970-4 Publisher: Elsevier \$132.00



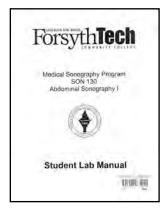
SON 130 SON 130 Lab Manual

N/A

J.Cassell

FTCC Bookstore

TBA



SON 130 SON 130 Course Module

N/A

J.Cassell

FTCC Bookstore or Provided in

Class/Online

TBA

Microsoft Office for Students and Teachers – Available in the Bookstore.

\$120.00

Second Semester Textbooks & Materials

4th

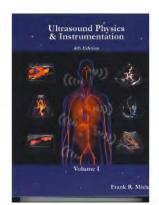
Course Title Edition Author ISBN# Price

Miele

978-1-933250-08-3

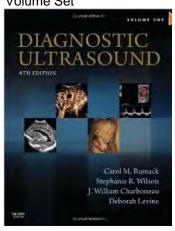
\$150.00

SON 111 Ultrasound Physics and Instrumentation w/CD-ROM

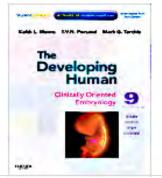


SON 120 - No Textbooks Required

SON 131 Diagnostic Ultrasound 2 4th Rumack 978-0323053976 \$380.00 Volume Set Publisher: Elsevier



SON 140 The Developing HUman 9th Moore and 978-1-4377-2002-



\$76.95

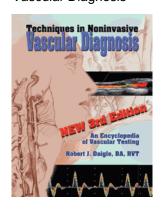
Third Semester Textbooks & Materials

There are no textbooks to purchase this semester

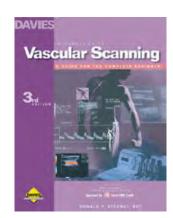
Fourth Semester Textbooks & Materials

SON 220 – No New Textbooks SON 242 – No New Textbooks

Course	Title	Edition	Author	ISBN#	Price
SON 250	Techniques in Noninvasive Vascular Diagnosis	3 rd	Daigle	978-09720653-6-8	\$79.95



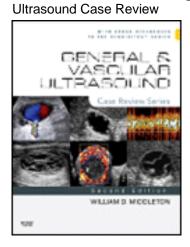
SON 250	Introduction to Vascular Scanning	3 rd	Ridgeway	978-0941022705 Publisher: Davies	\$65.95
				Publishing	



Fifth Semester Textbooks & Materials

SON 221 - No New Textbooks

CourseTitleEditionAuthorISBN#PriceSON 225General and Vascular2ndMiddleton978-1416039891\$56.95



CourseTitleEditionAuthorISBN#PriceSON 289Registry Review –
Abdominal SonographyBurnsItem #: 7701
Publisher: SDMS\$95.00



CourseTitleEditionAuthorISBN#PriceSON 289Registry Review – OB/GYN SonographyDiane J. Youngs941022595 Pavies Publishing\$95.00





Student Sonographers Association (SSA)

This club is currently inactive.

The SSA is an organization composed of student sonographers. The SSA will have a president, vice president, secretary and treasurer. The advisor and overseer will be the program director of the medical sonography program. The officers will be nominated and elected by members of the club. The president will serve as the student representative on the medical and cardiovascular sonography program advisory committee and will represent the students at any school-related function. The VP will fill in for the president at functions when the president is unable to attend. The secretary will record the minutes of each SSA meeting and read old and new business notes at the beginning of each meeting. The treasurer will be responsible for collecting, managing and dispersing any funds that are collected from fund raisers held by the association. The club will meet no less than one day each month.

Constitution of Forsyth Technical Community College Student Sonographers Association

ARTICLE I: Name

The name of this organization shall be Forsyth Technical Community College Student Sonographers Association.

ARTICLE II: Objectives

The objectives of this society shall be to cultivate, promote and sustain the art and science of Diagnostic Medical and Cardiovascular Sonography and to safeguard the common interest of the members of the Sonography profession.

ARTICLE III: Organization

Section I: Membership

The membership shall consist of any part-time or full-time Sonography student of good moral character and good academic standing.

Section II: Officers

The elective officers of this society shall be:

- 1. President
- 2. Vice President
- 3. Secretary
- 4. Treasurer

Amendment Spring 2013: President will be elected from the Senior Class.

Vice President will be elected from the Junior Class.

Secretary and Treasurer may be elected from either class.

Section III: Meetings

Meetings shall be called by the President with the date, time and place being voted upon by the membership. A faculty member must be present at all meetings.

Section IV: Dues

The dues of the Society shall be decided upon by the prospective membership during the first meeting of the academic year and shall be so recorded in the By-laws.

ARTICLE IV: Amendments

This constitution may be amended by a majority affirmative vote for the membership provided that the proposed amendment or revision shall have been presented in writing to the officers and advisor not less than one week prior to the voting.

ARTICLE V: By-laws

By-Laws may be established or altered by a majority affirmative vote of the membership with oral or written consent of the advisor.

By-Laws of Forsyth Technical Community College Student Sonographers Association

CHAPTER I: Membership

Any part-time or full-time Sonography student of good moral character and good academic standing may have membership in the Society. The membership shall terminate at graduation.

CHAPTER II: Officers

Section I: Number and Title

The officers of Forsyth Technical Community College Student Sonographers Association shall be four: President, Vice President, Secretary and Treasurer.

Section II: Qualifications

The president will be elected from the senior class. The vice president will be elected from the junior class. Secretary and treasurer may be elected from either class.

Section III: Nominations and Elections

The officers shall be elected at the first meeting in the Fall Semester. Nominations may be made from the floor. Election shall be held by a secret ballot.

Section IV: Vacancies

In the event of a vacancy in one of the offices of vice president, secretary, or treasurer, a special election shall be held. The vice president will fill the role of president if that office becomes vacant. If both vice president and president offices are vacant, then new officers will be elected for these offices.

Section V: Tenure of Office

The officers shall serve a term of one year.

Section VI: Duties

A. President

- 1. Preside over all meetings.
- 2. Call all meetings
- 3. Serve as student representative in the Sonography Advisory Board.
- 4. Represent the Association at any school related function as requested by the club sponsor.

B. Vice President

- 1. Preside over all meetings in the absence of the President
- 2. Serve as parliamentarian as required during meetings

C. Secretary

- 1. Maintain an official register of all members
- 2. Take all minutes of the meetings and distribute to the club sponsor.
- 3. Conduct official correspondence

D. Treasurer

- 1. Maintain accurate records of the financial status of the Society.
- 2. Endorse each expenditure of the Society.
- 3. Collect, manage and distribute funds for all club related events.

CHAPTER III: Meetings

Section I: Regular Meetings

Meetings shall be held at least once each month.

Section II: Special Meetings

The president may call special meetings with one week notice to all members and the advisor.

Section III: Quorum

A quorum shall consist of $\frac{1}{2}$ the membership plus one.

Section IV: Order of Business

- A. Call to order
- B. Roll call of membership
- C. Reading of Minutes
- D. Treasurer's report
- E. Old Business
- F. New Business
- G. Adjournment

Section V: Advisor

The advisor shall be the Sonography Program Director or a designated member of the faculty of Forsyth Technical Community College and shall be present at all meetings.

CHAPTER IV: Amendments

These By-Laws may be amended by a majority affirmative vote of the quorum.

Professional Ultrasound Organizations

The Society of Diagnostic Medical Sonographers (SDMS) is the national society representing Sonographers. Its primary purposes are to advance the science of ultrasound technology, to establish and maintain high standards of education and training, and to promote, advance and educate its members and the medical community in the science of Medical Diagnostic Ultrasound.

Membership in this society is greatly encouraged by the faculty at Forsyth Technical Community College. Student membership is available at a discount rate.

SDMS

2745 Dallas Pkwy, Ste 350 Plano, TX 75093-4706 Phone: (800) 229-9506 Fax: (214) 473-8563

Web: www.sdms.org

The North Carolina Ultrasound Society (NCUS) is a state society representing sonographers. Its primary purposes are like the SDMS in that it advances the development of personnel involved in the diagnostic application of ultrasound in health care by "providing an opportunity for continuing education to personnel involved in the diagnostic application of ultrasound in health care and operates exclusively for education and scientific purposes as a non-profit society@.

NCUS

Central Office P.O. Box 335 Colfax, NC 27235

Phone: (336) 310-3975 Fax: (336) 996-9409 Web: www.ncus.org

The American Institute of Ultrasound in Medicine (AIUM), is a

multidisciplinary organization dedicated to advancing the art and science of ultrasound in medicine and research through its educational, scientific, literary and professional activities.

American Institute of Ultrasound in Medicine(AIUM)

14750 Sweitzer Lane, Suite 100

Laurel, MD 20707-5906 Phone: (800) 638-5352 Fax: (301) 498-4450 Web: <u>www.aium.org</u> **Society for Vascular Ultrasound (SVU)** represents vascular technologists, vascular surgeons, vascular lab managers, nurses, and other allied medical ultrasound professionals. Since it's founding in 1977, SVU has been dedicated to the advancement of noninvasive vascular technology used in the diagnosis of vascular disease, through education programs, publications, and certification.

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To Whom It May Conc	ern:		
	is a full-tin	ne student enrolled i	n the sonography program at
Forsyth Technical Com	munity College. Ple	ease accept their app	lication for student membership.
The student is schedule	d to graduate on the	following date:	
Month:	Day:	Year:	
If there are any question below.	ns regarding this, the	n please feel free to	contact me using the information

Cordially yours,

John B. Cassell, RTR, RDMS, RVT, A.A.S.

Medical Sonography and Cardiovascular Sonography Program Coordinator

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Professionalism and Ethics

Each student has an obligation to conduct and presentation which honors the profession of Sonography in both their personal and professional activities. Through adherence to moral standards and ethical practices the student will make their greatest contribution to society, the profession and to their fellow members within the profession.

Code of Professional Conduct For Diagnostic Medical Sonographers

This includes all professions of sonography (Cardiac, Vascular, OB/GYN, and Abdominal).

The code of Professional Conduct of the Society of Diagnostic Medical Sonography (SDMS) is a statement of the high standards of conduct toward which sonographers are committed to strive. Sonographers, as members of a health care profession, acknowledge their responsibilities to their parents, to other health care professionals, and to each other.

- I. Sonographers shall act in the best interests of the patient.
- II. Sonographers shall provide sonographic services with compassion, respect for human dignity, honesty, and integrity.
- III. Sonographers shall respect the patient's right to privacy, safeguarding confidential information within the constraints of the law.
- IV. Sonographers shall maintain competence in their field.
- V. Sonographers shall assume responsibility for their actions.

Code of Ethics for the Profession of Diagnostic Medical Sonography

Approved by SDMS Board of Directors, September 29, 2004

PREAMBLE

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

OBJECTIVES

To create and encourage an environment where professional and ethical issues are discussed and addressed. To help the individual practitioner identify ethical issues. To provide guidelines for individual practitioners regarding ethical behavior.

PRINCIPLES

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

- A. Provide information to the patient about the purpose, risks, and benefits of the ultrasound procedure and respond to the patient's questions and concerns.
- B. Respect the patient's autonomy and the right to refuse the procedure.
- C. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.
- D. Promote the privacy, dignity and comfort of the patient (relatives and significant others) by thoroughly explaining procedure protocols and implementing proper draping techniques.
- E. Protect confidentiality of acquired patient information.
- F. Strive to ensure patient safety.

Principle II: To promote the highest level of competent practice, diagnostic medical sonographers shall:

- A. Obtain appropriate ultrasound education and clinical skills to ensure competence.
- B. Achieve and maintain specialty specific ultrasound credentials. Ultrasound credentials must be awarded by a national sonography credentialing body recognized by the Society of Diagnostic Medical Sonography (SDMS) Board of Directors.

- C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
- D. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.
- E. Maintain continued competence through continuing education and/or recertification.
- F. Perform only medically indicated studies, ordered by a physician or their designated health care provider.
- G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.
- H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.
- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results.

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

- A. Be truthful and promote appropriate and timely communications with patients, colleagues, and the public.
- B. Respect the rights of patients, colleagues, the public and yourself.
- C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
- D. Accurately represent his/her level of competence, education and certification.
- E. Promote equitable care.
- F. Collaborate with professional colleagues to create an environment that promotes communication and respect.
- G. Recognize that well-intentioned healthcare providers can find themselves in ethical dilemmas; communicate and collaborate with others in resolving ethical practice. Report deviations from the SDMS Code of Ethics for the Profession of Diagnostic Medical Sonography to supervisors, so that they may be addressed according to local policy and procedures.
- H. Engage in ethical billing practices.
- I. Engage only in legal arrangements in the medical industry.

Academic Etiquette

or,

The Medical Sonography Student's Guide to Surviving the Classroom

or,

How Not to Annoy Your Instructors So They Won't Silently Curse You in Their Hearts

or,

Let's Play "Whose Cellphone is Going Off Now?"

Academic Etiquette: (ak' a dem' ik et' i ket') n. phr. 1. Nearly archaic. Accepted conventions for appropriate conduct in a classroom. Examples of usage: "Whatever happened to academic etiquette?" "You mean, like, wasn't that a New Wave alternative band in the 80s?" Serious efforts to reintroduce students to this basic concept are underway.

In the last decade, classroom etiquette has been harder to find than bipartisan healthcare reform. It's not a problem confined to Forsyth Tech. Students in colleges all across the nation often cannot identify basic breaches of classroom and academic etiquette even when given quizzes about it. Attitudes toward learning and the classroom have been changing. Given these problems, teachers say enough is enough. The time has come to explain some basic expectations in our classes and the reasons for those expectations. Besides, if bell-bottom jeans and tie-dye t-shirts can make comebacks from the days of yesteryear, so can that old concept, "academic etiquette."

Academic etiquette is similar to social etiquette (i.e., politeness), but it goes beyond saying "thank you" and "please," and calling your instructor "Mister or Miss" rather than "Dude.". Reading this will prepare you for situations you may be finding yourself in for the first time, but situations with which teachers have a great deal of experience. Sad to say, much of that experience has been negative in recent years. These techniques and

guidelines are designed to make our mutual encounters as pleasant and productive as possible. After all, we teachers and students will be spending a lot of time together in the next two years. It will benefit us both not to waste that time on rancor and ill feeling.

Like Miss Manners, that queen of custom, this guidebook uses question-and-answer format under general topic headings. You can sort through them and locate the sort of questions you are most likely to need answered.

Class Attendance:

Q: Because of some personal problems, I've missed three practicum (clinical) days early in the semester. Things are better and now I'm back, but when I asked the instructor what I missed, he told me that he has a course absence policy that only allows two absences and I'm already "over the limit," and thus I can't receive a passing grade for the course. He says he put this in the course syllabus, but I don't remember it. And isn't the college's policy that I can continue with my classes as long as I haven't missed more than 3 practicum days.

A: Forsyth Tech's attendance policy is as follows:

Forsyth Tech regards class lectures, demonstrations and other in-class experiences as vital ingredients of the educational process. For this reason, students are expected to attend and arrive on time to all class, laboratory, shop, practicum, cooperative education worksites and clinical experience sessions. Students are responsible for accounting to their instructors for any absence and should report to their instructors following any absence to determine if and when work may be made up. Habitual tardiness may, at the discretion of the instructor, be considered in computing attendance.

Students must satisfy the instructor that they should be permitted to remain in a course and attend classes after incurring absences in excess of the following:

- 1. five hours of class,
- three practicum (shop, laboratory or clinical experience) sessions that meet for two or more hours, or
- 3. three hours of class and one practicum (shop, laboratory or clinical experience) session that meets for two or more hours.

When students are absent from a class and a practicum (shop, laboratory, clinical experience) session that meets consecutively, each session missed will be counted as an absence.

Special attendance rules, different from those listed above, must be noted in the instructor's attendance policy included on the course syllabus. Students with questions or concerns should consult with their instructor.

This clause "special attendance rules different from those listed above...must be included in the course syllabus" allows instructors to tailor attendance requirements to

their individual courses. Instructors may (and often do) have stringent requirements. For instance, a teacher might choose to automatically fail a student in the class for exceeding a set number of absences.

Q: I promised not to miss any more classes, but the instructor doesn't seem to care. What's it to her anyway? After all, I'm paying for the class whether I'm there or not. Since I'm paying the money, shouldn't attendance be my decision and not hers? If I can do the work, what difference does it make whether I'm there or not?

A: You are an adult, and, yes, the decision to attend class is yours. Teachers know that emergencies crop up. They crop up for teachers as well. Such emergencies sometimes require us to cancel a class--or even two--in a single year. Yet the fact that courses cost money and someone has to pay does not give you the right to perform outside the accepted classroom norms on a regular basis. (Just because you pay for a plane ticket doesn't mean it's your right to ask the stewardesses to open the hatch so you can jump out of a 747 in the middle of a flight, after all.)

Keeping attendance involves time-consuming clerking. It produces exactly what teachers don't want to mess with--excuses and unpleasant penalties. It would be far easier for us simply not to deal with the issue. But when we don't have an attendance policy, class attendance goes down. Clearly you can't learn what the teacher covers if you aren't in class. An attendance policy forces you to come to class, and it forces you to learn more. Therefore, teachers use attendance policies. A school isn't like a McDonalds restaurant, and teachers aren't like fast food. College isn't a place in which you are customers buying food, and you can choose whether or not you want to eat it. While it may make no difference to fast food workers whether or not you eat the provided food (they get paid either way, and don't care about you or your success in life), it makes a real difference to teachers. We aren't paid just to provide an education you can ignore; we are paid to make sure you actually are educated, that you actually are mastering classroom materials to enrich you intellectually. If we didn't care about that, we wouldn't go through the hassle of attendance.

Q: "But I can get notes from other students if I miss class, and I can read the materials on my own time! Why do teachers throw a snit over one missing student at a lecture?"

A: In an emergency, having someone take notes during your absence is better than nothing. Intelligent students take the time to introduce themselves to one or two students in the class and swap phone numbers, so that if an emergency happens, they have a partner or two to take notes for them or turn in assignments, pick up copies of handouts, and so on. This technique isn't a cure-all, unfortunately. First, you are depending on a friend or acquaintance to take good notes and not miss any important details. That is not always a smart idea. Second, no set of notes, no matter how exhaustive, can duplicate the classroom experience. The best learning takes place in the space between teacher and students. (Otherwise, colleges would simply require students to pay \$20,000 for a library card and not worry about having classes at all.)

Third, most of our classes are not just lecture. In-class assignments, visual demonstrations, and small group discussions cannot be duplicated. Fourth, you and the other students are necessary; you make the intellectual juices flow. You raise pertinent points and respond to other students' ideas. If you don't attend class, not only have you missed out on all the ideas other students bring up, but your classmates have missed out too. They have been robbed of your potentially good ideas and questions. That isn't fair to them.

If you are not in class, we assume that you made that choice. (Again, we understand that sometimes you are forced not to come to class because of circumstances beyond your control.) We assume that somewhere in the early part of the morning, you-perhaps a bit sleepy, tired, depressed, stuffed up, or whatever--said to yourself or your roommate: "I am not going to go to class today." We know this because we overhear students saying this sentence to their friends literally every day in the hallways and parking lots. (One colleague of mine claimed he heard the phrase three times in the space of walking from the third floor of Green Hall to the Allman Building.)

If you are a student making that choice, you should accept the repercussions. Do not offer a lie, a distorted fact, or any other fabrication thinking that it will (1) lessen the standard penalties or (2) lessen our disappointment.

As far as we are concerned, almost no excuse is valid (except actual medical emergencies) for missing a class. You can make appointments at some other time, you can meet with friends or family at other times, you can shop at some other time, you can register at some other time. All of this goes back to the implicit contract between us. We promise to be in class; so do you. You should keep Woody Allen's quotation in mind: "Ninety percent of success in life is just showing up."

Punctuality

Q: I'm just about fed up. I live in Concord, and I have to commute for an hour drive to get on campus. By the time I arrive, there are no parking spots by the building, and I have to park on the other side of campus, and that always makes me late for class. Lately, my instructor has been giving me displeased looks when I walk in. Why is he blaming me for being late? It's not my fault it's such a long drive to campus.

A. Yes, commutes are bedeviling, aren't they? Driving can be a sincere pain. We imagine though, that your instructor is giving you displeased looks because he's wondering the same thing we're wondering: if you know the commute is long and that parking is difficult, why not leave earlier? If you are late once (maybe twice?) over the course of a term, sometimes that can't be helped. The polite way to handle this faux pas is to slip in as quietly and quickly as possible, taking the seat nearest to the door, and apologize after class is over. Such politeness, however, loses its impact if it happens several times over the course of the semester. Then, the apology takes on a different cast; it looks smarmy and insincere. Being late regularly signals to the instructor that you don't treat the class as seriously as whatever it is that

you were doing that made you late. It suggests that whatever you were doing is worth regularly interrupting his class. You don't want to create that impression. Leave twenty minutes earlier and you will arrive on time, and your teachers will smile upon you.

Q. But wait! I'm not just watching Jerry Springer re-runs; I'm coming in from work. I can't just leave twenty minutes earlier! I'll lose my job. Surely that's different!

A. In response, we would ask you a question: if you knew you couldn't get to class on time, why did you sign up for it? For that matter, why did you sign up for a program when you knew that driving distance or work hours could become an issue?"I thought I could," you say, "it's the parking/traffic jam/road block/etc. I didn't figure on." When you do arrive late, if the classroom door is locked DO NOT KNOCK ON THE DOOR! This interrupts the class. First when you knock on the door, the instructor gets distracted then someone has to stop what they are doing, walk over to the door and open it. Then we have to listen to you rustling around with your coat, unzipping your bags, etc. Very annoying! For this reason, you should wait until the next available break to enter the classroom. This may require you to remain quietly outside in the hallway.

Classroom attendance habits are a good predictor for how a student will behave as an employee. Students who are routinely late, or who miss classes regularly tend to exhibit the same behavior when they become employed. Did you know that potential employers ask us about your attendance and tardies? Your professionalism as a student will only help you out later on when you start applying for jobs.

Similar logic applies, by the way, to leaving the class while it is in session. We understand that sometimes nature calls at awkward times--that sometimes you must leave class and obey your bladder. Sometimes, even illness might overtake you. However, we think of these as unusual occurrences. Cigarette "emergencies" do not count. Once or twice a semester, you might be brought up short and have to leave. Fair enough. We understand. And we appreciate your efforts not to disrupt class when you go. We notice how you leave, and how careful you are to shut the door gently and avoid blocking other students' view of the blackboard or overheads. We notice every time you leave. We notice how long you're gone. We notice if you're carrying food. (Yes, we will note if students leave "to go to the bathroom" and return with sandwiches from Subway.) And we're not the only ones who notice. Other students actually complain to us in private and/or make disparaging remarks about those "slackers" who regularly skip out and distract them.

Furthermore, if you're leaving during class every week, whether we say anything or not, we are not happy about it. In fact, most of us probably don't say anything to you because to do so would disrupt the class even more. But ask yourself, how many times has your professor excused herself in the middle of class? Our longest classes are two-and-three hours long. Some teachers may provide a break in the middle of those long classes, but not all of us do. Unless you have a medical condition that requires precisely timed medication, we suggest that part of a responsible student's class preparation is taking care of physical needs before class begins (especially on

examination days). Then, get as comfortable as you can in that little desk and tough it out. We might not actually thank you for it. We might not even notice this invisible sacrifice your bladder has made for the classroom's tranquility. We can, however, assure you that you won't be subject to disapproving stares and sniggering student comments.

Q: One professor told his class never to bring cell phones to class--even if they are turned off. Why are cell phones forbidden? Why can't I just set them to "vibrate" rather than "ring" and take the phone call quietly in the back of the room?

A: Some people have never heard that carrying cell phones into classes (or churches, or theaters) is a breach of good manners. Cell phones ringing in class is another faux pas. Perhaps you feel you need an exception to this rule. (Say, your child is at home with a fever; you told the babysitter to call if it goes above 101°.) If so, tell us. Ask if it would be acceptable to leave the phone on. Beyond such emergencies, few good reasons require bringing a cell-phone to class. Calls from your last hot date, your stockbroker, agent, or bookie don't count as emergencies. Even "vibrate" can be distracting when that student on the third row suddenly leaps up in response to the unseen buzz. And that silent "vibrate" mode isn't so silent when the cell phone is resting against materials in a backpack or against the side of a metal furniture bar. Finally, human beings make mistakes. You might intend to set it to vibrate, or you might even intend to turn it off before you enter the classroom. In spite of those intentions, students sometimes forget. Then the phone rings. Then class is disrupted. Then etiquette is broken. It's far better not to bring the devices at all. If you normally carry a cell phone for roadside emergencies, lock it in the dashboard of your car at the beginning of the school day. That way, you will still have it for the emergency, but you won't violate rules of etiquette.

Rose By Any Other Name:

Q: I saw Bonnie Pope (Dean of Health Technologies) in the elevator, and she was dressed really well. I told her, "Hey Bonnie! Aren't you 'Miss Thang' all dressed up!" She turned up her nose and said, "That's 'Dr. Thang' to you, young lady." She was joking a bit, but I think she was also a little bit offended. What's up with that, Doc? I'm just trying to be friendly.

A: In the infamous words of Dr. Evil in the Austin Powers movies, "That's Doctor Evil. I didn't go to Evil School for eight years to be called Mister Evil." After spending four years in undergraduate school, two years earning a M.A., and five to eight more years earning a Ph.D., many instructors treasure those academic titles. For whatever reason, many female instructors have a particularly hard time getting students to use the right titles in reference to them. One of the small perks of academic occupations is the right to use and insist upon respectful use of our academic designation, so we do.

In a democratic society, differences in rank are easy to overlook--especially for students fresh out of high school who are in the habit of referring to all their instructors as "Mrs. so-and-so," or "Coach so-and-so."

That doesn't prepare students for distinguishing between "Dr. so-and-so" and "Professor so-and-so." Taking the time to learn the distinctions in academic rank, and using the right title is not only respectful, it suggests a degree of intelligence on any particular student's part since she is familiar with such conventions.

The academic world has a variety of ranks beyond the B.A., the M.F.A., the M.A., and the Ph.D. Your teacher may hold the rank of instructor, lecturer, assistant professor, associate professor, professor, or professor emeritus in addition to the general title of "doctor." The correct title is "doctor" if your teacher has a Ph.D., or "professor" if your teacher has any academic rank above the level of "instructor." Teachers who hold an MFA degree or who have the rank of lecturer or instructor are politely referred to as "Mr." or "Mrs." or "Ms." as they indicate in class, though it is permissible to refer to them generically by the courtesy title of "professor," especially if you are uncertain about a teacher's rank. It's better to compliment a person by using the more formal term than it is to insult someone accidentally. The same holds true for nicknames like "doc" or "prof." It is ill mannered to assume a level of familiarity that might make another uncomfortable, and it leads to a chummy attitude that is off-putting for some instructors.

Some teachers like the informality of being on a first-name basis with their students. That informality, however, is not the default setting for your discourse. Assume you should use the formal title until the instructor specifically requests that you use his or her first name.

Class Preparation

Q: I'm not the smartest student who ever lived, but I always work hard and I always try to be prepared for class. Sometimes I'm up in the middle of the night getting the homework done. Last week, when I was getting some coffee before my morning class, another student told me I looked like a zombie. When I told her I had been up until 3:00 a.m. working, she laughed at me. She told me she waits for the instructor to go over the answers, then just writes them down on the homework assignment. She always comes to class and takes careful notes, but she just doesn't talk in class when she hasn't done the homework. She figures the professor will go over the parts she hasn't read, and she's able to save herself time and stress this way. I have to admit, she makes sense. Why shouldn't I follow her lead? What does it matter if I've fallen behind or skip a reading or two?

A: We'll be taking the moral high ground here, thank you very much. For us, one of the most difficult aspects of teaching is when students clearly have not prepared for the class. First, it has a profound impact on our courses. Haven't you sat through classes where every remark or question the professor makes is greeted with stony silence? Does it make you uncomfortable? Does it make the class boring? For you? For all the other students? Now put yourself in the teacher's shoes, and imagine asking questions to which no one responds. If you asked a teacher a question and wanted an answer, wouldn't you find it rude if she just ignored you? If the teacher merely looked embarrassed and said, "I didn't do the reading for today, so I can't answer that"?

As teachers, we know that not all classes will be perfect ones. We know that some days we are "on" and doing a great job with the lecture, and some days we are "off" and the class is stumbling. (Heck, we've sat in some classes ourselves where we thought the professor was lucky she didn't have to face anything worse than silence.) We don't always blame bad classes on students. Even when we do realize that lack of preparation on your part has sunk a particular class, we're experienced enough to put a class's reactions in perspective. But if you assume that teachers don't care, you misjudge our commitment to your education and to the material we teach. We want you to learn, and failure to read and complete assignments does not help learning.

So when your friend argues that we will explain the important bits of the assignment anyway if she doesn't have time to read them, we have to wonder if she understands what we all (both teachers and students) are trying to do in a class. We wonder if she considers what effect her decision will have on the class in terms of discussion and ideas.

First of all, reading sonography textbooks is sort of like "wrestling" with a text. This phrase means that extracting knowledge and understanding from it is hard work. It calls for flat-out effort. Many of you have told us reading this material and interpreting it doesn't come easily for you. In spite of our experience, neither does it come easily for us. We struggle just as you do. Think of the number of times you've seen us working out some interpretive angle we haven't prepared for--some idea a student raises that we didn't even imagine before entering the class. These moments, while exciting, often mean a lot of spontaneous brainwork--which we have to articulate on the spot without preparation. We stumble. We misspeak. We start over. We don't always come up with the perfect comment or bon mot. Some of our ideas may lead to dead ends. Some of our observations and interpretations remain half-formed or unresolved when class ends. We don't always quite arrive where wanted. We don't always say what needs to be said. Given our mutual struggles as well as the average time in a single class or semester, we are lucky to succeed at our interpretive wrestling at all. The more students have read this material and thought about it, the more brains we have working on the problem. The more brains we have working on the problem, the more likely it is that one of us (and not necessarily the teacher) will come up with that bon mot, that witty insight, that clever interpretation that dazzles the entire room. The more you are prepared, the more the class as a whole (and not just you) will enjoy and engage the material. The more you enjoy the material, the more you learn. The more you learn, the more value you will get for your tuition. It becomes more likely the class will matter to you, rather than turn into fifty minutes of stammering and silence.

Working with texts is not easy. We have little time, and even with the time we have, we might not get all the work done. That is why we require and insist that you prepare for class. It is also why those of you who don't prepare never get the point, never make the literature yours by putting your own original twist on it, and never really understand the magic. At best, you might understand it in a distant, general, and theoretical sense because we teachers have described our struggle, our wrestling, our interpretation of the literature. But that isn't your struggle; it is ours alone. If it isn't yours, you won't get

the point.. Letting us tell you about the text is like having someone else learn a foreign language for you. It's the easy way to go about it, but it can't compare with learning it yourself and speaking face-to-face without an interpreter.

Whether you are really in class to learn or not, we have to proceed on the assumption that you are there to learn--and you can't learn from the readings if you aren't actually reading.

Meeting with the Professor (Part I)

Q: I'm having some trouble in Sonographic Physics, and Professor Cassell told me he would meet with me to give me some help. But every time I go to his office, he's not there. I'm in class during all ten of his posted office hours. Surely he's in his office more often than that. I'm not sure what to do.

A: Have you told him you can't make his office hours? Have you tried to set up a time that's agreeable to both of you? You're right; most of us do more work than our office hours indicate, but often our work involves research in the library, photocopying materials, having discussions with colleagues, attending meetings, and so on. We post office hours so you will be guaranteed a time to find us when we aren't wandering elsewhere on campus on various errands.

We might have to cancel office hours if we are called to a conference with the department head, a faculty convocation, or for other legitimate reasons (we usually post a notice on the door to indicate what's keeping us elsewhere, where we are so you can find us, or when we will return). If you come by during office hours, and we aren't in, leave a message saying that you were there and that you will return at a certain time, or that you will phone us, or e-mail us, or see us in class. None of us makes a habit of skipping our office hours. Even if we weren't motivated by the hope that an actual student will come in to chat, we would be motivated by our department chair's rebuke if we abandoned our office regularly!

That point being noted, remember that we may be off campus on those days when we don't teach. It is a bit unfair to blame us for not being in our offices on days when we don't teach or have posted office hours. It would be like us blaming you for not being at school when you are on vacation. If you really can't find us outside of class, corner us in class and pin us down for a meeting time. You know we'll be there.

Meeting with a Professor (Part II)

Q: I was absent on Thursday, and I missed getting an assignment in Professor Howell's Obstetrical Sonography class. I like to get to work on these assignments immediately, so I called her office Friday afternoon to find out what the assignment was. I got her voicemail and left a message asking her to call me back and read the assignment to me over the phone or meet me later in the day to get me a hardcopy. She didn't. How am I supposed to know what to do if she won't tell me?

A: Gentle reader, we will tell you right now that Professor Howell will not call you and dictate the entire assignment to you over the phone, no more than she will arrange to drive by your apartment and personally drop off a copy to you. Nor, if you had called me with such a request, would I call you back as a matter of principle. Why not?

You are calling to ask for a favor. She did not fail to show up in class and fail to pass out the paper to the class. You failed to show up and get it. She doesn't need anything from you. You need something from her. Intelligent students understand that power dynamic; the situation indicates it is your responsibility to go out of your way and get in touch with her. She should not have to go out of her way to track you down just so she can do you a favor. This applies not simply to missed assignments, of course, or simply to Professor Howell. All of us receive notes and voicemails asking us to call students who wish to get into a closed class, from students who need a deadline extended and want us to call them and arrange it, from

students who need some information that only we can provide, but who think they should not have to show up on campus and find our offices or go out of their way in the least to get it. We simply do not understand this logic. It's pretty darn nervy.

As a contrast, suppose you ask your friend Joey in Knoxville to loan you some money. Would you subsequently ask that same friend to drive down to Forsyth Tech to hand deliver it to you at eight o'clock at night because you don't want to go to trouble of driving up there? Would you ask him to handle all the arrangements to get the money to you and track you down on his own time? By all the bright stars in heaven, no! If you had the nerve to ask the friend for money, you would probably go out of your way to drive up there yourself, ask him in person, and make it as convenient as possible for that kind soul. He's the one doing you the favor, so you should make it easy for him, not the other way around. The same general principle applies to students when they ask teachers for a favor. That's good manners. Track down Ms. Howell at her office during her office hours. Don't expect her to track you down, much less take a half hour to dictate an assignment to you over the phone.

We do understand, though, that sometimes your schedule and ours don't mesh well. Sometimes, in spite of your best efforts to contact us, you can't reach us. It happens. I know one professor has a rule. If a student has made a good faith effort to reach herwhich she even defines as three phone calls or a combination of phone and e-mail messages--she will indeed call back. Some of us even like to get this business out of the way and will call back without such prompting. But here's the rule of etiquette. When you call, state what it is that you need and indicate that you will try again to reach the professor, but if (please note the emphasis on if) the professor would like to contact you herself, she can reach you at the following phone number. That's covering all the bases and being polite at the same time.

E-mail should theoretically make some of these issues moot. Just don't be so rude as to demand an immediate response. Likewise, intelligent students trade their own names and e-mail addresses/phone numbers with one or two other students in each class, and arrange to copy handouts or assignments from the other students' materials in a pinch.

If you do that, you will only need to rely on the teacher for clarification. (And again, observe the rules stated above.)

The Workload

Q:. This semester, I'm taking Professor Pharr's Vascular Sonography course and two other senior-level courses, --and I'm dying. I can't believe how much material there is to cover in those three classes! I can't believe how tough the Exams are and the scanning labs are just murder! I can't believe how long it takes to read and study the materials for these courses. I constantly have papers or projects due, so I'm always in the library. If I'm not there, I'm at home reading. If I'm not reading, I'm writing. Between those classes and my fulltime job at Ruby Tuesday's, I barely have time to sleep or eat. Don't you professors realize that your class is not the only class we're taking? How can you all require so much work and expect us to do it well?

A: We hear frequent complaints about the work our courses demand--even from those students who take what we consider manageable loads. Complaining about the workload is nothing new. We did it when we were students--though we rarely (or never) mentioned it aloud to our professors. Do we discuss the amount of work we ask you to do with other teachers and supervisors? Yes. Do we adjust the amount of work that we ask you to do as a result of these discussions? Sometimes. Are we flexible in setting due dates? Usually. Actually, if you must know, according to education studies of colleges across America, during the past four decades we have reduced the amount of work you do.

We know that you are busy. How could you not be? We know that most of you are juggling college and a job. In the days of yesteryear, the faculty here also had part-time jobs while they went to school. (Yes, we know that some of you work full-time; we are concerned about that fact.) Despite our common experience, we feel that standard priorities have reversed themselves. Many students today no longer live on campus, nor do they work on campus, so they don't center their lives on being here. Instead, many must drive an hour to get here and, as soon as classes are over, they drive back to where a job is. Students then must work (hard) at that job until the next morning when they drive down again.

What we are getting at here is that we know students (usually) are not lazy slackers. We know that many of you have heavy responsibilities in the outside world; we believe that you usually make every effort to meet our assignments and deadlines. Yet we hear a constant litany of lamentation concerning the workload. That complaint results from two incompatible goals: you want to get out of here with a respectable degree as soon as you can work at a high-paying job. We want you to graduate with a respectable degree as soon as you have finished the work. You focus on yourself as a future worker. We focus on you as a current student.

We will continue to push you to work hard because that is the nature of our job. To be honest, I admit it is also our delight. Teachers like setting the bar high and see students grow and rise to the challenge. That is not going to change. When faced with

unchanging circumstances, wise students put up with hardship by smiling and getting on with the work, which isn't going away.

Academic Advising

Q: I had an advising appointment with Professor Cassell and I just totally forgot about it. When I saw him in class the next day, I asked him if he would meet me after class, but he said he couldn't; he had a departmental meeting. I'm supposed to register tomorrow morning and I don't know what to do. I don't know what to take, and I'm afraid the stuff I need will fill up and be closed if I don't get in now.

A: O glorious day! You managed to address two of our most basic complaints about the etiquette of academic advising in one fell swoop! These are (1) students who do not show up for appointments and (2) students who are not prepared for advising sessions.

The first point would be self-explanatory. We are annoyed when students make appointments and then don't show up. It is good manners to call and let us know that you are not going to make it. That prevents us from sitting around for a half-hour waiting for you. It also opens a scheduling slot where we can fit in other students if we know you can't make the meeting. If you are unable to cancel in advance, at least have the good grace to send us a brief personal or written apology and pretend to be sheepish about the offense. (The key word is an apology--not an excuse justifying the cancellation.) We do care if you keep appointments. Don't you?

The second complaint is more serious. While we are happy to say that most of you come in with well-planned schedules, knowing exactly what you need to take to graduate, and simply wish to double-check it with us and get our signatures, we are still surprised at the number of you who are completely unprepared for meeting with an advisor. Too many students, in our opinion, are unaware of the college requirements. We are always a bit startled by this because you (or your parents, or some scholarship committee) spent considerable funding for this education. Would you, for example, spend \$20,000 on a car without bothering to check out the various deals, the available factory options, and safety features of that car? Would you in good conscience make such a purchase without making sure it was suitable for your needs? I suspect that some of students weigh their options far more carefully when spending \$50 on CDs, groceries, or clothes than they do on "buying" or selecting courses over a semester.

The college requires a good deal of clerking, i.e., filling out forms and paperwork. Advising students has more than its share of this onerous burden. It is the student's responsibility to make sure that the forms are completed, to verify that transfer courses meet college requirements, to check off those Gen Ed requirements, and to see that all grades are listed correctly in the college records. In other words, you must do a large chunk of academic planning on your own. We are here to answer questions, to give advice, to offer alternatives, to smooth the way, to open doors, to negotiate with the administration, or to let you vent when events run awry. But advisors are not your

clerks, your servants, or your guarantee that you will graduate. It would be foolish to behave as if we were.

Academic Honesty

Q: I was taking a mid-term last week--I had studied hard for it--and as I took a break from writing an essay, I noticed a guy in front of me getting answers from his next-door neighbor. Cheating, I thought, is a bad thing to do. But then I got to thinking. We're taught to question authority, aren't we? Okay, Dr. Authority Figure, explain what's wrong with taking a quick peek during a test when you have a temporary brain cramp? And while you're on the subject, tell me why faculty members have such tantrums about plagiarism?

A: Cheating and plagiarism equal stealing. You absolutely need to understand that. What's wrong with stealing in an academic setting? To begin, let us suggest that there is a kind of implicit contract in a teacher/student relationship. The instructor's side of the contract reads: "When you enroll in this course, I promise to teach you the following things: [the teacher inserts a list of facts, ideas, or skills appropriate to that particular class here]." The student's side of the contract reads: "When I enroll in this course, I promise to complete all of the required work, to read all the assigned materials, to attend all the classes, to participate in class [and so on]." Both sides assume that what information you get in the course will either be the teacher's own or will be identified as coming from someone else, and the student's work will be the student's own or it will be identified as someone else's.

Cheating on a test or plagiarizing in an essay breaks this agreement. The teacher has agreed to look at your work, to evaluate your ideas, not recycled garbage from www.schoolstinks.com. In the same way, Doctor Wood cannot bring in a random janitor to class and have him give the lectures. That would be neglecting his responsibility in the contract. He's agreed to be the one teaching you. In the same way, you've agreed to do the assignments.

Certain questions and comments arise time and again when we discuss plagiarism:

- "I understand I have to quote something an author said, but do I have to insert citation for an idea?"
- "I found this on the Internet. Do I have to quote it?"
- "I read a lot of books for this paper. I can't remember exactly where I found this idea."
- "Wheeler makes us quote everything and add a Works Cited page but Drewitz –
 Crocket isn't as concerned about a Works Cited page if the homework is written in
 response to a single essay without secondary sources."

Here's the quick response: keep track of your sources and give proper citation for direct quotations, putting those direct quotations in quotation marks or indented block format if the quotation is four or more lines long. If you quote somebody who is quoting somebody else, add a note explaining that the material is an indirect quotation. If you borrow somebody else's ideas, summarize somebody else's

argument, or paraphrase an idea by stating it differently than the author did, you don't need quotation marks or block quotations, but you do have to include a citation in parentheses clearly showing where the material came from, and you do need a Works Cited page. At all times, the reader should be able to see what ideas are yours and what ideas are someone else's. For the long answer, read the MLA Handbook for Writers of Research Papers, 7th edition, or review Writing at Carson-Newman. You know you have done an adequate job of citing something if a stranger could pick up your paper, read the citation and the Works Cited page, and go the library or website and immediately find the exact quotation or citation, flipping to the exact book or journal and the exact page number. If a stranger couldn't do that, you are missing information you need to provide.

By the way, plagiarism is based on a strange (and incorrect) assumption about teachers. It assumes that teachers don't read the books and articles available in the library, that we don't have notes on them or remember them, that we never go online and examine those websites offering "free" papers to students, that we don't know how to use Google to search for phrases that appear in stolen papers, and that we can't distinguish between a scholar's writing style and a student's writing style. It also assumes that we don't remember your previous papers to compare with the one we're grading now. Those are mighty dangerous assumptions, pilgrim.

The saddest aspect of all this is that plagiarism is a trap. Even assuming students get away with it (and many no doubt do), those students will spend hours finding and constructing a plagiarized paper rather than taking the same time to write it themselves. Some are so desperate that they spend money buying an Internet paper rather than working with us to write their own. Each time they do that, they miss an opportunity to work on their own writing and improve. This is the real danger. Desperate students know their writing skills are imperfect, and they fear getting a C or D or F on their papers, so, they try plagiarizing. If they get away with it once, they are encouraged to try it again. After two or three years of plagiarized papers, the lack of writing causes whatever grammatical skills they initially had to fade away.

Their ability to use verbal logic diminishes. Their skills at eloquence and rhetoric gradually evaporate. Meanwhile, other honest F or D or C students are doing their own writing, and they are getting better at it. They might not be experts getting A grades, but each paper they write helps them improve a little bit more. After two or three years of writing and working, they finally grow competent in their own abilities, even if they fail one or two classes initially. The honest student blossoms all the brighter. The plagiarist wilts all the worse. It's a crippling cycle for the plagiarist both psychologically and academically.

Skillful writing can be a painful process, as we know. It's time-consuming, as we know. But it's a worthwhile process and one that you will not master through stealing or other shortcuts. Work hard on your essays, and do not fail to cite properly any information taken from any source other than your own head.

Plagiarism is destructive to student potential. It is violation of trust between student and teacher. It forces teachers to fail and/or prosecute students who violate academic ethics. That, gentle reader, is why faculty members have such tantrums about the cheating. We don't want to see you throw your potential away. Also, keep in mind that plagiarism applies not only to written papers, but to any project or presentation in which you are presenting information that is not your original work.

Deadlines

Q: I'm a little ticked off! I work hard to make the money I spend on my courses. (Yes, mom and dad kick in a chunk of change too, but it's my major, my classes, and it's gonna be my diploma.) As you know, on top of work stress, school is pretty darn stressful too. Sometimes with my busy schedule, and with the necessary sanity time to live a little on the weekends, it can be hard to finish assignments the exact nanosecond my teachers want them done. I do my assignments, don't get me wrong, but sometimes I need a little extra time--just a day or so. Why do the teachers act like it's some favor when they accept late assignments? Why do some not accept them at all, even if it sends my grade in the toilet?

A: Aha! So you are trying to have a life outside of school! That's your problem right there. Kidding aside, we understand that sometimes it's hard to get things in when they're due despite your diligence. Again, we know life can be unpredictable. Cars break down. Hard drives crash. Children grow ill. Bosses demand overtime. We know these things happen. Believe us, we hear a fairly constant litany of excuses good and bad each week. What can we say? Deadlines are a fact of life; all of us have them. What do we say? That depends upon the teacher's policies and when and how you present your particular deadline dilemma. But before we get to that, a little about what the deadlines mean to us.

The faculty insists on deadlines because papers, assignments, and tests "mark off" the term's work. Our responsibility is to see that students have achieved a certain level of knowledge and experience in the course. Papers, assignments. And tests reveal that level. Students also can use papers, assignments, and tests to see how much they've learned and whether they need to increase their efforts or alter their strategies.

Most of us set deadlines for the class but can be convinced--when the facts warrant itto extend the deadline for individuals. (We often need "extensions" ourselves when it comes to grading that work. We get behind, too.) The problems arise when students take advantage of such generosity. An extension of a deadline is not--contrary to popular student mythology--normal or an inherent God-given right. Because a particular teacher is merciful once and gives you an extension does not mean that another teacher must, or even that the same teacher who gave you an extension before will do so again in a later class. If you take an extension for granted or assume it is coming, teachers feel used and taken advantage of. We feel that we gave you a kindness, and now you've come to expect such things like Christmas presents. The proper way to get an extension is to ask us in advance--say two or three days--for extra time to complete the work. Asking for an extension on the day an assignment is due or

the day before is blatantly admitting that you haven't worked on it (or even thought about it) much before. That does not make us supportive.

Doubtlessly, the worst and rudest way is to slip a paper under our doors an hour (or a week) late, or to show up a few class periods after the paper is due and then ask to turn it in. That is a dead giveaway that you don't have a legitimate reason for an extension or that you feel it's your "right" to turn it in late. Such behavior also does not make us feel supportive.

We want to be fair about all of this, but we also must be fair to the students who do get their work in on time. That's our number one concern. Our number two concern is personal. In the case of our own work, if students don't turn in papers on time, it makes it hard for us to schedule our own grading load, and it could theoretically make us late for submitting progress reports and/or mid-term grades to our own supervisors. That gets us into trouble. Why should we look kindly on your request if fulfilling it is going to make our lives more difficult? Keep these points in mind and ask politely for extensions the next time you have a good reason for one. We will try to be understanding, but don't assume all teachers will give you one automatically (or even at all).

Lies, Deceptions, and Depravity

Q: I am so furious! I was waiting for the Introduction to Sonography class to start when I heard another student, who is also in the class with me, bragging about the fact that the instructor had "bought" some bogus story about why he hadn't turned in the last paper. Ms. Howell was handing them back and he went up to collect his, claiming he had turned it in when it was due. She said she'd look for it, but he needed to print out another copy. He was really proud at his cleverness. It just burns me up that he got away with this. I'm half tempted to rat him out.

A: Alas, the impermissible Big Lie. We're not surprised you're angry. Such moral depravity also infuriates us. Why, the sheer number of illnesses, dead relatives, and court appearances we hear about every week would convince us we were all living in some corner of Dante's Purgatory if we didn't believe at least some of these excuses were fabricated. (One particularly uncreative student at another college told me she had to attend her paternal grandmother's funeral . . . three different times . . . on three different dates.) If you lack moral fiber and engage in deception, you had better make sure your teachers don't find out, given that such deceit is listed under the College Code of Conduct as prohibited behavior requiring disciplinary action.

In this case, the deception you recount is particularly galling because it puts the professor at fault. Not only that, it might cause the professor to actually spend an hour or so of her time looking for the nonexistent paper--time that might she might have spent helping another student or preparing for class. The perpetrator has stolen a small chunk of the teacher's life and prevented her from devoting that time to other students--all merely to cover up his own vice. That is why it's impermissible.

That being said, we'd actually urge against ratting this guy out. Interestingly, this type of lie is the one most often found out, for several reasons. First, the offender, when showing up to collect his missing paper, does not seem overly bothered by the fact it's missing. He accepts the news that we don't seem to have it with nary a frown or a look of panic. He also either misses the next class or attends and does not show up with the paper, offering some story about not being able to find the disk or his computer's hard drive crashing. Normally, students who have already finished the work look horrified and surprised by the news we don't have the paper, and they rush immediately back to their dorms, print out a new copy, and make sure it's in our hands in fifteen minutes. People who have finished the work feel a sense of urgency in such a situation. Why? Because they really did the work and they feel they deserve a grade for it, just like everyone else who turned the paper in on time. Most of the folks who tell this lie are simply too casual and slow about getting the work in. The principle is simple: lying is easy; writing is hard. The liar has bought some time, but not much time. In fact, that paper often isn't turned in until days after telling the initial lie. This is pretty much a sure giveaway.

Particularly foolish students--like the one you describe--brag about their misdeeds. Just as Saint Augustine describes in the Confessions, some villains take pride in their vice and boast as if were a virtue. Trust us, word does get around from other students as well even if you don't want to be the one to rat him out. The teacher might not handle the problem publicly and overtly, but the guilty party will suffer the consequences eventually. One Shakespeare teacher I knew at West Texas A & M University would never accuse a student of lying to his face--even if she had firm evidence. Instead, she made a special point of, as she put it, "grading the hell out that student's papers and tests," i.e., taking extra time to mark off points for i's that weren't dotted and t's that weren't crossed, and often ensuring he would fail the class if the restof his work wasn't near-perfect. Unfair? Possibly. Indirect and sneaky? Certainly. But so is lying.

The Sacred Syllabus

Q: I'm so confused. Professor Cassell handed out a syllabus at the beginning of the semester, but in the past couple of weeks, he keeps changing it. He took off one test story and added another. He changed a couple of due dates, too. He is giving us warning a week in advance, and I haven't actually started any of the readings that got changed, but it still makes me nervous. Why do professors hand out syllabi if they're not going to follow them?

A: Actually, while some singular masculine Latin words ending in -us switch to an -i in the plural, the word syllabus is from the Greek sittybos. If we wanted to get nitpicky, the plural should be syllabuses rather than syllabi even though that variant now appears in most dictionaries . . . but enough about that. The problem is a misunderstanding of what a syllabus is. Many individuals argue that it has divine or legal status. The word, however, only means "a brief tentative outline about the main points to be

covered," as Webster's Dictionary puts it. The word doesn't mean "legal contract of things to do at specific times." No one doubts that a syllabus is a helpful document, but the faculty members know they are simply a tentative guideline, and there may be inevitable changes as the course progresses.

Students often want to treat them as binding documents and use them against teachers when it suits their purposes. If we don't mention x in the syllabus, they argue that we cannot add x in the middle of the term. (For some reason, they don't complain about those times teachers choose to remove an assignment or reading. Go figure it.) The students will then go to administrators, claiming that this is "unfair." The insistence that every requirement and in-class exercise be listed at the beginning of a course would produce some strange results. What a syllabus is, then, is an inflexible flexible guideline of absolutely-must-be-covered tentative assignments. Think about this, gentle reader. Occasionally, a class needs extra time to master a concept before moving on, so the teacher needs to juggle assignments to provide that time. Perhaps a spring snowfall might cancel a day's classes. In other situations, a class might master something with unusual speed, and the teacher then needs to move on to new material rather than letting the class sit and stare at each other for a day or two. We might clearly need to change a syllabus in the middle of a term when our plans don't work, but, on the other hand, students want to list every possible contingency before the term starts. See the problem?

Keep in mind that a syllabus is a general class outline, not a set of commandments carved in stone by the finger of God. Teachers do, can, and should change them if necessary.

Breaking Bread

Q: I have three classes in a row on MWF. I'm not hungry when I walk into my 9:55, but by the time I get out of my third class at 1:50, I get so hungry I can't concentrate. Between classes, I often grab a quick hotdog and chips and bring them to class. Someone told me though this is rude. What's the policy on such matters?

A: Traditionally, eating in the classroom has been frowned upon. The idea is that, if a speaker is going to all the trouble to prepare a lecture or a lesson, the polite thing for the audience to do is give her its full attention. (This is also why it's rude to get up and throw stuff away or sharpen your pencil in the middle of a class rather than at the end or at the beginning.) Likewise, many professors feel that any sort of eating distracts from your purpose. Thus, if you need a good breakfast, eat it before you get to class. Sometimes, classes will pack up and go on field trips to the library, and food becomes a real nuisance then. Other classes might meet in the computer lab, and then every drop of soda pop and every crumb of bread potentially could damage the school's computers. The Medical Sonography Program has not yet had a student destroy one of our \$1,500 dollar computers by spilling food on it (to my knowledge). If you are the first to demolish one of our machines in this way, it will be a source of great shame.

On the other hand, not all professors are bothered by food in a traditional classroom. They know that busy days mean missing meals, that low blood sugar can play havoc with your mental capacity, and that hunger might actually distract you while you're trying to learn. These rare professors who don't mind snacks, however, usually draw the line at full meals, snacks wrapped up in crinkling plastic, food that requires distracting preparation, and anything that's overly noisy. Slurping on a straw is downright distracting, and many students don't seem to realize how the rest of their classmates are giving them dirty looks when they can't hear the lecture because of the noise. The best course of action is to ask your teachers what their preferences are.

Personally, I prefer a no-food rule with one exception. When students enroll in an 8:00 a.m. class or a Late afternoon-class with me, I provide them with a special dispensation to drink caffeinated beverages in class, as long as they are discrete about it. Not all teachers, of course, agree with such a policy.

We do all agree, however, that civilized people clean up after themselves. We've all walked into classrooms littered with empty cups, soda pop cans, and food wrappers. Such items are relics of barbarism rather than academic virtue.

End of the Term

Q: I didn't say too much in Professor Cassell's Sonographic Pathology class. I didn't do too well on the early tests either, but I think I really figured out a good argument for my final essay and my Powerpoint project, and I worked really hard on them. I was dying to know what my grade was, so I left Professor Cassell a voicemail, but he didn't respond. I know he'll see a big difference between this work and my earlier efforts. I would think he would appreciate my desire to do well and take the time to send me an e-mail message, wouldn't you?

A: Frankly, no. It always comes as a surprise when students who have never said much in class demand their papers, returned and their rewrites graded as the last hours of the term pass by. One of my colleagues at another school was plagued by a student's request for her final grade point average the evening of the same day she took her final. Students should be (and usually are) concerned about their grades, but asking the question won't make them be graded any faster. If the grades are done, students will get them the same time the rest of the class does. If they aren't done, asking won't magically make them done.

Speaking for myself only, I don't mind students being curious about their grades early in the course. I even don't mind (too much) when students send in dozens of inquiries during the final week while I'm struggling to finish up the grading. I'm an exception, however. In general, it's considered rude to ask about final grades unless you think there is some sort of error involved. (Teachers are human, and we do make errors.) If you have to ask, ask about them after they have been submitted to the college. This is usually

five to seven days after the last day of final examinations. It is most considerate to set up an appointment and ask in person. (It shows you're taking time out of your schedule to make the request, even as the professor is taking time out of his schedule to answer it.) It is somewhat less polite (but still acceptable) to ask via email, which gives the professor time to flip through his records and double-check the math. Demanding grades by phone or via voicemail, in which you expect the teacher to drop all the other students' work and grade yours, and calculate your average on the spot, is simply darned inconsiderate.

The other problem we experience at the semester's end is a flood of past work-incompletes, rewrites, make-up examinations, and so on--all which has to be graded in
the last few days or hours. We are partly to blame for bringing the problem on ourselves
if we don't set earlier deadlines and force you to do the work earlier. Do keep in mind
that landslide of work we are managing at the end of the term and get your
work in on time. At the very least, remember it is boorish to demand a rewrite assigned
a month ago and which you only turned in yesterday now be graded and returned so
you can calculate your GPA. Surely you have better and more enjoyable things to do
with your time. After all, the semester's over. Your GPA isn't going anywhere. Relax.
The quality of the work you've finished will determine your grade, so a
responsible student like you--one who has already brought in a couple of rough drafts
and worked with the teacher to fix problems in advance--should have nothing to worry
about.

Incompletes

Q: I'm beginning to empathize with Job, Oedipus, and Homer Simpson. This semester has been one disaster after another. My car broke down the first week of the semester and I missed several classes because I couldn't get to school. Next, my boss changed my work schedule so I no longer had quality time for my homework. Then, near the end of the semester, I had fights with my girlfriend and I couldn't put in my best effort, and I missed the last week of class. Trouble is, when I went to a professor and explained this, and asked for an incomplete for the course, she said no! I tried to explain that over the summer, when things settle down, I will surely do much better work. But she was adamant. What's up?

A: It is not surprising that the professor is unyielding. "Incompletes" are to be assigned, according to Forsyth Tech's policy, when "the student has failed to complete the course in the allowed time due to illness or some justifiable delay." That doesn't sound like the case here. Your situation is unfortunate, but it doesn't fit the requirements. If a student has missed a substantial part of a course, he or she should officially withdraw following the required college procedures. If it is too late to withdraw, the student should expect a disappointing grade. Incompletes are designed to give breathing room to students in exceptional circumstances--such as they need heart surgery, or they are eight months pregnant and the doctor orders bed rest, or they have documentation showing they just contracted mononucleosis and leprosy simultaneously. Those are good reasons for an incomplete. Incompletes are not granted simply because a student could not put forth his or her best effort.

Class Presence:

Q: A friend and I were strolling around the Student Activities Center the other day when she spotted Professor Pharr. My friend's a Sonography major too, and she needed to ask her a question about carotid ultrasound. As they talked, she remembered to introduce me to her. "Ho, ho," said Professor Pharr, "So I finally meet a student who likes to read Zwieble"." How did she know that obscure tidbit about my artistic tastes? I never took any classes with her. Up until that meeting, I wasn't sure if I knew what she looked like. I had confused her with professor Howell.

A: How did Professor Pharr know about your secret indulgence in Zwieble? Probably one of the other faculty told her (although it could have been another student). When you spend two years in and out of our classes, we get to know you. Forsyth Tech is too small for us not to. Over time, you each develop a "class presence," a kind of public or class reputation. This reputation can be positive or negative. For example, suppose there is a student who tends to fall asleep in English 301 in Professor Millsaps's class. Professor Millsaps might ask Professor Collins if that same student fell asleep in her 201 course. Let's suppose the answer is "yes." That student is at risk of being nicknamed "Rip Van Wrinkle," "Morpheus," or "the sleeper." Someone else's class identity might be that he tries to leave class a little early each day by prematurely packing up his books, or that she always raises her hand to answer questions first, or that he's the one who never mastered MLA format.

A class presence can be negative or positive (neutral as well, although in this context, neutral is probably closer to negative). Good students develop positive class identities by contributing ideas in class discussion or writing well or having perfect attendance records (or all three ways).

"Argh!" you cry, "don't hold my shyness or lack of experience against me! I don't respond to in-class discussions because I don't want to look foolish in front of everybody else." All we can answer is that part of learning involves taking chances, trying on new ideas for size, trusting that they are being tested by like-minded people. Being intellectually and socially alive means taking intellectual and social risks.

Probably the trait that creates the biggest negative impression is behavior that interferes with other students' ability to learn. Whispering with a classmate--even quietly in the back of the class—prevents other students from hearing a lecture and taking notes. Wearing a large hat prevents people who sit behind you from being able to see the board and copy down information. (The custom that polite people take off hats when indoors originates in this visual blockage, and in the fact that rude students use their hats as a "shield" to hide themselves from participation and eye-contact.) Some students even get up in the midst of a lecture and walk in front of the teacher or the blackboard, thoughtlessly blocking the view for other students. They crumple up paper noisily and throw it away, or slurp noisily on a drink, preventing other students from hearing. One wonders how they are so oblivious to their peers squirming and frowning

behind them. To paraphrase Jeff Foxworthy, "Didn't your mama teach you better'n that?"

Remember how a neutral presence usually equates with a negative presence? Students who don't participate in class discussion may appear apathetic or unintelligent--even if they are immensely enjoying the course and are actually quite bright. Take the time to speak up occasionally and participate to show us your excitement and insight. If you make an effort occasionally to draw eye contact and smile, so will your teacher. Don't hide behind baseball caps and sunglasses or stick an iPod in your ears. Don't skulk on the back row of the classroom when there are twenty empty desks closer to the front of the room. If the class takes a trip to the computer lab, refrain from checking any e-mail or web browsing until class ends. Not only do such actions create the impression you don't wish to join the intellectual community, it is disrespectful to a lecturer. Likewise, don't rush out when class is done as if you can't stand to sit another nanosecond in the course, and refrain from packing up all your books and notes five minutes before class is due to end. It doesn't create a good impression. All these rules hold doubly (or even triply) true for guest lecturers or presentations in the library, where we expect you to be on your best behavior as a courtesy to the speakers.

How you listen is also part of what creates a polite classroom presence. When the teacher is addressing the class, refrain from clipping your fingernails, or getting up and walking around, or looking out the window longingly, or reading coursework for another class. Refrain even from "resting your eyes" and listening with eyes closed, or laying your head down on your desk. Leave your iPod unplugged from your ears and your sunglasses off of your eyes. Such activities not only distract other students who want to listen, they establish--correctly or incorrectly--an impression in the teacher's mind about how committed you are to the class.

Finally:

Remember that nothing in this document should be viewed as an attack on any specific person or an expression of unhappiness with you, our noble pupils. Au contraire, we are proud of your creativity, your achievements, your hard work, and the plethora of ways you have found to express yourselves. You are a special group, and we will always be grateful for the opportunity to instruct you.

However, we would be disrespectful to ourselves and to you, gentle reader, if we remained silent. Whenever the possibilities for learning decrease in our classrooms, teachers are obligated to speak out. Those possibilities are being lessened by the concerns addressed in this document. We suspect you will appreciate being told about our expectations of you; we know that if we were in your positions, we would too.

This etiquette guide is based on a handout, Classroom Etiquette, 2nd edition for 2001, written by Tom Kinsella,

Debby Gussman, Lisa Honaker, and Ken Tompkins. Professor Kinsella offered it online for teachers on the CHAUCERNET e-mail discussion list to adapt to their own classrooms. My thanks go to Professor Kinsella for his generosity with the material. The spirit and humor of this treatise originate with these earlier authors; minor changes and Forsyth Tech examples come from me. --JC

Program Policies

These policies are program-specific policies. See your college handbook and college catalog for college policies. Some course policies written in course syllabi may override these handbook policies. These policies refer to lecture and lab components. See the clinical handbook for policies on clinical issues.

Classroom (Didactic) Attendance

Students are allowed to have <u>two absences</u> for any reason. These are called free <u>days</u>. Students are not required to call the instructor <u>unless absent on an exam (or clinical) day</u>. Be aware that missed labs cannot be made up, and that missed clinical days must be made up.

If a student exceeds the two allowed absences (or hours totaling up to the equivalent of two days of absences) or is absent on the day of an exam then he/she will be required to complete a policy violation form and a conference with the program coordinator will be required before the absence will be excused. Generally some type of official documentation is required to be considered for an excused absence. Written documentation includes, but is not limited to, doctor's excuse for student or dependent illness, jury summons for jury duty, a dated court document for court, etc. If you are absent on an exam day due to your child's illness then proof of a doctor visit for the child is required in order for the absence to be excused. Routine doctor or dental appointments are not legitimate reasons for an absence and will not be accepted when documentation is required. Official documentation does not guarantee an excused absence, but it will be taken into consideration when the final decision is made. If not approved, the absence will be marked as unexcused and the missed exam from that day will receive a grade of zero.

Missing an exam is serious, so mark all exam days from your lecture schedule on your calendar and make a backup plan on those days for child care, car trouble, etc. Plan ahead for these types of incidents. Don't get caught unprepared.

All make-up exams from all SON courses require the approval of the program director. If not approved, the absence will be marked as unexcused and the missed exam from that day will receive a grade of zero.

Procedure for Making up a Missed Exam:

1. You must **send an email** or **leave a voice message** with an explanation for your absence on the day of the test. The email and/or phone call **will not be returned**. It only serves to let the instructor know why you are missing the exam. Absences cannot be approved over the phone. Failure to notify your instructor by 5pm on the day of the test will result in an unexcused absence. (Please do not have your spouse, parents, or friends to call for you unless you are completely incapacitated.) You are responsible for reporting your own absences.

- 2. Complete a policy violation form when you return to class (ask for one after class).
- 3. Schedule an appointment to meet with your instructor and program coordinator. You must provide your completed policy violation form and supporting documentation (doctor's excuse, jury summons, obituary, etc.) at the scheduled meeting.
- 4. If excused, then a make-up exam can be scheduled, and the documentation will be kept on file in your file. Make-up exams may be held in the ILC or in the computer lab in BGH W121.

Failure to complete <u>all of these steps</u> will result in not being allowed to retake the missed exam and a grade of zero will be issued for the grade.

If an absence is approved **prior to an exam**, then this procedure is not necessary.

Students who miss an excess of the number of absences that are allowed in a course and who fail to produce the required documentation will receive an unexcused absence and any exams or assignments that are due that day will receive a grade of zero. Students who exceed the allowed number of absences must convince the instructor to allow them to remain in the program. Cases will be evaluated on an individual basis.

Each student is responsible for all material covered during any class session in which he or she is absent. Students are encouraged to discuss work missed with instructors.

If a student has a contagious disease (severe cold, etc.) noted by the student, instructor or physician, then the student will be expected to refrain from attending classes and will be expected to seek prompt medical attention and follow-up medical care. If the student has already missed the maximum number of allowable days prior to the illness, then he or she must present a written doctor's excuse upon returning to class.

It is the student's responsibility to make arrangements prior to an illness to have a plan for medical treatment for illness for themselves and their dependents. Students should also have a plan for child care in the event of a dependent's illness. It is best to have these plans in place before an illness occurs to prevent problems later on.

Special attendance rules may be required for separate courses. The student will be notified in writing of these requirements at the first class session for the semester. Attendance requirements for each class are listed on each course syllabus.

Tardiness

Tardy is defined as arriving at the classroom one minute or more after the **official start time** for that class. Classroom doors will be closed and locked precisely at the beginning of the class. Students who are tardy may not be allowed entry into the classroom until the next available break. Students who are more than one-hour late (or fail to enter the classroom upon the next available break) will be counted absent for that day. The official absence will be recorded on the day that the tardiness occurred. Each hour of tardiness will be calculated into the allowed number of missed contact hours.

Excessive tardiness can result in a loss of free days. Being tardy on the day of an exam may result in loss of time on the exam.

Be on time. Punctuality is a <u>trait of professionalism</u>. Being habitually late shows a lack of responsibility and will reflect poorly on you.

If you have an extenuating circumstance that could cause you to be late for class on a regular basis then please let the instructor know immediately. If the situation is deemed to be valid then any penalties normally imposed may be temporarily suspended for the class until the circumstance is resolved. This is at the discretion of the instructor.

Sleeping in Class

On the first offense, the student will receive an oral warning and will be sent home for that day. On the second offense, a written warning will be issued, the student will be sent home for the day and will be required to schedule an appointment with the counseling center. The missed day will be unexcused. The student will receive a zero on any graded work that is due that day. Any offense beyond the second will result in the student being dropped from the course.

Clinical Attendance

See the Clinical Handbook for all clinical policies.

Inclement Weather

During the winter months, it is not uncommon for classes at Forsyth Technical Community College to be cancelled due to inclement weather. When listening on the radio or television for the announcements, keep in mind the classes are only cancelled if it specifically states that "Forsyth Technical Community College classes are cancelled." FTCC is not included with Forsyth County Schools. So if Forsyth County Schools are cancelled, it does not mean that FTCC's classes are cancelled. The college does have a recorded announcement that students can call for class cancellations or delays. Just call (336) 723-0371 and listen to the recording. Most closings are posted by 7:00am. During inclement weather, the line may be tied up due to heavy calling. If this is the case, then students should listen to radio stations or television news broadcasts that announce closings for the Forsyth county area.

Whenever classes are cancelled, the missed class time must be made up in one of the following ways.

- 1. The class may be rescheduled for another day or time. Saturdays and/or weeknights may in some rare instances, be used to make up the missed class time.
- 2. If the class time is not made up, the college requires instructors to give an outside assignment for students to complete in lieu of the class time that was missed.

The college requires instructors to provide an alternative assignment for classes that are cancelled for any reason. Even if classes are cancelled for a college function, students will receive an alternative assignment for the missed class time.

Due to the limited number of class days in each semester, exam dates may not be changed or postponed unless the day missed due to snow is an exam day. So, if there is a chance of inclement weather, then students are strongly advised to read the materials on their own to prepare for any upcoming exam.

Delayed Class

If the college is on a delay due to inclement weather and if two or more hours of a class are missed due to this delay, then that class will not be held and the students will be given an alternative assignment for that day, or the class will be rescheduled for another day and time. (This applies only to lectures and labs, not to clinical.) See the lecture and homework schedule for the assignment. If an instructor is late for a lecture, students should wait for at least 15 minutes. If an instructor has not arrived within 15 minutes, and the students have not received instructions from another Forsyth Tech employee, then the students may leave. Some instructors may require students to complete a sign-in sheet and place it under the instructor's door. Refer to individual course syllabi policies to see if your instructor requires this. Whenever possible, instructors will have a note placed on the classroom door announcing delays or class cancellations.

Cell Phones & Electronic Devices

*Approved by the President's Cabinet on 3/6/06

Policy Statement:

Forsyth Tech considers the use of cell phones to be disruptive to the classroom setting. Therefore, students are asked to turn off all cell phones and other electronic devices (such as PDA's, Laptops, iPods, etc.) while attending class or participating in class-related activities (i.e., labs, clinical, etc.). *Even vibrate mode is annoying so turn it off!* Students who do not comply will be considered in violation of the Student Code of Conduct, and appropriate disciplinary action will be taken.

Cell phones should not be carried inside clinical sites. Leave cell phones in your car. No exceptions!

My Space and Facebook Pages

Change your settings to private. Why? Here are some reasons:

Professionalism – as a professional, you need to think about what image you want to
project about yourself because your clients, instructors, potential employers, clinical site
employees, and colleagues can easily see the content of your pages unless they are
private.

- What is on your page not only reflects on you, but on the profession of sonography and on Forsyth Tech's sonography programs. Whether or not you care about what people think of you, we care very much about the integrity and professionalism of our students.
- Dr. Green, President of Forsyth Tech, periodically checks out MySpace and Facebook pages of students. So, be sure to leave a good impression.

If you have any questions, please feel free to contact us. We will be re-checking both MySpace and Facebook pages periodically. Thank you for your cooperation.

Pregnancy

If pregnancy occurs while a student is enrolled we will work with the student in every way possible to help meet their goals. Students who are pregnant may attend classes, labs and clinical as long as their physician recommends it. Late term pregnancies may be require a note from the student's physician stating that they may continue in the program up until a specified date. Pregnancies with complications may require the student to withdraw from the program and apply for readmission the following year. The student has the option to withdraw from classes at any point during the pregnancy and a spot will be reserved for them in the program the following year so that they may complete the program. In some cases, students may be required to withdraw from clinical courses, but may be allowed to complete didactic courses. This is determined on an individual basis according to physician recommendations. Students who become pregnant are not permitted to scan themselves nor are other students permitted to scan pregnant classmates due to possible bioeffects that could result. Scanning of this nature may only be performed under the supervision of a Forsyth Tech instructor with close monitoring and a written waiver must be signed by the student prior to any scanning activity.

Working While Enrolled

While most adult students do not have the luxury of not working while attending school, we recommend that they do not work more than 20 hours each week. The Sonography Program will, in itself become a full-time commitment for the student. It has been our experience that most students who attempt to work over 20 hours per week perform poorly and do not graduate from the program.

The sonography student may not work at a clinical site during scheduled clinical hours. A student may be hired to work for a clinical site outside scheduled clinical and class times, however the college takes no responsibility for the student in these conditions and the clinical site employer is hiring the student at his/her own risk. The student's malpractice insurance does not cover them to perform ultrasound exams outside scheduled clinical hours.

Computer Labs

Food and drinks are not allowed near computer equipment. To prevent viruses, removable media such as thumb drives, DVD's, and CD-ROMs that are used should be designated for use only on school computers. All internet surfing should be education-related and students should not open attachments from personal email on the computers. Students should never install software on the computers. Only instructors are allowed to install software.

Drug & Alcohol Use

While on the main campus or at any school related event off campus, students who are suspected of intoxication from drugs or alcohol may be asked to have a drug and/or alcohol test. Refusal to take the test on the day and time of the incident will result in automatic dismissal from the program. Students who test positive for drug and/or alcohol use or admit to intoxication will be referred for counseling and may be considered for readmission after completion of a drug and/or alcohol rehabilitation program and successful response to therapy.

While at the clinical site, students who are suspected of alcohol or drug intoxication will be required to follow the policy of the clinical site where they are assigned. The student will fall under the same disciplinary procedure as that of the staff sonographers at that site. If the clinical site requires the student to have drug or alcohol testing, then the student must comply or be dropped from the program without consideration for readmission. If the student admits to intoxication or agrees to take the drug and alcohol tests and tests positive then they will be referred to counseling and may be considered for readmission after completion of a drug and/or alcohol rehabilitation program and successful response to therapy. Clinical sites reserve the right to dismiss a student for any type of inappropriate behavior, regardless of whether or not alcohol and drugs are involved.

Progression Policy and Academic Probation

Due to the no-D policy of the Sonography programs, in order to proceed in the program, students must maintain a 2.0 GPA in all curriculum courses and students must score a minimum grade of C in all courses in the Sonography Curriculum. This includes related general education courses that are part of the Sonography programs. Students must also maintain an overall college GPA of at least 2.0. Students whose curriculum or overall GPA drops below a 2.0 will be placed on academic probation, provided that the student has scored at least a C in every course in the Sonography curriculum. Students on academic probation must have a 2.0 GPA by the end of the following semester to proceed in the program. Students who score less than a C in a course in the Sonography curriculum will not be allowed to continue in the program, even if the overall or curriculum GPA is 2.0 or higher.

Academic Problems

A student experiencing academic difficulty should schedule an appointment with the instructor. Early attention to this matter is essential. Steps will be taken to identify difficulties and assist the student toward a successful solution to the situation.

Academic Assistance

Course instructors, advisors, college counselors and student services provide academic assistance. Program faculty and College staff will assist the student in identifying problems and solutions. A variety of learning labs and study skills instruction are available to all students. While tutoring may not be available for all sonography courses, the student may seek assistance with improving study skills with the retention specialist or counseling center.

Accommodation of Disabilities

Forsyth Tech is committed to providing reasonable accommodations to students with disabilities. If you would like to request accommodations for a physical or learning disability, you must register with the Disabilities Services Office (DSO), located in the Allman Center, Room 148 (336-734-7155). You will be required to provide current (3 years or less), *official documentation of your disability. The Disability Services office will work with you to determine your classroom needs.

It is important that you register **early** with the DSO as the office needs adequate time to arrange the appropriate accommodations. With proper documentation, most accommodations can be completed within a minimum of (5) business days.

Official Documentation must be completed by a licensed Physician, Psychologist, Psychiatrist, or other relevantly trained Medical Practitioner or Diagnostician. Please keep in mind scheduling an appointment with a practitioner may take up to 2-4 weeks. Please stop by the Disability Services Office to pick up forms to take to your appointment.

Academic Appeal Policy and Procedure

Whenever a situation arises in which a student has a disagreement with an instructor on an issue that he or she wishes to have resolved, then the chain of command must be followed. Any appeal of a course grade should begin with a scheduled conference between the student and instructor by the first day of a new semester. Since most of our students are legal adults, we prefer to deal directly with the student and not with the student's parents, spouse or family members. So, they may not attend the meeting. The only exception for this is if the student us under 18 years of age. If the appeal is not resolved at this level, the student should contact and arrange for a conference with the Program Coordinator (John Cassell). If still unresolved, the student should contact and arrange for a conference with the Director of Imaging (Debbie Taylor). The student has the responsibility of providing the Director of Imaging with a written letter of appeal by the third class day of the new semester in order for the appeal to be considered. After conferencing with the student, if the issue is still not resolved, the Director of Imaging will notify the Dean of Health Technologies (within 2 workdays), who will review the case. If the Dean deems the appeal to be valid, then the Dean will convene a committee (within 3 workdays) to hear the appeal. This committee will hear the appeal and make a final decision (within 3 workdays), which will be reported to the Dean. Within 24 hours of receiving the information, the dean will mail the committee's decision to the student, the instructor, and the Department Chair.

The student's letter of appeal must include:

- 1. Date, student's name, signature, and telephone number.
- 2. Prefix and number of course grade being appealed.
- 3. Instructor's name issuing the grade.
- 4. Brief factual explanation of why the student feels the grade is incorrect and what the student feels the correction of the grade should be.
- 5. Any supporting documentation the student feels is needed to better explain the student's questions as to grade determination.

For an appeal to be considered, the Director of Imaging must receive the letter of appeal no later than the third class day of the new semester.

If the appeal committee rules in the student's favor, the department will provide an opportunity for the student to make up the missed clinical time, without cost and in a timely manner, so that the student may progress to graduate.

Process:

- 1. The committee will consist of five full-time faculty from the division, and where the program is large enough, will include one faculty member from the department/program involved in the appeal. The faculty member(s) involved in the appeal will not serve on the committee. The dean will appoint faculty members and the appeals committee chair. The dean will replace any member who feels they are not able to render an impartial vote or are objected to by the student.
- 2. The dean will provide copies of the student's letter of appeal and any supporting documentation to all committee members.
- 3. The dean will arrange the time and location of the appeal and notify the student, the faculty member(s) involved in the appeal and the committee members.
- 4. The committee's charge is limited to consideration of the questions brought to the committee in the appeal letter.
- 5. The decision of the committee will be reached by simple majority vote of the five members of the committee either in favor or not in favor of the appeal. The decision of the committee is final.
- 6. When there are multiple appeals for a course involving the same instructor each student's appeal will be heard and decided upon individually.
- 7. Confidentiality of the appeals hearing proceedings and decision is essential.
- 8. The chair will report the committee's decision, which will be final, to the dean in writing.
- 9. The dean will notify the student, instructor(s) and department chair in writing.

 Notification will be mailed within 24 hours of the committee's decision. The dean will take all action needed to implement the committee's decision.

Divisional Academic Appeals Committee: Responsibilities of the Chair The chair of the Divisional Academic Appeals Committee will assume the following responsibilities:

- 1. Be knowledgeable of the appeals process.
- 2. At the time of the hearing, inform committee, student and the instructor(s) of the process and guidelines to be followed such as:
 - a. Purpose of the committee (decision to the dean).
 - Introduction of all present and ask concerning reasons for dismissal of any members.
 - c. Charge to group to keep discussions and decisions confidential.
 - d. Student and instructor(s) will both be present during all presentations to the committee.
 - e. Allow student and instructor time to discuss the appeal.
 - f. Allow for committee questioning of student and instructor.
 - g. Conduct discussions and vote after presentation of information. (Keep students and instructor available for additional questions until after voting.)
 - h. Collect and destroy all written materials used in the appeal.
 - i. Submit written report of the committee's decision to the dean including the names of committee members and course identification.
- 3. Prior to the hearing, briefly discuss the process to be followed at the hearing with both the student and instructor. Also, determine if the student or faculty will bring a witness, attorney, etc.
- 4. Attorneys present need to be informed that this is not a courtroom and that they are attending only to observe and advise the student.

Academic Review Committee 651-Revised 8/11/2000

Process:

At the end of each semester, each Department Academic Review Committee meets to review student's academic standing. If a student's standing is changed in any way, other than removal from probation, the student will be notified in writing by the appropriate division dean.

Appeal:

If a student planning to register for the next semester wishes to appeal the decision of the Department Academic Review Committee, the student must make the appeal in writing to the appropriate division dean within twenty-four hours after formal notification of the committee's decision. The dean will convene the Divisional Academic Appeal Committee to hear the appeal and make a decision. The dean will notify the student, the department chair, and the student's advisor in writing of the decision.

Students who fail a sonography course or a required general education course <u>will not be</u> <u>personally notified by the instructor</u>. The student will receive an official letter from the college indicating that they have failed the course and that they have been dropped from the program.

Disciplinary Procedure Policy

The disciplinary action taken with a student depends upon the nature, severity and/or frequency of the behavior or rule violation. The normal procedure is as follows:

First Offense: Verbal Warning

Second Offense: Written Reprimand and counseling.

Third Offense: Dismissal

Some behaviors and rule violations, depending upon their severity, may result in immediate dismissal without receiving a verbal or written warning. Some examples are:

- 1. Failing a sonography course.
- 2. Cheating
- 3. Destruction or misuse of college or clinical properties.
- 4. Inappropriate behavior in the clinical area.
- 5. Showing disrespect for a patient, staff member, instructor or fellow student.
- 6. Failure to meet attendance requirements.
- 7. Theft, gambling, drug or alcohol use or any illegal activity.
- 8. Falsification of any document or record.
- 9. HIPPA violations (breech of patient confidentiality).

Readmission Policy

Students, who fail academically or withdraw, may apply for readmission to the program for another academic year. Students will be placed back in the applicant pool and will compete for admission with other applicants. Students who are granted readmission into the program will fall under the catalog requirements for the year in which they are readmitted, and they must complete those courses to proceed to graduation. Due to the nature of this program, dropped students cannot re-enter the program and just pick up where they left off. Extensive re-training will be necessary in order to safely place the student back in a clinical environment. Students will be readmitted (and treated) as a new student and will therefore be required to retake all courses up to the semester from which they were dropped (or withdrawn).

Critical Requirement Policy

Critical requirements are those assignments made for a course, which although may not be calculated into the grade for the course, must be completed to the satisfaction of the instructor in order to pass the course. Students failing to complete a critical requirement for a course will either receive a grade of Incomplete until the requirement has been completed, or they may at the discretion of the instructor receive an F for the course. In order to receive a grade of Incomplete, the student must satisfy the instructor with an acceptable reason for failure to complete the assignment.

See individual syllabi for these requirements. Not all courses will have critical requirements.

Examinations

During exams students must clear everything off of their desks except for any materials that are specifically allowed by the instructor to be there. Sit with at least one empty seat between yourself and the students next to you on exam days. Students who fail to comply with this policy, or who are caught with any unapproved materials out during an exam shall be found

guilty of cheating and will receive an F on the exam, and will be required to meet with the program coordinator. Pending the result of the meeting, the student may be dismissed from the program or may be allowed to continue under a probationary status where conditions will be specified by the program coordinator.

Graded exams will be handed back to students within one week after grading for reviewing and shall then be returned to the instructor. Students may not keep exams. Students may make notes on the subject content that was missed on the exam, but they are not allowed to keep the exams or take them out of the classroom. Students may review their exams at any time by scheduling an appointment with their instructor. Students must be supervised by a Forsyth Tech faculty member while reviewing their exams. Student exams are kept in student files located in the instructor's or program director's office. Students should take a restroom break prior to taking an exam. While the exam is in progress, the student will not be allowed to leave until they have turned their exam in for grading. Students who have a medical condition which precludes their ability to abide by this policy must present a doctor's excuse stating such prior to the first exam period. Once an exam has been turned in, the student will not be allowed to see the exam again until it has been graded. Students should be sure to make any corrections on their exam prior to turning it in. For security reasons, some instructors prefer not to email grades to students. This will be left up to the discretion of each individual instructor.

Grading Scale

The Sonography Program grades on the college grading scale. The Sonography programs have a no-D policy. This means that a student will be dropped from the program if a grade of D (or F) is scored in any curriculum or general education course that is required in the Sonography Program.

Grading Scale: 94 – 100: A

86 – 93: B 78 – 85: C 70 – 77: D Below 70: F

In most cases, final exams will not count more than 20% of the overall grade.

Final grades may not be given out over the phone or by email (depending upon the instructor). In this case students must wait until they receive their end-of-semester grade report from the college. If a grade of less than "C" appears on any curriculum course on the report then the student does not qualify to return the following semester and will be dropped from the program due to the no-D policy.

Honor Policy

Any student caught cheating on any exam will receive a grade of zero on that assignment. The student will be required to report to the counseling center for a counseling session. With the recommendation of the counselor one of two things will occur:

- 1. The student will be dismissed from the program.
- 2. The student will be allowed to continue in the program under a probationary status. If caught cheating a second time, the student will be automatically dismissed from the program.

Field Trips

During the month of March and October of each year, the North Carolina Ultrasound Society holds an annual ultrasound conference. The conference runs on one weekend from Friday through Sunday. Students are strongly encouraged to attend the Friday session for the sonographic physics review course. Friday's class will be cancelled on main campus to allow students and faculty to attend the conference. Students are also encouraged to present scientific exhibits at the meeting. Students who join the society as student members will get a discount on the tuition for the meeting. Students are responsible for their own transportation to and from the meeting.

Field trips other than this will be listed on each course syllabus as it applies to the course.

General

Students should always bring their <u>designated</u> textbook(s) to class lectures and their lab manuals to laboratory exercises. All books are not necessary, just those designated by the instructor.

Submit all written materials in a neat and legible form on time or by the due date. Each day of lateness can at the discretion of the instructor, be used to reduce the letter grade of the material. The general rule will be to reduce the grade one letter grade for each day of lateness.

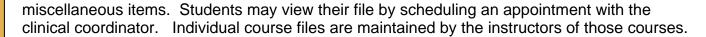
Students are responsible for maintaining the cleanliness and orderly appearance of the classrooms and labs.

Behavior in the Classroom

- Do not have conversations with others while instructors are lecturing.
- Do not disrespect other students and instructors by answering questions that are clearly directed at the instructor from another student in the class.
- Pay attention!
- See the Classroom Etiquette Document in this handbook for more tips.

Student Records

Student records are kept in a locked file cabinet. Each file contains, OSHA, HIPPA and CPR completion documentation, Forsyth Tech grade transcripts, academic warning letters, exams and assignments, clinical attendance, competency and exam logs, along with many other



Student Health Forms

Graduates who wish to have a copy of their vaccination and/or health forms are encouraged to make themselves a copy of all medical forms prior to turning them in so that they will have them for future reference. Student records are only maintained for 3 to 5 years at which point all documents in those files are shredded.

Faculty Availability

The faculty of Forsyth Tech strives to make themselves available to students at every possible opportunity. Due to heavy class preparation and administrative duties, it is difficult for faculty members to accommodate students who show up unexpectedly. For this reason, every instructor has posted office hours outside their office door. See the faculty organization sheet or individual course syllabi for methods of contacting the faculty members.

Classroom Attire

Students should dress casually for lectures. Students who wear clothing that is too revealing (i.e. low waist jeans which reveal too much "gluteus maximus") may be asked to go home and change clothes.

Students should wear scrubs to all scanning labs. Scrubs allow for easy access to the abdomen. Gel and powder from gloves can ruin expensive clothing, but it washes out easily from scrubs and lab coats. Wearing a white lab coat is optional, but recommended for cooler seasons.

Policy Violations

If a student violates any policy in the student handbook a conference will be held with the program coordinator and the student. The conference will be documented on a Policy Violation Form and a copy of the form will be placed in the student file. Students who receive three or more policy violations in a semester will be subject for dismissal from the program. (See the appendix for a sample of this form.)

A Death In The Family

If a student has a death in their *immediate family* (mother, father, brother, sister, child, spouse, grandparent, mother-in-law, father-in-law, or legal guardian) then the student will be given one-week off from all classes if they provide proof (obituary or funeral flyer). The student will have until the end of the semester to make up any work missed during this one-week absence. *This only applies to immediate family members as defined above.*

Scan Lab Utilization

Students cannot use the scan labs unless one of the sonography faculty **is present in the building**.

Only the sonography faculty can approve your use of the lab and unlock the door for you. Other instructors and secretaries cannot accept responsibility for this. They do not know who you are...anyone off the street could come into the building and claim to be a student in

our program wanting access to the lab, and then rob us blind. So technically we are not allowed to unlock classroom or laboratory doors for students from other programs.

Outside of clinical, we **DO NOT** scan for the purpose of finding pathology on our volunteer patients. We only document anatomy in our scan labs. Our disclaimer specifically states this. So bringing in family members and friends for the express purpose of diagnosing and/or finding pathology is prohibited.

You have to get a consent/waiver form signed and turn it in to one of the sonography faculty BEFORE you can scan a volunteer patient. This is to ensure that you are not scanning minors or children in the lab, and to ensure that your patient realizes that the scan **IS NOT A DIAGNOSTIC SCAN**. If none of the sonography faculty are here, then we can't receive the waiver and give our approval. Thus you cannot scan.

Any student who attempts to get access to a classroom or scan lab while the sonography faculty are not here by asking someone other than a sonography faculty member to unlock the door is in violation of this policy. Campus security will be called and the student will detained until a sonography faculty member arrives to deal with the situation.

When you do use the lab, be sure to clean up after yourself and return the lab in the same state that it was in when before you used it.

Homework:

You should complete assigned reading assignments <u>BEFORE</u> attending the lectures. Lectures are meant to reinforce and enhance the information that you have already read and studied from the homework reading assignments. It is a good time for questions and answers. Ideally, lecture day should not be the first time that you have been exposed to the material. Lectures should be used to supplement the notes that the student has taken from the reading assignments. Review guides should be completed prior to each lab session. Study groups are highly recommended!

Email:

Students must send all email correspondence from their TechLink email account. Email sent from personal email addresses will no longer be answered. Check your email every evening before going to bed and in the morning before coming in to class. Don't miss last-minute announcements about class due to not checking your school (TechLink) email. Also be aware that email communications (even between students) may be monitored by the college administration so use discretion with your messages.

Dropping Class (Electronic Drop Procedure):

If you need to drop this class **for any reason**, then you should follow this drop procedure:

Signing In: Go to: http://coursedrop.forsythtech.edu

Enter your TechLink ID and Password

Click "Login"

You will be presented with a list of courses you are currently enrolled in for the active semester. Chose the courses you wish to drop by clicking the "Select" box. Chose the

reason(s) for dropping the selected course(s). Click the green "Submit" button. You will be directed to the confirmation page.

Confirm Selection: Review your selections. Click the green "Confirm" button to submit your request to drop the listed courses. Confirmation: You will see a confirmation page indicating the courses you wish to be dropped from, along with a Form ID. This Form ID can be used to track the progress of the drop request.

You may log out by clicking the red "Logout" button in the top right of the screen.

You will receive a confirmation letter to your student email inbox.

You will also receive additional emails informing you of your drop request and when the request has been processed and completed.

If you need to drop this class, it is to your benefit to do it as soon as possible because your official drop date is the date you submit the drop form, not the date you stopped coming to class. The official drop date will determine whether you receive a W or a WP or WF.

Recording Lectures

Students are welcome to bring recorders to record the lectures. Sometimes listening to the lecture again after class helps to reinforce the information.

Students should bring the following items to scanning and practice labs each week:

- 1. One Sheet (any size will work but twin sheets fit the stretchers best).
- 2. One Pillowcase
- Two Bath-Sized Towels
- Two Wash Cloths or Hand Towels
- 5. A plastic bag to carry wet/gelled linen back home
- 6. A volunteer patient that has been NPO for at least 6 hours prior to the scan lab.

Students who fail to bring items 1-5 to lab will be considered "out-of-uniform" and will be sent home to retrieve them. The student will be counted absent for the missed lab time. Students who fail to bring a volunteer patient to scan will only be able to observe the other students scan if no other volunteer patient is available. This will be detrimental to your scanning skills, so always bring someone to scan. Prepare in advance and have a second backup person that you can call if your first volunteer can't come to the lab.

There are two types of labs in this program: Instructional Labs and Practice Labs

Instructional Labs:

This is the official lab in which sonographic anatomy of the organ system that is being covered that week is initially demonstrated. You are given a hands-on opportunity to reproduce the required images. These are instructor led.

Practice Labs:

Students will practice what they have learned in the scanning labs to further reinforce their scanning skills. *An instructor may not always be available in these labs*, but students will be able to practice on their own during the specified practice lab times. Whenever possible an instructor will be in the lab. Days and times for practice labs will vary and will be announced at the beginning of each semester. Students must sign up to reserve scanners for evening practice labs. The online sign-up link will be provided in the classroom at the beginning of each semester.

Pre-Scanning Prep:

Unless otherwise specified, NPO (Nothing by mouth) after midnight for 8am scanning labs, and NPO for at least 5 hours for afternoon labs or evening labs. This means no food, water, chewing gum or cigarettes (absolutely nothing in the mouth prior to the labs). Also make sure to tell the volunteer to avoid spicy foods and carbonated beverages the day Before and the day of the scan. This is to minimize bowel gas, which can prevent visualization of organs on ultrasound. Some labs may not require the NPO status (i.e. knobology, abdominal wall, and kidneys.)

Diabetics: Do not choose volunteer patients who you know are diabetic. Going for long periods without eating can adversely affect them. Choose patients that can remain NPO until the end of your scheduled lab time without raising any health issues.

Other medical conditions: If your patient has a health condition that requires him or her to take medication each morning, then tell him/her to go ahead and take the medication with 8 ounces of water, but nothing else.

Volunteer Patients

Bring someone that you know (family member, friend, or classmate from another lab section or program). All volunteers must be 18 years of age or older. Do not pull someone off the street that you don't know or pay money to a stranger to be your volunteer patient. Doing this creates an unsafe environment for our students and faculty. A waiver/consent form must be on file for all volunteer patients. One form is good for the duration of the program. Volunteer patients must follow the same rules as students, so please ask your volunteers not to bring cell phones into the lab. Volunteers are not allowed to remain in the lab when they are not being scanned. A waiting area has been designated in room W310 for all volunteers.

Remain Seated In The Classroom During Lectures:

Once lectures begin, you are to remain in your seats until the next available break. You are not allowed to leave the classroom during a lecture unless it is an emergency, and you may be refused re-entry if you choose to do so. Distractions in the classroom must be kept to a minimum. If you have a medical condition that prevents you from sitting for 50-minute periods then you must notify the instructor, and you will need to sit in the back of the classroom so that it won't disrupt class if you need to stand up for short periods during the lectures. Labs are less formal. We have no official breaks in lab so you may leave for a restroom break at any time during a scanning lab. Just don't leave for an extended period (more than 10-15 minutes).

Children on Campus

Children are not allowed in classrooms, labs or office areas for any reason. If you need to see an instructor in his/her office, please provide alternative care for your children and come to the office when you can come alone. Children are a distraction in the classroom, and they can damage expensive equipment or be injured by heavy equipment in classrooms and labs. The college does not allow children in these areas.

Inclement Weather Guidelines

To aid faculty and students in determining when classes will be held during inclement weather conditions, the following guidelines have been established.

Scenario A

College Announcement: "The college will be opening at 10 am due to weather conditions." Guideline: Classes would resume at 10 am and the class schedule for the remainder of the day would be unchanged. Classes scheduled to meet prior to 10 am which would extend beyond 10 am would meet at 10 am. For example, a class which normally meets from 9:30 am to 11 am would meet beginning at 10 am.

Scenario B

(The college began the day as usual; however, snow started falling during the morning and the college made the following announcement at approximately 2 pm.)

College Announcement: "The college will be closing at 5 pm today, evening classes are cancelled."

Guideline: All classes currently in session would end at 5 pm. Those classes scheduled to meet at 5 pm, or later, would not meet on this day. For example, a class which normally meets from 4:30 pm to 6 pm would end at 5 pm.

Scenario C

(Because of icy roads, the college made an early morning announcement that day classes would be cancelled. At approximately 2 pm, the college made the following announcement.) College Announcement: "The college will be open for evening classes."

Guideline: Classes would resume at 5 pm and the class schedule for the remainder of the day would be unchanged. Classes scheduled to meet prior to 5 pm which would extend beyond 5 pm would meet at 5 pm. For example, a class which normally meets from 4:30 pm to 6 pm would meet beginning at 5 pm.

Notes:

The announcements regarding inclement weather apply to all campus sites in both Forsyth and Stokes counties.

Any variation from the above guidelines would need to be approved by the appropriate dean. All college credit classes missed due to inclement weather will require the faculty member to complete an Alternative Instruction Form for that class.

For Additional Policies:

Read the <u>College</u> Handbook for college policies and the student Code of Conduct Read the **Clinical Handbook** for an extensive list of clinical policies and procedures.

Academic Appeals

(Concerning a grade)

652 Academic Appeal - Revised 10/20/04

Any appeal of a course grade should begin with a scheduled conference between student and instructor by the first day of a new semester. If the appeal is not resolved at this level, the student should contact and arrange for a conference with the appropriate department chair. The student has the responsibility of providing the department chair with a written letter of appeal by the third class day of the new semester in order for the appeal to be considered. After conferencing with the department chair, if the issue is still not resolved, the student will notify the dean in writing (within two workdays of the conference) of the need for a divisional academic appeals committee. The department chair should forward the letter of appeal and supporting documentation to the dean. The dean will convene a committee (within three workdays) to hear the appeal. This committee will hear the appeal and make a final decision (within three workdays) which will be reported to the dean. Within 24 hours of receiving the information, the dean will mail the committee's decision to the student, the instructor and the department chair. The decision of the committee is final.

The letter of appeal must include:

Date, student's 1. name, signature and telephone number.

- 2. Prefix and number of course grade being appealed.
- 3. Instructor's name issuing the grade.
- 4. Brief factual explanation of why the student feels the grade is incorrect.
- 5. Any supporting documentation the student feels is needed to better explain student's questions as to grade determination.

For an appeal to be considered, the appropriate department chair must receive the letter of appeal no later than the third class day of the new semester.

Academic Standing/Probation/Dismissal

To be in good academic standing, students must have earned a cumulative grade point average (GPA) of 2.0 in courses required in their program of study by the end of their first semester at Forsyth Tech. A cumulative GPA of 2.0 within their program of study must be maintained thereafter to remain in good standing. Students who do not maintain the required 2.0 cumulative GPA in courses required in their program of study will be placed on academic probation for the following semester. All students who do not earn the required GPA in the next semester will have their academic records reviewed by their respective division's academic review committee, which meets at the end of each semester. The committee may (a) reduce the number of credit hours the student will be allowed to carry, (b) require the student to repeat courses in which a low grade was earned or (c) dismiss the student from the program. The student will be notified in writing of the committee's decision, and copies of the notice will be sent to the Records Office, the division dean and the student's faculty advisor. The following options are available to students who are dismissed from their current program of study:

- A student who is dismissed from a program of study is encouraged to see a counselor to discuss possible educational alternatives.
- A student who is dismissed from a program of study may be eligible to apply for and be admitted into another credit program of study offered by the college.

- A student who is dismissed from a program of study may re-apply for admission to that program.
- A student who has been dismissed from a program of study for academic reasons may not be eligible to continue to receive financial aid, depending upon the conditions of financial aid eligibility.

Appeals Process for Academic Standing/Probation/Dismissal

A student may appeal the decision of division academic review committees by:

- 1. Submitting a written request to the appropriate division dean within 24 hours after formal notification of the committee's decision.
- 2. The dean will convene the division academic appeals committee.
- 3. The division academic appeals committee will make the final decision on the matter.
- 4. The dean will send written notification to the student, the department chairperson and the student's academic advisor.

During an appeals process, students who are appealing a failing clinical course grade will be temporarily suspended from their clinical rotations until the verdict on the appeal is delivered. Students may however, attend lectures and labs during the appeals process.

Summer Conversion Factor

Courses at Forsyth Tech are based on a 16-week semester. Summer semesters are only 10 weeks long. This means that we must "squeeze" all the hours from a 16-week course into a 10-week time period.

Example:

SON 121 & CVS 162 has 15 contact hours each week in a 16-week semester. Total contact hours = weekly contact hours \times 16. Total contact hours = 15 x 16 = 240 hours.

If this course were offered in the summer, whereby it would then be a 10-week course, we would have to "squeeze" 240 hours into 10 weeks. This comes out to be 24 contact hours each week (roughly three 8-hour days).

This is why students must attend three days of clinical in the summer, even though the course only has 15 contact hours.

Services and Information for Students

Online Job Search – Each year Career Services receives job listings from area and regional employers. Students and alumni who register with Career Services may have access to these listings. The department's staff assists registrants in seeking full-time, permanent employment upon graduation and part-time, temporary employment while attending classes. It is the responsibility of students, alumni and recent graduates to make direct application to employers.

Internet Access

The Counseling, Career and Disability Services Center, located in Room 148 of the Allman Center on the school's Main Campus, provides a computer for students to access job listings, company information, career and job search information, job market trends and resume posting sites on the Internet. Internet access is also available in sonography classrooms/labs, and on the first floor of Bob Green Hall in the computer lab.

Employability Skills

One of our most important roles is to teach students skills that will help them throughout their working lives. To that end, employability skills presentations on the following topics are conducted for Forsyth Tech classes and other on- and off-campus groups:

- Tips on Completing Employment Applications
- Resumes That Lead to Interviews
- Cover and Follow-up Letters: Writing Techniques That Bring Results
- How to Handle Tough Questions and Other Interview Strategies

For information on attending an employability skills presentation, call 336.734.7343.

Individual Assistance

Students and alumni may schedule appointments to receive individual assistance with various employment concerns including résumé and cover letter writing and interview preparation. To schedule an appointment, call 336.734.7343.

On-Campus Recruitment

Area businesses conduct on-campus recruitment sessions during each semester of the academic year. Information is posted in Career Services for interested students. Faculty and staff are notified when recruitment is for students in their department.

Job Fairs and Career Days

An annual campus-wide job fair sponsored by Career Services offers an excellent setting for students and employers to discuss employment opportunities.

Career Services arranges Career Days for students to provide them the opportunity to exchange information with individuals who are employed in their future fields of study.

Job Search Tips and Guidelines

To be successful, job seekers must prepare for employment opportunities before they come along. The Career Services staff has developed and maintains detailed job search guidelines for interested job seekers. Handouts covering resumes, cover letters, interviews and applications are available in Career Services and for download in PDF or PowerPoint format on our TechLink site.



Solutions Optimizing Success in Health Careers Greene Hall W121 Computer Lab



Kerri Walters, MA Retention Manager, Health Technologies Greene Hall W121B, inside the computer lab Office Phone: 336.757.3241 Call for an Appointment

Office Hours:
Monday-Thursday
8:30AM-Noon and 1:00PM-5:00PM
Friday
8:30AM-Noon and 1:00PM-3:00PM
Other Hours by Advance Appointment



336-757-3241

Visit our site on **Techlink**Log in and navigate to:
Academics/Health Technologies/SOS

Download

- Referral Form
- Software List in W121 Computer Lab

Useful Links

- Quizlet
- Cornell Method Note Paper
- Net Anatomy
- Anatomy TV

W121 Computer Lab



W121 Computer Lab Available Daily

Posted Hours May Change Without Notice

Call 336.757.3241

- Techlink and Blackboard Access
- · Tutorials and Graded Lessons
- ATI Code Resources/Test Practice
- Case Study/Simulation Software
- Group and Individual Study
- Online Medical References
- Online Anatomy References
- Microsoft Office Applications

An alternative to the LRC

Referrals

You may be referred by your instructor or you may refer yourself for:

- Academic Performance
- Addressing challenges in fulfilling your academic obligations
- ATI Practice Tests
- Make-Up Tests
- Study and Test-Taking Tips
- Combating Test Anxiety

Referrals to Other Campus Resources:

- Financial Aid
- Student Success Center
- Shugart Women's Center
- Minority Male Mentoring
- Learning Center/Tutoring Services

FORSYTH TECHNICAL COMMUNITY COLLEGE

Bioeffects Statement of Notification

The following statement was issued in September 1988 by the American Institute of Ultrasound in Medicine. It was prepared by the Bioeffects Committee of the AIUM. One purpose of the statement is for the student to have been informed of the biohazards that are felt to be associated with the use of diagnostic ultrasound. At this time, no biohazards have been found at the diagnostic levels which are used in medicine today. However, each student is required to read this statement and sign the informed consent form on the last page.

J Ultrasound Med 7:S1-S38, September, 1988 American Institute of Ultrasound in Medicine Bioeffects Report, S5

Table 1.6: American Institute of Ultrasound in Medicine Official Statement on Safety in Training and Research. approved March 1983; Revised and Approved March 1988.

Diagnostic ultrasound has been in use since the late 1950s. No confirmed adverse biological effects on patients resulting from this usage have ever been reported. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation:

In those special situations in which examinations are to be carried out for purposes other than direct medical benefit to the individual being examined, the subject should be informed of the anticipated exposure conditions, and of how these compare with conditions for normal diagnostic practice.

The ultrasound scanners used at Forsyth Tech use the same output limits that are used at the local hospitals and clinics (100mW/cm² Output Intensity).

If you have any questions or concerns about bioeffects please direct them to the program director. Do not sign this form until you have had all of your questions answered.

I,, have read	this document and understand the
A.I.U.M. statement on safety in training and research. I reali for ultrasound labs is not required, but that I will be expected be scanned in my place if I choose not to be scanned.	ze that being a volunteer patient
Signed:	
Date:	-



FORSYTH TECHNICAL COMMUNITY COLLEGE SONOGRAPHY PROGRAM

STUDENT CONFIDENTIALITY AGREEMENT

Patient confidentiality at the facilities used by the Forsyth Technical Community College Sonography Programs is considered to be of primary importance. In addition to each facility policy, a federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires patient health information to be kept confidential. Additionally, patients and their families have a right to deal with their issues in a private and secure manner, trusting that their privacy will be maintained. In order to protect this right to confidentiality and to comply with federal and state laws, students must agree to hold all information (including, but not limited to, patient names, their medical information, and relevant agency information) gained through their clinical assignments at any facility used by the Forsyth Technical Community College Sonography Programs in strictest confidence. Confidentiality includes, but is not limited to, not discussing patients or their medical conditions with persons who do not have a need to know and **not removing any documents with individually identifiable patient data from the facility**.

I understand that I have a legal responsibility to report to my immediate supervisor any adult or child abuse or neglect which I may observe or suspect.

I also understand the terms of this Student Confidentiality Agreement, and I agree to abide by the above confidentiality requirements. I further understand that any breach of a patient's confidentiality may result in disciplinary action against me and my removal from the clinical site to which I have been assigned.

Printed Student Name	
Student Signature	
Date	

Forsyth Technical Community College

Sonography Program Honor System

I,, agree to uphold the honor system of the sonography programs at Forsyth Tech by refusing to accept or use unauthorized information on a test, quiz, project or assignment. Unauthorized information will be defined as:
1. Obtaining or attempting to obtain exams from previous students in the program.
2. Looking for information on posters, wall charts, etc. when taking an exam.
3. Using other student's case studies that were not prepared by you.
4. Using hidden notes to gain information on an exam.
5. Falsifying information on any document.
6. Giving information to another student during an exam or quiz.
7. Opening a textbook or notebook during an exam.
8. Having unapproved materials out during an exam.
9. Using a programmable calculator on a physics exam.
I understand that if found guilty of cheating, I will be subject to dismissal from the program.
(Student Signature) (Date)

FORSYTH TECHNICAL COMMUNITY COLLEGE SONOGRAPHY PROGRAM

Critical Incident Report

Student Sonographers are required to report <u>any</u> incident they are involved in that results in <u>possible</u> or <u>actual</u> adverse outcomes to patients or themselves. Some examples of Critical Incidents are: accidental needle sticks, exposure to blood or body fluids, possible exposure to TB or HIV, seizure, sudden onset of illness, serious equipment failure, damage or dysfunction caused by the student, patient injury or death.

Please type or print clearly.	
Student's Name:	Date and Time of Incident:
Clinical Facility:	Clinical Preceptor:
Supervising Sonographer:	Forsyth Tech Clinical Instructor:
Briefly describe the incident and the extent of student in	volvement: use additional pages if necessary
Follow-up:	
Is any additional follow-up planned? If so, describe.	
List the names and titles of anyone else involved:	
Student Signature	Date
	m Evaluation/Action
Mark all that apply Notified by	by Program Director or Designee
Mark all that apply Notified by Clinical Coordinator Notified by Student Other: Date:	
Mark all that apply Notified by Clinical Coordinator Notified by Student Other: Date: Discussed with Student Faculty/Advisor Clinical Coordinator	·



Medical Illness Excuse:

Doctor's excuses whether for the student or their dependent, must be written on official physician pad paper or official stationary from the medical facility and must include the cause for absence, dates that student must be out of school, and physician signature.

Forsyth Technical Community College
Division of Health Technologies
Physical Assessment Informed Consent

I understand that a certain physical examination techniques and assessment all contact made during these experiences will be done	• •
I understand that being a scan model is voluntary for a performed on volunteers in the program. While this is unable or unwilling to be scanned I will need to provide	voluntary I also understand that if I am
Student Signature	Date

Sample Policy Violation Form:

	Forsyth	Tech	SONOGRAPHY PROGRAMS ATTENDANCE/POLICY NOTICE
NAME:		DATE:	
VIOLATION:	☐ ATTENDANCE	□ POLICY	
action including	dismissal from the Sonogra		course syllabus will be subject to disciplinary a written Sonography policy will be documented
ABSENCES FR This is to notify thanh	you that as of the above da ours of class, hours course.	te you have missed hou	rs in the above checked areas. If you miss more you will be withdrawn from the Sonography
Policy Violatio	n Description: n (All Offenses): The stud	ent must meet with the Program rds of policy violation will be mai	Coordinator to discuss the policy violation and intained by the Program Coordinator.
This memo has	s been discussed with me	and I understand the content	s.
Instructor Signa	iture:		Date:
Student Signatu	ıre:		Date:
Program Coord Signature:	inator		Date:

Signature Forms Check Off Sheet

Name: ________

□ Student Confidentiality Agreement
□ Sonography Program Honor System
□ Physical Assessment Informed Consent
□ Bioeffects Statement
□ Student Manual Acknowledgment

Signature Forms Check Off Sheet

Name:
☐ Student Confidentiality Agreement
☐ Sonography Program Honor System
☐ Physical Assessment Informed Consent
☐Bioeffects Statement
☐ Student Manual Acknowledgment



Medical Sonography Program



Clinical Handbook

Sonography Program Student Handbook Table of Contents Topics

Section 1 – Clir	nical Policies and Procedures
Page 1 - 2:	Clinical Attendance
Page 2:	Tardy/Lateness
Page 2:	Clinical Attendance Sheets
Page 3:	Conduct
Page 3:	Malpractice/Liability Insurance
Page 4:	Student Health Insurance, Death in the Family, Dismissal from a Clinical Site
Page 4 - 6:	Dress Code
Page 7:	Clothing Contamination, Transportation, Incidence Reports, Injury during a Clinical Rotation, Rules for Clinical Evaluations
Page 8:	Invasive Procedures, Treatment of Patients, Gloving, Endovaginal and Endorectal Policy
Page 9 -10:	Professionalism Regarding Clinical Sites, Students at Clinical During Unscheduled Hours, General Behavior Guidelines
Page 11 - 12:	Clinical Makeup days, Patient Identification, Limitation of Patient Care / Scope of Practice
Page 12 - 13:	Job description of a Sonographer
Page 14:	Clinical Chain of Command
Page 15:	Supervision During Clinical Hours, Portable Exam Policy, Patient Transportation Policy
Page 16:	Infectious Disease Policy, Reporting of Communicable Diseases, Patients on Respiratory Isolation.
Page 17:	Pre-Clinical Requirements, CPR Courses
Page: 18:	Clinical Course Evaluation Methods, Clinical Course Syllabi
Page 19 - 21:	Clinical Site Contact Information
Page 22:	Directions to Alamance Medical Center and Carolina Medical Center.
Page 23:	Directions to Carolina Medical Center – Copperfield, Community Care Clinic, and Cornerstone Imaging Diagnostic Center
Page 24:	Directions to Forsyth Medical Center, Forsyth Medical Imaging Center Maplewood, and
	High Point Regional Hospital
Page 25:	Directions to Hugh Chatham Memorial Hospital
Page 26:	Directions to Kernersville Medical Center
Page 27:	Directions to Lexington Memorial Hospital
Page 28:	Directions to Morehead Memorial Hospital
Page 29:	Directions to Moses Cone Hospital, Northern Hospital of Surry County, and Piedmont Imaging
Page 30:	Directions to Rowan Regional Medical Center and Rowan Regional Medical Center – Julian Road Clinic.
Page 31:	Directions to Wake Forest University Baptist Medical Center
Page 32:	Directions to Wesley Long Community Hospital and Woman's Hospital of Greensboro
Page 33:	Clinical Site Protocols, Clinical Evaluation Methods, and Clinical Conferences
Page 34-35:	Gross Negligence
Page 36:	Clinical Rotation and Compliance Agreement

Section 2 – Appendix (Forms)

Page 37: Incident Form

Clinical Policies, Rules and Regulations

The following is an outline of the rules and regulations that apply to sonography students while they are at their assigned clinical rotations.

Clinical Attendance

Student must complete all assigned clinical hours in order to satisfy the Medical Sonography program, CAAHEP accreditation requirements, and North Carolina Community College Curriculum Audit. Students who miss a day for any reason will receive an "Incomplete" for the clinical course.

The faculty members of the sonography programs feel that class attendance is vital to success in the program. Excessive absences or tardiness may result in a student being dropped from the course.

Students may miss 6 hours (one day) in SON 110 and up to 16 hours (2 days) per semester in the remaining clinical courses. All clinical absences must be made up at the end of each semester on faculty workdays (See syllabi for specific dates). Absences beyond this two-day limit will require written documentation such as a doctor's excuse to justify the absence. If a student incurs an absence in excess of the allowed hours and cannot produce sufficient documentation to justify the absence, then that student may be dropped from the course and hence, the sonography program due to prerequisite requirements. In some cases, when there are not enough days to allow a student to make up all of their missed excused absences, a grade of incomplete "I" may be issued for the course and the student will not be allowed to proceed to the next clinical course until the conditions for removing the incomplete have been met. This may require the student to attend clinical during the time between semesters. If there are not enough days between semesters, the student will be dropped from the program and the student can reapply to the program (See college policy). Health matters such as pregnancy or medical conditions which cause frequent or prolonged absences will be handled on an individual basis. The program director shall review students that receive two or more incompletes (even if the incomplete has since been removed) and determine if the student will be allowed to stay in the program.

Absence:

Absences from clinical will have to be made up at the end of the semester in which they occurred. Greater than two absences cannot be made up unless excused by the clinical coordinator. Unexcused absences are defined as missing days beyond the 2-day allowance and/or failing to follow proper procedure for reporting an absence.

Third absence: If a student exceeds the two allowed absences (16 contact hours) then he/she will be required to complete a policy violation form and a conference with the program and/or clinical coordinator will be required before the absence will be excused. Generally, some type of official documentation is required to be considered for an excused absence. Written documentation includes, but is not limited to, doctor's excuse for student or dependent illness, jury summons for jury duty, a dated court document for court, etc. Routine doctor or dental appointments are not legitimate reasons for an absence and will not be accepted when documentation is required. Official documentation does not guarantee an excused absence, but it will be taken into consideration when the final decision is made. **Forth absence:** The student will be dismissed from the program.

Students are not allowed to ask staff sonographers or clinical preceptors to leave early. On slow days, the student should restock linen, fill gel bottles, or find other school-related activities to pass the time such as studying or reading ultrasound journals or textbooks in the department. You must be physically present in clinical to earn the clinical contact hours. Also, the site cannot send

the student home early. In order to be counted present for a clinical experience, the student must stay for the entire time of clinical. Leaving early for any reason EXCEPT for college closing will result in an absence.

The student must follow the proper procedure for reporting an absence. <u>PROPER PROCEDURE IS to complete a, b & c as stated below:</u>

- a. Call the assigned clinical site and speak with the clinical preceptor. Clinical calls must be made by 8:00am.
- b. Call the clinical instructor assigned to you, even if they are not scheduled to visit you on that day. Sometimes faculty rotation schedules must be changed for various reasons, and this could result in your Forsyth Tech instructor traveling to your site on a day that they were not previously scheduled to visit. Your call could save them a wasted trip. Also, the instructor must keep a record of your absences, so be sure to inform them whenever you have to be absent. If a clinical instructor is scheduled to visit you at your site then they should be called early enough to prevent them from making a wasted trip.
- c. Call the clinical coordinator and leave a message on the answering service. Explain why you are going to be absent, a number where you can be reached, and when you expect to return to school.
 - * Failure to follow the proper procedure for reporting an absence will result in an unexcused absence. For each unexcused absence, two days must be made up or else the final grade will be reduced one letter grade for each unexcused absence.

Late/Tardy Policy:

The medical sonography program has a Zero-Tolerance policy for arriving late to clinical. This means that students are not allowed to arrive at clinic past the official 'start time,' no matter what time increment that may be. If clinic starts at 8:00am and you arrive at 8:01am you are considered tardy/late and will not be allowed to finish the day and will be sent home and counted as 'absent.' The student is responsible for contacting the Clinical Coordinator so that the absence can be properly documented. Or, if the student leaves prior to the 'end time' for the day the Clinical Preceptor will notify the Clinical Coordinator, and the student will be counted absent for the <u>entire</u> day. Clinical 'start time' and 'end time' hours will be included in the course syllabi each semester as the times/days will vary. All absences must be made up on the assigned make-up days at the end of the semester.

Third tardy will result in dismissal from the course. There are NO EXCEPTIONS to this policy. Take clinical very serious! Make it there on time and never leave early!

Clinical Attendance Sheets:

The student is solely responsible for maintaining his or her clinical attendance sheet(s) and for the accuracy of all entries. Unaccounted for time due to the loss of a page or pages is considered an absence and must be made up prior to the beginning of the next semester. Time cannot be accumulated or banked. Staying beyond the scheduled clinical day, working through breaks, or meals does not result in accumulation of time. *For example*, students must take a 30-minute lunch. Students will not be allowed to skip lunch in an effort to leave 30 minutes early, arrive 30 minutes late, or make-up clinical time.

Each clinical day requires a minimum of two time entries: arrival and the sign out at the conclusion of the clinical day. Each day must have a time in and out followed by the initials of a staff sonographer or clinical instructor for verification and corroboration. Only initialed time entries are used to calculate clinical attendance. You are not allowed to ask a staff member to sign you in and out at the same time. You must obtain initials (with time of day) at two different

occasions. You are not allowed to ask someone to retro-date/time your sheets or to sign them in advance.

If your attendance sheet is audited and we find that this has been done, you will first be issued a verbal warning. If another instance occurs then the clinical contact hours for identified day(s) will be counted as an absence, and you will be required to make up the time on the assigned make up day(s). If the problem persists then it will be considered as falsifying academic documents which is prohibited as stated in the Student Code of Conduct and appropriate disciplinary action will be taken.

Students without their clinical book shall not be allowed to attend clinic. Your clinical book is part of your uniform. If you show up for clinical without your clinical book, you will be sent home. The student will then receive an absence for the day. The student is responsible for contacting the Clinical Coordinator so that the absence can be properly documented.

All time missed in clinical will be calculated toward allotted two days (16 hours) – this includes any days missed for not having your clinical book; being counted absent for arriving tardy/late to site, or leaving early, etc.

Conduct

Chewing gum is **not** permitted during clinical time. Food and drinks should only be consumed in designated areas. All clinical sites are smoke free, so smoking on the premises is not allowed. Chewing tobacco is not permitted in either the clinical or class environment. A student suspected of alcohol or drug intoxication is subject to the policies of the clinical site to which they are assigned. This may require drug and/or alcohol testing. Failure of the student to comply with the clinical site's policy or testing positive on a drug and/or alcohol test will result in the student being withdrawn from their clinical rotation and it will also result in the student being dismissed from the program.

Students who are dismissed from a clinical site for improper conduct, or for behavior that is not up to the clinical site's standards will be dropped from the program. So be on your best, most professional behavior at all times and follow the policies in this handbook for all of your clinical site rotations.

Cellular phones **are not** to be carried during clinical hours. They are a distraction. Leave cell phones in your car. Do not bring them into hospitals or clinical sites. **No exceptions!**

Each student must realize that he or she is required to adhere to all the rules and regulations of the hospital to which he or she is assigned. Improper conduct will reflect on the college as well as the student. Appropriate action by the college will follow such an incident. It is the student's responsibility to become familiar with the rules and policies of the clinical site that they are assigned to by completing the appropriate orientation packet for their site, and following the rules and policies of this handbook.

Malpractice / Liability Insurance

All students in Allied Health Programs <u>are required</u> to carry malpractice insurance through a group policy offered at the College. Malpractice Insurance is paid through the college cashier in the Fall Semester of each year. Malpractice insurance must be purchased each fall since it only covers the student for one year. The cost is \$18.00 per year. A copy of the policy is included in this handbook.

Student Health Insurance

All students are strongly recommended to have personal medical insurance coverage. Neither Forsyth Tech nor the clinical affiliates are liable for injury to individual students. Since the student is not employed by the school or the clinical facility, the student will be responsible for all incurring expenses. However, in case of an accident, the college has coverage up to certain limits. This coverage is secondary to your primary personal coverage. If you are involved in an **accident/incident**, please follow these procedures. (Illnesses are not covered.)

- 1. Students should notify Clinical Instructor.
- 2. Identify options: first aid, family doctor, ER visit. If student elects to be seen in ER they should notify the ER that they are enrolled in the Clinical Program at Forsyth Tech. The Business Office at Forsyth Tech will need a copy of the bill.
- 3. Clinical Instructor should notify Department manager and fill out any indicated form.
- 4. Clinical Instructor should fill out Forsyth Tech incident form and notify Clinical Coordinator and/or Program Coordinator.
- 5. Send the Forsyth Tech form and copy of any hospital forms that were filled out, to Clinical Coordinator and/or Program Coordinator. The hospital bill, incident report and any other hospital forms need to be forwarded to the Business Office at Forsyth Tech.

Death in Student's Family

If a student has a death in their *immediate family* (mother, father, brother, sister, child, spouse, grandparent, mother-in-law, father-in-law, or legal guardian) then the student will be given one-week off from all classes if they provide proof (obituary or funeral flyer). The student will have until the end of the semester to make up any work missed during this one-week absence. *This only applies to immediate family members as defined above.*

Dismissal From a Clinical Site

Each affiliating hospital or clinical site has the right to request removal from that facility any student they believe to be clinically unsafe, or for conduct failing to meet minimum standards established by the hospital or college. The following policy has been adopted by the college in the event such a situation should arise.

Any student dismissed from a clinical site for policy violations, or found clinically unsafe in any clinical course will be withdrawn from the clinical course and a grade of "WF" will be administered for that clinical course. This results in the student being dropped from the program. Students who are dropped may apply for re-entry to the program the following year through the admissions department.

Dress Code

The student is required to be neat and clean at all times. The hospital will have the right to dismiss any student from a particular clinic session if that student is not personally hygienic, or neat in appearance. A clean, regulation uniform is required at each clinic session. Shoes will be cleaned or polished and of regulation style.

Make-up and Nails

- 1. Makeup must be worn in moderation to maintain a professional appearance.
- 2. Do not wear artificial or acrylic nails. Fingernails must be clean and well groomed Note: Nails should be trimmed back to the end of the fingertip.

- 3. Nail polish must be clear.
- 4. Multicolored nails, nail ornamentation, or extreme colors are not acceptable.

Hair/Hair Accessories

- 1. Hair
 - a) Clean and neat.
 - b) Conservative style that does not fall forward over the face while performing normal job duties. **Note:** Extremes in hairstyles such as cutouts, Mohawks or unnatural colors are not acceptable.
- 2. Hair accessories
 - May be worn for the purpose of preventing hair from falling forward on the face.
 - b) Coordinate accessories with clothing.
 - c) Appropriate hair confinement is worn in areas as required by law and safety requirements.

Hair should be kept neat, clean, and not wet, and the hair must be dressed so as not to interfere with clinical duties. Hair that is shoulder-length or longer must be worn up and off the shoulder line.

Students of the Sonography Program shall conform to the following standards regarding their dress while on duty with all clothes clean, pressed and neat in appearance (not wrinkled, too baggy, or form fitting).

Scrubs:

<u>Female students:</u> will wear scrub pants and tops, the color of which depends upon the student level, plain white hose or socks, white leather shoes, white lab coat and name tag. The back of scrub pants must be at least an inch up off the floor and cannot extend over the tongue of the shoe in the front. (Avoid the split-style bottomed and low-rise scrub pants).

Male students: will wear scrub pants and tops, the color of which depends upon the student level, white socks, white leather shoes, white lab coat and name tag. Boots of any type will not be permitted. A neatly trimmed mustache or beard is permitted. The back of scrub pants must be at least an inch up off the floor and cannot extend over the tongue of the shoe in the front. (Avoid the split-style bottomed and low-rise scrub pants).

SON: First Level Students: Navy Blue Scrubs

Second Level Students: TBA

Scrubs should be purchased prior to the first scheduled scanning lab. Scrubs must be worn to all scanning labs as well as clinical rotations.

- 1. Sweaters and Jackets
 - a. Sweaters are not allowed and lab coats must be white and short to mid-length. The lab coat should be long enough to touch the upper part of the thigh.
 - b. Heavy/light weight outer wear (jackets/coats) are appropriate as long as they are **not** worn indoors. Students should remove heavy/light weight coats upon arrival to the department.

- 2. Socks, Hosiery, and Under Clothing
 - Appropriate and conservative underclothing with adequate coverage should be worn at all times. Do not wear colored undergarments or thongs because they are sometimes visible through thin scrubs.
 - b. White socks or hose must be worn at all times

3. Shoes

- a. Shoes must be all white, including soles with this exception: Name of the shoe may be in color.
- b. Shoes must be made completely of leather material.
- c. Shoes must be clean.
- d. Shoes must be closed-toed with no openings.
- e. Shoes must cover the entire foot. No clog-style shoes.

4. Accessories

- All personnel have a responsibility to help prevent the spread of diseases and infections while providing patient care. Jewelry can harbor these germs. Therefore, wearing jewelry should be limited or avoided.
- b. Necklaces are not allowed due to safety reasons.
- c. You may have rings on one finger of each hand.
- d. You may have any earrings that are not large but you may NOT have hoop earrings, or multiple earring pairs or body piercings visible outside the ear lobe. Tongue rings and nose rings are not allowed.
- e. Every student <u>must</u> wear a name tag (**Students without name** tags will be considered out of uniform and will be sent home). Picture ID name tags are required and are available on Main Campus at the student center.
- f. Visible tattoos are prohibited and must be covered.
- g. No perfumes, cologne or aftershave. No scented sprays.

5. Head Covers

Due to religious and cultural beliefs, some students are required to wear head covers. The following guidelines must be followed when wearing head covers.

- a. The head cover should be white, or the same color of the uniform scrubs.
- b. The head cover must be unobtrusive. Large turbans are unacceptable. Conservative hoods and/or drapes are preferred.
- c. Check with the clinical coordinator to get approval of the head cover prior to the first day of clinical.

6. Hygiene

- a. Maintain oral hygiene daily.
- b. Bathe or Shower daily.
- c. Wash hands frequently, before and after every patient contact.
- d. Wash hair daily.

If a student appears at the clinical site out of uniform or in a manner unbecoming to the profession, that student will be dismissed for the day regardless of the imposition on the student or the department staff. No credit will be awarded for clinical time for that day.

Clothing Contamination

When a student's uniform becomes contaminated with blood or body fluids during a procedure, they are to immediately contact the supervising sonographer and will follow the same procedure that staff sonographers follow when clothing becomes contaminated. In most cases the student will change into OR scrubs and place their soiled garments into a biohazard bag which will be labeled and taken to the laundry for cleaning. Students can usually pick up their cleaned uniforms the next day. Some sites may require the student to take their soiled garments home to be cleaned. Some sites may not provide OR scrubs for students. In this case it is highly recommended that you keep an extra pair of scrubs and a plastic bag for your soiled uniform in your car trunk for these kinds of emergencies. Ask your clinical preceptor which method to follow.

Transportation

Each student is required to provide his or her own transportation to and from the clinic and bear in mind some clinical sites require a lot of travel mileage.

Incident Reports

Whenever a student becomes injured while attending classes and clinics as part of the program, the Program Coordinator must be informed to file an incident report.

If a student is injured while at the clinical affiliate, as part of the sonography program, he/she must file an incident report with both the clinical affiliate and with the Program Coordinator. See the appendix for a copy of the incident form. The form must be completed and submitted within 24 hours of the incident. See the appendix for the incident form.

While at the clinical affiliate, as part of the sonography program, if a patient under your care becomes injured in any way as a result of your actions or the equipment; the incident must be reported to your clinical preceptor, instructor, and clinical coordinator immediately and an incident report filed. The incident report will be forwarded to the program coordinator.

Injury During a Clinical Rotation

If a student becomes injured during a clinical rotation and their insurance will not cover them for service at that hospital, then student should still report to the emergency department and contact the clinical preceptor and program coordinator immediately. The student will need to pay for this and obtain a receipt. If it is a medical problem (illness) and not an injury related to clinical or class, the school will not pay. However, in the case of injury, the student needs to bring all paperwork (receipt, doctor's report, etc.) to the program coordinator from the hospital or doctor's office, along with the incident form from Forsyth Tech. These will be turned in to public safety department at the college for **possible** reimbursement.

Rules for Clinical Evaluations

As each hospital or clinical site have different conditions, equipment and personnel, the student will have evaluations of each general type of examination offered at the hospitals/clinics where the student is assigned during the academic year.

It will be the student's decision when he or she feels ready to be evaluated for a specific exam proficiency or competency. It is the student's responsibility to inform their instructor when they are ready to test.

Students must daily present their clinic book daily for attendance signatures. Students without their clinic book shall not be allowed to attend clinic. Your clinical book is part of your uniform. If you show up for clinical without your clinical book, you will be sent home. The student will then

receive an absence for the day. The student is responsible for contacting the Clinical Coordinator so that the absence can be properly documented.

Invasive Procedures

At no time is a student to perform an invasive procedure. They may set up sterile fields, prepare supplies and observe the procedure but no "hands on" is allowed during the procedure due to the possibility of complications. Examples of invasive procedures would be amniocentesis, marking lines for biopsy, paracentesis, thoracentesis, and any procedure using ultrasound for needle guidance. Should such an incident occur in which the student is pressured to provide hands-on assistance with an invasive procedure, then the student will notify the clinical coordinator or instructor immediately. The college will take appropriate action at that time. Students may scan these patients **prior** to procedures for practice only. A student scan may not be used as part of any invasive procedure. Students are not allowed to scan during the procedure. Students should not operate machine controls during a procedure unless under the direct supervision of the staff sonographer and physician. The role of the student sonographer in procedures is to assist the staff sonographer in preparing / setting up for the procedure, to observe, and to assist with post-procedure activities. Intraoperative procedures follow the same policy as invasive procedures.

Treatment of Patients

All patients with whom the student comes in contact will be treated with respect and dignity. A casual *brief* conversation with the patient along with a description of the examination will help relieve much of the apprehension the patient might have. But do not get into lengthy conversations as this may prolong the exam time and cause a backup of patients on the schedule. The student must also maintain an awareness of the patient's safety and comfort. *It is the student's responsibility to monitor the patient during a scan for changes that may require action, and to seek assistance when such actions are necessary.* At no time will a student discuss a patient or his condition outside of the hospital. Patients have a right to privacy (see HIPAA). Do not ask questions that are not pertinent to the exam. Never tell a patient what you are seeing on the screen even if it is just normal anatomy. Never reveal the results of an exam to the patient. This is the role of their attending and/or referring physician.

Glove Policy

For protection of both the patient and the student, all students in the sonography program will be required to wear gloves while performing a scan on any patient. If the student's affiliating hospital or clinic does not make provision for gloves to be worn for every patient, then the student must provide these for himself/herself. Disposable gloves can be purchased at any pharmacy. If the student has a latex allergy, non-latex gloves are readily available at pharmacies or the clinical sites. Students should always ask patients if they are allergic to latex before using latex gloves.

Student Endovaginal and Endorectal Policy

- 1. The student shall adhere to the clinical policy at which they are assigned.
- 2. The student shall not perform an endovaginal exam on bleeding obstetrical patients.
- A registered staff sonographer, Forsyth Tech instructor, or physician will accompany the student at <u>all times</u> while performing an endovaginal or endorectal exam. At least one of the above must be a female.
- 4. The probe will be placed into the patient <u>only by</u> the staff sonographer, Forsyth Tech instructor, the patient, or a physician and <u>not</u> by the student. Some patients are willing to insert the probes themselves when asked, which prevents the inconvenience of having the physician or staff sonographer to do it.
- 5. Due to the sensitive nature of the exams, students must obtain consent from the patient prior to performing the exam or when remaining in the room to observe.

Professionalism Regarding Clinical Sites

The student sonographer is expected to behave as a professional at all times when in a clinical site. A true professional does not speak of other clinical sites in a poor manner and does not pass judgment on the clinical site in which they are assigned. Should such behavior become evident in the student sonographer, the college will take appropriate action. Some clinical sites are competitive with one another, so it may not be uncommon for students to hear staff speaking poorly of a rival medical center. Students should never involve themselves in these types of conversations. Just quietly walk away and/or make no comments. Students should not discuss personal problems at work, nor should they get involved in these types of discussions with other staff sonographers. Students should avoid cliques and gossip at all sites.

Students at Clinical During Unscheduled Clinical Hours

Often a student is hired to work on weekends at a clinical site in either radiology or ultrasound. The College is not responsible for the behavior of the student during unscheduled school hours. Anyone hiring a student does so at his/her own risk. The student's malpractice insurance does not cover them during these times.

A student may not go to a clinical site that is not scheduled for them at that time. Should a student "show-up" at a clinical site at an inappropriate time, the College will take immediate action. Written permission for unscheduled clinical must first be obtained from the clinical preceptor and clinical coordinator prior to going to the clinical site. Students may not make up time on days that school is not in session. All make-up days must be scheduled during regular class times and days, or at the end of the semester during faculty work days.

General Behavior Guidelines

- Students are not allowed to make or receive personal or business-related calls during clinical hours. This includes texting. Only emergency calls will be allowed.
- Students are not allowed to read magazines, catalogs or newspapers during down-time. Students may not carry school textbooks or homework assignments to clinical. Clinical is not to be used for study time. Down time means that no patients are being scanned and all linen has been stocked and gel bottles filled. In other words, there is absolutely nothing else to do. Down time is a good time to scan yourself to practice optimizing images and finding scan controls. It there is absolutely nothing left to do, then ask the staff sonographers for an assignment. You may read ultrasound journals and reference texts that are kept by the department only when there is absolutely nothing else that you can possibly do. Again...you may not carry your school textbooks or study materials to clinical.
- 3. Students should report to their clinical preceptor the first thing each day to ask for an assignment.
- 4. Students should not read or do homework while patients are being scanned. Reading is only allowed after all patients have been scanned, rooms have been stocked, etc. Always ask the staff sonographers if there is anything that you can do before pulling out your textbooks. Use the following guidelines when not busy:
 - 1. Ask for assignment of new duties.
 - 2. Practice scanning if a machine is available, and the workload is light.
 - 3. Clean and restock the rooms with supplies.
 - 4. Review equipment and operator's manuals.
 - 5. Review the clinical site scanning protocols.
 - 6. Read and/or study ultrasound related materials as a last resort.

- 5. Clean rooms after every patient, stock linen, and fill gel bottles in each room before leaving each day. Do not wait to be asked, take initiative, and do these small tasks on your own. The staff sonographers will greatly appreciate it.
- 6. Do not call staff sonographers (especially clinical preceptors) by their first name, unless they have given you permission to do so. Always address them as Mr., Mrs., or Ms., followed by their last name. Some people feel that it is disrespectful and too familiar to call them by their first name when you first meet them.
- 7. Eating and drinking is only allowed at designated areas. Eat and drink only in those designated areas.
- 8. The student should conduct himself/herself in a professional manner by avoiding profanity, over familiarity, gossip, horseplay, excessive talking, and loudness in the clinical setting.
- 9. Ladies, avoid heavy make-up. Remember that sometimes less is more... Gentlemen, do not wear aftershave or cologne. Some staff members and patients are allergic to colognes and perfumes.
- 10. Never turn down an opportunity to observe or perform a scan when the opportunity presents itself. Take initiative and ask the sonographers if you can scan a patient. Don't wait for them to ask you. Always ask the sonographer if you can observe an exam before you go into the room to watch.
- Always introduce yourself to the patient and ask if you can observe the scan (if observing).
- 12. Students may have one 15-minute break for every four hours of clinical time worked. Students get a 30-minute lunch break, only on days that they are in clinical for 6 or more hours. Students who are present at the clinical site for less than six hours should not take a lunch break. For example, a student in clinical for 8 hours gets one 15-minute break in the morning, a 30-minute lunch, and another 15-minute break in the afternoon. Always ask the staff sonographer in charge before taking a break and realize that a lunch break in healthcare doesn't always come at noon. Some days you may not get lunch until late afternoon depending upon how busy the schedule is at your site.
- 13. Do not fall asleep at clinical. Penalties for sleeping are:

First Offence: Verbal Warning:

Student is sent home for the day and is counted absent for the day. (The day must be made up.)

Second Offence: Written Warning:

Student is sent home and counted absent. Student is referred to the counseling center for counseling. Clinical grade will be reduced by one letter grade.

(The missed day cannot be made up.)

Third Offence: **Dismissal:**

Student receives an F in clinical and is dropped from

the program.

14. Do not ask inappropriate questions or appropriate questions at inappropriate times (such as in front of a patient). For example, it is inappropriate to ask about a pathology spotted on a scan in front of the patient.

Please be aware that students can be dropped from the clinical site and from the program for violating clinical policies.

Clinical Make-up Days

Students who have an excused absence may make up the clinical time only during regular hours of operation 8:00am to 4:30pm Monday through Friday.

Students are not permitted to be in the clinical sites before 8:00am or after 4:30pm.

Students may not make up time during weekends, nights or holidays. Two days will be designated at the end of the semester for students to make up time.

Students may only make up time if it is an excused absence.

Students may only make up time when a Forsyth Tech instructor is present in their office, making clinical rounds, or is available by phone.

Students may not make up missed time when the College is officially closed. Students may not make up time prior to the end of the semester unless they have exceeded the two allowed absences and have received the approval of the clinical coordinator.

Patient Identification

Confirm proper identification of each patient before performing a scan by using all three listed methods.

- 1. Check wristbands on all inpatients.
- 2. Check first and last name, age, and sex with information on the requisition.
- 3. Ask the patient his or her name.

A requisition from a physician is required before an ultrasound can be performed. In the absence of a requisition, look in the patient's chart for the written order.

Exception: Direct Verbal Order

Limitation of Patient Care / Scope of Practice

Splints, bandages, traction or braces cannot be removed without the permission of the physician. In reference to traction:

- 1. Never adjust it.
- 2. Try to keep traction weights from moving.
- 3. Never allow traction ropes to become slack.

Students should never give medication, food, liquid or treatment to patients.

Example: Do not do a water study on a patient for the pancreas. Only the staff sonographer may give the patient water.

Never discuss patient related information with anyone who is not directly responsible for that patient's care.

A patient should never be left on a stretcher unattended. Side rails must be raised on stretchers for safety reasons.

Students should never keep valuables for a patient.

- 1. These should be given to supervisory personnel on the floor or...
- 2. Instruct the patient to keep the valuable on his/her person.

Critically ill patients must receive attention first.

- The room should be prepared before the patient arrives (crash cart, O2, suction, etc.)
- 2. The patient should never be left alone, but should be constantly monitored.
- 3. The patient should be observed and any changes should be noted.
- 4. The physician should be notified of any change.
- 5. Look for a living will in the patient's chart to see if there are any special restrictions on lifesaving efforts.

Job Description for a Sonographer

Job descriptions will vary from one employer to the next; however, all job descriptions must fall within the constraints of the Sonographer's Scope of Practice as outlined by the SDMS.

Scope of Practice for the Diagnostic Ultrasound Professional

Preamble:

The purpose of this document is to define the Scope of Practice for Diagnostic Ultrasound Professionals and to specify their roles as members of the health care team, acting in the best interest of the patient. This scope of practice is a "living" document that will evolve as the technology expands.

Definition of the Profession:

The Diagnostic Ultrasound Profession is a multi-specialty field comprised of Diagnostic Medical Sonography (with subspecialties in abdominal, neurologic, obstetrical/gynecologic and ophthalmic ultrasound), Diagnostic Cardiac Sonography (with subspecialties in adult and pediatric echocardiography), Vascular Technology, and other emerging fields. These diverse specialties are distinguished by their use of diagnostic medical ultrasound as a primary technology in their daily work. Certification¹ is considered the standard of practice in ultrasound. Individuals who are not yet certified should reference the Scope as a professional model and strive to become certified.

Scope of Practice of the Profession:

The Diagnostic Ultrasound Professional is an individual qualified by professional credentialing and academic and clinical experience to provide diagnostic patient care services using ultrasound and related diagnostic procedures. The scope of practice of the Diagnostic Ultrasound Professional includes those procedures, acts and processes permitted by law, for which the individual has received education and clinical experience, and in which he/she has demonstrated competency.

Diagnostic Ultrasound Professionals:

Perform patient assessments.

Acquire and analyze data obtained using ultrasound and related diagnostic technologies Provide a summary of findings to the physician to aid in patient diagnosis and management Use independent judgment and systematic problem solving methods to produce high quality diagnostic information and optimize patient care.

¹ An example of credentials: RDMS (registered diagnostic medical sonographer), RDCS (registered diagnostic cardiac sonographer), RVT (registered vascular technologist); awarded by the American Registry of Diagnostic Medical Sonographers,® a certifying body with NCCA Category "A" membership.

² Credentials should be awarded by an agency certified by the National Commission for Certifying Agencies (NCCA).

Endorsed by:

Society of Diagnostic Medical Sonography American Institute of Ultrasound Medicine American Society of Echocardiography* Canadian Society of Diagnostic Medical Sonographers Society for Vascular Sonography

* Qualified endorsement

See also: Diagnostic Ultrasound Clinical Practice Standards

See also: Code of Ethics

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Organizations that endorse the Scope of Practices and Practice Standards may use them for their own internal use, including copying or distributing the text, provided that the text is reproduced in its entirety with no changes, and includes proper attribution and the copyright notice displayed above.

Clinical Education Chain of Command

Whenever a problem comes up at a clinical site, regardless of what it is, the student should follow this chain of command.

- 1. The first person that the student must speak to is the Clinical Preceptor. Every attempt should be made to resolve the problem at this level. If the student feels uncomfortable approaching the clinical preceptor with the problem, or if attempts to resolve the issue with the Clinical Preceptor fail, then the student should proceed to # 2.
- 2. The next person that the student must speak to is their Forsyth Tech Clinical Instructor. If the Forsyth Tech Clinical Instructor considers the problem to be valid, then it will proceed to the next stage. If the problem is resolved, the student will be notified and no further action is necessary.

If the problem isn't resolved at this level, then it will proceed to #3.

3. At this stage the Clinical Instructor will discuss the problem with the Clinical Preceptor. If it is resolved, then the student will be notified and no further action is necessary.

If the problem isn't resolved at this level, the Forsyth Tech Clinical Instructor and/or student will present the problem to the Clinical Coordinator.

4. The Clinical Coordinator will evaluate the student request and if the problem is deemed to be valid, then a meeting will be scheduled at the clinical site to include the following individuals:

The Student
Clinical Preceptor (and any required representatives)
Forsyth Tech Clinical Instructor
Forsyth Tech Clinical Coordinator

5. If the problem has not been resolved at this level, then the Clinical Coordinator will present the problem to the Program Coordinator. If the Program Coordinator deems the problem to be valid, then it will be discussed with the Administrative Manager of the clinical site.

If the problem has been resolved, then the student will be notified.

If the problem hasn't been resolved, depending upon the nature of the problem, the student may be pulled from the site and reassigned to another clinical site providing that another site is available.

If a clinical site asks for a student to be pulled from their site for any reason other than a lack of available resources to instruct the student (i.e. violation of hospital or program policies) then the student will be dropped from the program and a grade of WF will be issued.

Supervision During Clinical Hours

Students must follow the policy of the Program for clinical supervision.

- 1. Students must be **directly** supervised until they have achieved and documented competency in any given procedure.
- 2. Students may be **indirectly** supervised when they have achieved and documented competency in any given procedure.
- 3. Student/registered technologist ratio must be 1:1 during direct supervision.

<u>Direct supervision</u> means you are observed and accompanied by a registered sonographer.

Surgery and portables require direct supervision even after competency has been achieved.

<u>Indirect supervision</u> means a registered sonographer is immediately available within shouting distance from where you are working.

Portable Exam Policy for Students

Students must be accompanied by a staff sonographer <u>at all times</u> during a portable exam. Students are not allowed to take portable units outside the department for any reason without a staff sonographer accompanying them.

If a student injures a patient while trying to "fit" the scanner around a patients bed, or during a scan in progress then the student's malpractice insurance will not cover them unless a **staff sonographer** was present when the incident occurred. A number of things can happen to injure patients when students are unattended, such as parking the scanner on top of an IV line, pulling out a chest tube, accidently extubating a patient, damaging equipment, etc. Any student who is asked to take a portable unit up on the floor to "set-up" for a scan, or to start a scan on their own should inform the sonographer of this policy and politely refrain. If necessary, refer them to the program coordinator [John Cassell at (336) 734-7430] if they need further verification.

Transporting Patients

Always check with your clinical site's policy on students transporting patients before you attempt to transport a patient to or from an exam room. **Students are not allowed to leave the department alone with a patient under any circumstances.** Students must always be accompanied by a staff sonographer when transporting patients outside the department. Students may transport patients from holding rooms within the department into exam rooms, but only if the clinical site policy allows it.

Infectious Disease Policy

All students are to strictly adhere to the Infection Control and Bloodborne Pathogen Policies of the clinical site to which they are assigned.

The following precautionary measures are to be utilized with all patients:

- 1. Maintain proper standards for personal care and dress.
- Hands are to be washed after each patient, after eating, and after using the restroom.
- 3. Use gloves with all patients.
- 4. Use "Blood and Body Fluids" precautions consistently for all patients.
- 5. Report any contamination (definite or suspected) to the clinical instructor or supervisor assigned to the clinical site.
- 6. Review and refer to clinical site infectious disease handbook/policies.*
- 7. Students are advised about the Hepatitis B virus (HBC) and the Hepatitis B vaccine.
- 8. Students are advised about chicken pox and the Varicella immunization.
- 9. Maintain and utilize proper sterile procedure where appropriate.
- 10. Properly clean transducers between each patient using the clinical site's cleaning method.

Reporting of Communicable Diseases

Students who come in contact with a person having a communicable disease must report to the clinical instructor/college faculty immediately. Students with infection should report to their clinical instructor/faculty prior to entering a patient care area. If the infection poses a hazard to patients or other personnel, they should not enter the clinical area unless directed by the clinical instructor/faculty.

*Note: Refer to the Infectious Disease Handbook at your clinical site for detailed information on the measures stated above.

Patients on Respiratory Isolation

Students are not allowed to be in the room with a patient who is on respiratory isolation. Special mask test fitting must be done on all sonographers, and specially fitted masks must be used for this purpose. Hospitals do not want to take on the expense of testing all of our students for these masks, so students are not allowed to scan or be in the same room with a patient that is on respiratory isolation.

Pre-Clinical Requirements

As part of our contract with each clinical site, students must have satisfied the following conditions prior to beginning their clinical rotations.

- 1. OSHA and HIPAA training.
- 2. CPR at the healthcare provider level (completed prior to entry and current through the end of each clinical rotation).
- 3. Malpractice Insurance purchased.
- 4. Medical Ethics and Law and Scope of Practice for medical sonographers.
- 5. Basic Patient Care or CNA I course.
- 6. Orientation packets for selected sites
- 7. Physical and Vaccinations (Completed Health Forms)
- 8. Drug Screenings (12-Panel)
- 9. Criminal Background Checks
- 10. Documentation of completion of required vaccinations and/or titers.

CPR Courses

Students are required to maintain current CPR certification throughout enrollment in the Sonography program. This may require renewal at some point before graduation from the program. The following sites provide CPR training all-year-around.

*	Forsyth Tech West Campus	(336) 723-0371
*	Novant Health Training Courses	(336) 718-1716
*	WFUBMC Training Courses	(336) 716-6457
*	American Heart Association	(214) 706-1823

^{*} Some locations hold classes at specific times each year and may not be available yeararound.

Clinical Course Evaluation Methods

Clinical evaluation is based on several different factors. The grade for clinical will be an average of scores earned in each required section. The sections used may vary from semester to semester, so the percentages may change depending on the number of sections that are used. See individual course syllabi for the breakdown of these percentages.

Being proficient at performing a scan means that the student can complete the scan on his or her own. For example, when doing a complete abdomen only the parts that the student scanned completely on their own may be graded. Anytime the sonographer must take the probe to "guide" the student's hand or tell the student verbally how to obtain the optimal image, then that particular organ cannot be graded for the student. So the student should not ask to be graded on those portions of the scan.

There will be one or more clinical scanning tests every semester. It is the student's responsibility to learn the exam protocol (required images and sequencing) for their clinical site. Clinical scanning tests are based on the clinical site's protocol.

Two scan tests may not be done on the same patient. The student must test on different patients.

Students who fail to complete the required exams by the deadline will be given a zero for the exam. See the policy on failing a critical requirement in this student handbook.

If an exam is deemed too difficult for the student by the Forsyth Tech faculty, the Forsyth Tech faculty may terminate the test and it will not count against the student (*if taken early enough in the semester to allow for a retest*). The student however, may not determine the level of difficulty of the scan or terminate the test.

Student conferences will be scheduled with the clinical coordinator and/or Forsyth Tech clinical instructor at least once each semester. It will be the student's responsibility to call and schedule their appointment when the conference dates are announced unless the clinical instructor has assigned specific times. Students should bring all completed evaluation forms and proficiencies to the conference. All forms are due one week in advance of the final clinical conference in order to allow the instructor time to evaluate the student prior to the meeting.

Clinical Course Syllabi

Sometimes program policies must be changed, added or deleted after the printing of this handbook. When this occurs, an addendum to the handbook shall be printed. Each individual course is tailored by the instructors to maximize the learning experience. Some courses (like clinical) are unique and this often requires changes to be made in course policies that may differ from those in other courses. Updated course information will be provided in the clinical course syllabus. Material printed in the course syllabus overrides any policies or information printed in this handbook.

CLINICAL SITE INFORMATION

Medical Sonography

Alamance Regional Medical Center	Forsyth Medical Center
Kim Deal	Stephanie Whittington
1240 Huffman Mill Rd.	Al Miller – Supervisor
Burlington, NC 27215	3333 Silas Creek Parkway
Ph: 336-538-7173	Winston-Salem, NC 27103
FII. 330-330-7173	,
	336-718-5800
Carolina Medical Center	Forsyth Medical Center Imaging -
Lori Neilon – Lead Technologist	Maplewood
Radiology/Ultrasound Dept.	Kristin Wilmoth
920 Church Street, North	Radiology/Ultrasound Dept.
Concord, NC 28025	3155 Maplewood Avenue
704-783-4161	Winston-Salem, NC 27103
7017001101	336-397-6200
	330-397-0200
Carolina Medical Center – Copperfield	High Point Regional Hospital
Lisa Howard	Mindi Nelson
Radiology/Ultrasound Dept.	Melissa Pendry – U/S Coordinator
1065 NE Gateway Court	601 North Elm Street
Concord, NC 28025	High Point, NC 27261
704-920-7512	336-878-6038
	III I B : (B : III : V I
Community Care Center	High Point Regional Hospital
Heather Patton, Volunteer Coordinator	Solomon McClary
Gail Allred, Clinical Instructor	Vascular Ultrasound Dept.
2135 New Walkertown Road	601 North Elm Street
Winston-Salem, NC 27101	High Point, NC 27261
	336-878-6006
Cornerstone Imaging	Hugh Chatham Memorial Hospital
Chris Hayden	Amy Davis and Ronda Martin
Vascular Ultrasound Dept.	Radiology/Ultrasound Dept.
1814 Westchester Drive	180 Parkwood Drive
Suite 103	Elkin, NC 28621
	· ·
High Point, NC 27262	(336) 527-7277
336-802-2195	
O and a section of the section of	Manager III. Mar II and Co. 1
Cornerstone Imaging	Kernersville Medical Center
Vera Wardlow	Lisa Gamble
Radiology/Ultrasound Dept.	1750 Kernersville Medical Parkway
1814 Westchester Drive	Kernersville, NC 27284
Suite 100	336-564-4782
High Point, NC 27262	
336-802-2175	

Lexington Memorial Hospital Tommy Everhart – 336-238-4852 (Vascular) and Tami Wood Rita Lohr – 336-238-4835 (Abdominal) Sharon Mobley – 336-237-5015 (Cardiac) 250 Hospital Drive Lexington, NC 27293-1814	Wake Forsyth Baptist Health Klista Browder Radiology/Pediatric Ultrasound Dept. Medical Center Blvd. Winston-Salem, NC 27157 336-713-4600
Morehead Memorial Hospital Billie Sigmon 117 East Kings Highway Eden, NC 27288-5201 336-623-9711	Wake Forsyth Baptist Health Sharon Davis Clinical Ultrasound Dept. Medical Center Blvd. Winston-Salem, NC 27157 336-716-3511
Moses Cone Memorial Hospital Frances Nichols Moses Cone Heart & Vascular Center Vascular Ultrasound Dept. 1200 N. Elm Street Greensboro, NC 27401-1020 336-832-8596	Wake Forsyth Baptist Health Larry Myers Neurovascular Ultrasound Dept. Medical Center Blvd. Winston-Salem, NC 27157 336-716-4916
Northern Hospital of Surry County Heather Martin – Supervisor Mike Leonard – Dept. Manager 830 Rockford Street Mt. Airy, NC 27030 336-719-7123	Wake Forsyth Baptist Health TBA Radiology/ Abdominal Ultrasound Dept. Medical Center Blvd. Winston-Salem, NC 27157 336-716-6124
Piedmont Imaging Amy Riggins Radiology/Ultrasound Dept. 185 Kimel Park Drive Winston-Salem, NC 27103 336-760-1880	Wake Forsyth Baptist Health Adelia Bullins Cancer Center/Abdominal Ultrasound Dept. Medical Center Blvd. Winston-Salem, NC 27157 336-713-6741
Rowan Regional Medical Center Jo Fowler Radiology/Ultrasound Dept. 612 Mocksville Avenue Salisbury, NC 28144 704-210-5296 (Hospital)	Wake Forsyth Baptist Health Outpatient Imaging Sharon Tesh Ultrasound Dept. 265 Executive Park Blvd. Winston-Salem, NC 27103 336-608-3097

Rowan Regional Medical Park Imaging & Physical Rehabilitation Jo Fowler 514 Corporate Circle Salisbury, NC 28147 704-210-6919 (Julian Rd.)	Wesley Long Community Hospital Margaret Barbour - Supervisor John Rapp – Dept. Manager 501 N. Elam Avenue Greensboro, NC 27403 336-832-1870
Women's Hospital of Greensboro Jeanne Miklos Ob/Gyn Ultrasound Dept. 801 Green Valley Road Greensboro, NC 27408 336-832-6683	

Directions to Clinical Sites

Directions to Alamance Regional Medical Center

1240 Huffman Mill Rd. Burlington, NC 27215

Contact: Kim Deal – 336-538-7173

Ą	2100 Silas Creek Pkwy Winston Salem, NC 27103-5150 Add a Note	Miles Per Section	Miles Driven
•	 Start out going EAST on SILAS CREEK PKWY / NC-67 toward FUNTIME BLVD. Continue to follow SILAS CREEK PKWY. 	Go 1.3 Mi	- 1.3 mi
मा 🤘	2. Merge onto I-40 E toward GREENSBORO. If you reach KONNOAK VIEW DR you've gone about 0.1 miles too far	Go 44.1 Mi	45.4 mi
EXIT	3. Take the HUFFMAN MILL RD exit, EXIT 141.	Go 0.2 Mí	45.6 mi
r	4. Turn RIGHT onto HUFFMAN MILL RD. If you reach I-40 E you've gone about 0.2 miles too far	Go 0.3 Mi	45.9 mi
	 1240 HUFFMAN MILL RD is on the LEFT. Your destination is just past LONGPINE RD If you reach UNIVERSITY DR you've gone about 0,3 miles too far 		45.9 mi
P	1240 Huffman Mill Rd Burlington, NC 27215-8700	45.9 mi	45.9 m

Estimated Time: 48 Minutes Estimated Mileage: 45.87 Miles

Directions to Carolina Medical Center

920 Church Street, North Concord, NC 28027

Contact: Lori Neilon - 704-783-4161

Take Silas Creek Parkway to Peters Creek Parkway. Turn right onto Peters Creek Parkway. Take the 40 East Exit off of Peters Creek Parkway. Follow 40 E to the 52 South Exit. Take 52S to Exit 58. Follow the Exit through to the right. Continue down the main road following hospital signs. You will take the entrance to the Carolina Mall on the left. Veer to the right (Medical Arts Entrance) and park in the visitor's parking deck. Enter Medical Arts Building. Diagnostic imaging is down the hall on the left.

Estimated Time: 58 Minutes Estimated Mileage: 56 Miles

Directions to Carolina Medical Center - Copperfield

1065 Northeast Gateway Court, NE Concord, NC 28025 Contact: Lisa Howard – 704-920-7512

Take Silas Creek Parkway to Peters Creek Parkway. Turn right onto Peters Creek Parkway. Take the 40 East Exit off of Peters Creek Parkway. Follow 40 E to the 52 South Exit. Take 52S/ I-85 to Exit 60 (Dale Earnhardt Blvd). Make a left onto Dale Earnhardt Blvd. which changes into Copperfield Blvd. Northeast Medical Center Copperfield will be on your right about .5 miles.

Estimated Time: 58 Minutes Estimated Mileage: 56 Miles

Directions to Community Care Center (CCC)

2135 New Walkertown Road Winston-Salem, NC 27101 Contact: Gail Allred – 336-413-2600

From Forsyth Tech, Traveling EAST on Business 40:

- Take Exit 6 C (Martin Luther King, Jr/Winston-Salem State Univ.) At The End of The Ramp You Will Turn Right Onto Martin Luther King, Jr. Drive.
- At The 5th Light On Martin Luther King, Jr. Dr. TURN RIGHT Onto New Walkertown Road.
- Drive 7/10 (.7) Of A Mile TURN LEFT Into the CCC Site on the LEFT

When you go in the front door, go to the front desk and tell them you are an ultrasound student from Forsyth Tech and could someone show you back to where Gail Allred is in Ultrasound.

Estimated Time: 10 Minutes Estimated Mileage: 5 Miles

Directions to Cornerstone Imaging Diagnostic Center

1814 Westchester Drive Suite 100 and 103 High Point, NC 27262 Contacts: Vera Wardlow – 336-802-2175 (ABD) Chris Hayden – 336-802-2195 (VAS)

Start out going East on Silas Creek parkway. Turn right onto Peter's Creek Parkway and take the I-40 exit towards Greensboro. Merge onto US-311 (Exit 196) toward High Point. Merge onto US-311-BR S via EXIT 65 toward N MAIN ST. Turn right onto WESTCHESTER DR. 1814 WESTCHESTER DR #100 is on the right. If you reach CAREY AVE then you've gone too far.

Note: Suite 100 is the Abdominal US site and Suite 103 is the Vascular Lab.

Estimated Time: 24 Minutes Estimated Mileage: 19.8 Miles

Directions to Forsyth Medical Center

3333 Silas Creek Parkway Winston-Salem, NC 27103

Contacts: Al Miller/Stephanie Whittington – 336-718-5800

Take a right turn from the BGH parking lot and go Miller Street. Turn Left onto Miller Street. At the first stoplight on Miller street take a left turn onto Silas Creek parkway. Follow Silas Creek Parkway to Hawthorne Road. Turn right onto Hawthorne road then take the first right turn off of Hawthorne road into the hospital's parking lot. Park in the student parking lot. Enter the main entrance of the hospital and ask the receptionist for directions to your department. Check with your clinical instructors on how to acquire a parking badge.

Estimated Time: 10 Minutes Estimated Mileage: 2 Miles

Directions to Forsyth Medical Center Imaging of Maplewood

3155 Maplewood Ave. Winston-Salem, NC 27103 Contact: Kristin Wilmoth – 336-397-6200

From the Bob Greene Hall take a left onto Miller St. Follow Miller until it intersects with Hawthorne Rd. (2 stoplights) and turn left onto Hawthorne Rd. Follow Hawthorne about 2 miles until Hawthorne Rd. intersects with Bethesda Rd. (You can see Medical Park Hospital at this point on your right). Turn right onto Bethesda Rd. and follow it until it intersects with Maplewood Ave. Turn left onto Maplewood Avenue at the stoplight and follow Maplewood until you see the sign for Forsyth Medical Center Imaging of Maplewood on your right. For the first day park extremely in the back of the patient parking lot until given other parking instructions. Enter the front main door of the facility and go to the window indicating Ultrasound. Ask for Kristin Wilmoth.

Estimated Time: 10 Minutes Estimated Mileage: 2.5 miles.

Directions to High Point Regional Hospital

601 North Elm Street High Point, NC 27261 Contacts: (ABD) Mindi Nelson 336-878-6038 (VAS) Solomon McClary 336-878-6006

Start out going East on SILAS CREEK PKWY/ NC-67. Continue to follow SILAS CREEK PKWY. Merge onto I-40 E toward GREENSBORO. Merge onto US-311 S via exit number 196 toward HIGH POINT. Turn RIGHT onto Parkway which turns into Lindsay Ave. Turn left into the employee parking deck, press the security button and tell them you are a sonography student. Park on the top level of the parking deck and go into the hospital. Ask the receptionist for directions on your first visit.

Estimated Time: 24 Minutes Estimated Mileage: 18.25 Miles

Directions to Hugh Chatham Memorial Hospital 180 Parkwood Drive

Elkin, NC 28621

Contacts: Amy Davis and Ronda Martin - 336-527-7277

Q		2100 Silas Creek P kwy Winston Salem, NC 27103-5150	Miles Per Section
		1. Start out going EAST on SILAS CREEK PKWY / NG67.	Ga 0.09 M
n	Ŧ	2. Make a U-TURNonto SILAS CREEK PRWY/ NC-67 W.	Ga 2.7 Mi
žt		3. Merge onto US-421 N toward +40 .	Go 29,3 M
25	1	4. Merge onto I-77 Nivia EXIT 265 Atoward EUXIN.	Go 10.1 W
M		5. Merge onto US-21-BYP Nivia EXIT 83 on the LEFT toward ROARING GAP / SPARTA	Go 1.0 Mi
EXIT		6. Take the NC-268-BYF exit toward ELKIN.	Ga 0.2 M i
4	153	7, Turn LEFT onto NC-268-BYP / CC CAMP RD. Fyou reach US-21-BYP N you've gone about 0.2 milestoo far	Ga 0.3 Mi
4		8. Tum LEFT onto JOHNSON RIDGE RD. If you reach H4 YES ST you've gone about 0.1 miles too far	Go 0.7 Mi
		9. Tum RIGHT onto PARKWOOD DR. PARKWOOD DR is just past JOHNSON RIDGE MEDICAL PARK LIV	Ga 0.4 Mi
		18. 180 PARKWOOD DR. Your destination is 0.1 m iles past CHATHAMMEDICAL PARK LIV If you reach JOHNSON RIDGE RD you've gone about 0.3 miles too far	
Q		180 Parkwood Dr Elkin, NC 28621-2430	44.8 mi

Estimated Time: 44 Minutes Estimated Mileage: 44.3 Miles

Directions to Kernersville Medical Center

1750 Kernersville Medical Parkway Kernersville, NC 27284 Contact: Lisa Gamble – 336-564-4782

	 Start out going east on Silas Creek Pkwy / NC-67 toward Funtime Blvd. Continue to follow Silas Creek Pkwy. Map 	1.3 M
611	2. Merge onto J-40 E toward Greensboro, Map	10.8 M
203 EXIT	3. Take the NC-66 exit, EXIT 203, toward Kernersville / High Point, Map	0,3 M
4 7	4. Turn left onto NC-66 / Highway 66 S. Map	1.4 M
P	5. Turn right onto Industrial Park Dr. Map	0.8 M
r	8. Turn right onto Macy Grove Rd. Map	0.8 M
r÷	7. Turn right onto Kernersville Medical Pkwy, Map	0.10 M
Ð	8. Make a U-turn at Medical Ln onto Kernersville Medical Pkwy. Map	0.06 M
	9. 1750 KERNERSVILLE MEDICAL PKWY is on the right. Map	
•	1750 Kernersville Medical Pkwy, Kernersville, NC 27284-7146	

Estimated Time: 19 Minutes Estimated Mileage: 15.5 Miles

Directions to Lexington Memorial Hospital

250 Hospital Dr.

Lexington, NC 27292 Contact: Tami Wood/Tommy Everhart (VAS) (336) 238-4852

P	2100 Silas Creek Pkwy Winston Salem, NC 27103-5150 Add a Note	Miles Per Section	Miles Driven
•	1. Start out going EAST on SILAS CREEK PKWY / NC-67 toward FUNTIME BLVD. Continue to follow SILAS CREEK PKWY:	Go 1.3 Mi	1.3 mi
対 📆	 Merge onto I-40 E toward GREENSBORO. If you reach KONNOAK VIEW DR you've gone about 0.1 miles too far 	Go 0.8 Mi	2.1 mi
IDEA GOOD	3. Merge onto US-52 S via EXIT 193A toward LEXINGTON.	Go 20.3 Mi	22.5 mi
EXIT	4. Take EXIT 86 toward DOWNTOWN LEXINGTON.	Go 0.2 Mi	22,6 mi
r)	5. Turn RIGHT onto OLD SALISBURY RD / OLD US-29-70 S. If you are on OLD SALISBURY RD and reach ODELL OWEN RD you've gone a little too far	Go 0.3 Mi	23,0 mi
4	6. Turn LEFT onto ANNA LEWIS DR. If you are on US-29-BR N and reach BRIAN CENTER DR you've gone about 0.1 miles too far	Go 0.2 Mi	23.1 mi
4	7. Take the 1st LEFT onto HOSPITAL DR. If you reach EMERGENCY DR you've gone about 0.1 miles too far	Go 0.02 Mi	23.1 mi
	8, 250 HOSPITAL DR is on the LEFT. If you reach MEDICAL PARK DR you've gone a little too far		23.1 mi
P	250 Hospital Dr Lexington, NC 27292-6792	23.1 mi	23.1 mi

Estimated Time: 24 Minutes Estimated Mileage: 23.3 Miles

Directions to Morehead Memorial Hospital

117 East Kings Highway Eden, NC 27288

Contact: Billie Sigmon 336-623-9711

	2100 Sílas Creek Pkwy, Winston Salem, NC 27103-5150)
	1, Start out going east on Silas Creek Pkwy / NC-67 toward Funtime Blvd. Map	0.3 Mj
4	2. Turn left onto Lockland Ave. Map	0,04 Mi
r÷	3. Take the 1st right onto Link Rd. Map	0.5 Mj
4	4. Turn left onto Peters Creek Pkwy. Map	1.0 Mi
21	5. Merge onto I-40 Bus E / US-421 S / US-158 E toward Expressway E / Kernersville. Map	3.5 Mj
EXIT	6. Take the US-158 E exit, EXIT 8, toward Walkertown / Reidsville, Map	0,5 Mi
Ť	7. Stay straight to go onto Reidsville Rd / US-158 E. Continue to follow US-158 E. Map	15.3 M
Ť	8. Stay straight to go onto Belews Creek Rd / NC-65. Map	1.0 Mi
r	9. Turn right to stay on Belews Creek Rd / NC-65. Map	0.02 Mi
4	10. Turn left onto NC Highway 68 N / NC-65 / NC-68. Continue to follow NC Highway 68 N / NC-68. Map	3,4 Mi
t	HORTH 11, NC Highway 68 N / NC-68 becomes US Highway 220 / US-220 N. Map (220)	8.9 Wi
RAMP	12. Take the NC-1258 ramp toward Mayodan / Eden. Map	0.2 Mi
11	NORTH 13. Merge onto NC Highway 135 / US-311 N / NC-135. Map.	9.2 Mi
1	NORTH 14, Turn right onto Harrington Hwy / US-311 N / NC-770, Map (311)	4.2 Mi
4	15. Turn left onto NC Highway 14 / NC-87 / NC-14 / NC-770. Continue to follow NC-87 / NC-14 / NC-770. Map	1.5 Mi
r+	16. Turn right onto E Kings Hwy. Map	0.02 Mi
	17. 117 E KINGS HWY is on the left. Map	

Park in the extreme back of the patient parking lot on the first day until given other directions on where to park. Enter into the hospital by the Main entrance and go straight back following the Radiology/Ultrasound signs. Check in at the Radiology/Ultrasound desk and ask for the lead sonographer of the abdominal ultrasound department.

Estimated Time: 1 Hour 30 Minutes Estimated Mileage: 49.5 Miles

Directions to Moses Cone Hospital

1200 N. Elm St. Greensboro, NC 27401 Contact: Frances Nichols (VAS) 336-832-8596

Take Silas Creek Pkwy East to I-40 East toward Greensboro. Take the Wendover Ave. East exit 214B and turn right on W. Wendover Ave.. Turn left onto N. Church St. then left onto Northwood St. Take the main hospital entrance to the visitor's parking deck. To go to the Echo lab enter the Cardiology building to the right of the main entrance and ask the receptionist for directions.

Estimated Time: 35 Minutes Estimated Mileage: 30 Miles

Directions to Northern Hospital of Surry County.

830 Rockford Street Mount Airy, NC 27030 Contact: Heather Martin 336-719-7123

From Bob Green Hall, take a left onto Miller Street. Take a right onto Silas Creek Parkway East. Turn left onto Peter's Creek Parkway. Take the I-40 Business Exit ramp. Follow Business 40 to the 52 North Exit. Take Highway 52 North to Mount Airy. You will reach a major intersection with four-way stoplights at the intersection of Rockford Street /Highway 601 and Highway 52. Take a right turn onto Rockford Street (Highway 601) and the hospital will be on the left as you proceed to the next stoplight. Park in visitor parking (Not in emergency parking).

Estimated Time: 5 Minutes Estimated Mileage: 40 Miles

Directions to Piedmont Imaging

185 Kimel Park Dr. Winston-Salem, NC 27103 Contact: Amy Riggins – 336-760-1880

Start out going WEST on SILAS CREEK PKWY / NC-67 Take the BOLTON ST ramp. Turn RIGHT onto BOLTON ST. Turn SLIGHT RIGHT onto BURKE MILL RD. Turn SLIGHT RIGHT onto KIMEL PARK DR. Turn LEFT to stay on KIMEL PARK DR. End at **185 Kimel Park Dr.** Go into the front of the building and turn right into the mammography center. Ask for Amy Riggins at the information desk.

Estimated Time: 7 Minutes Estimated Mileage: 2.96 Miles

Directions to Rowan Regional Medical Center

612 Mocksville Ave. Salisbury, NC 28144

Contact: (Hosp.) Jo Fowler – 704-210-5296

	2100 Silas Creek Pkwy, Winston Salem, NC 27103-	5150
•	Start out going east on Silas Creek Pkwy / NC-67 toward Funtime Blvd. Continue to follow Silas Creek Pkwy Map	1,3 M
	2. Merge onto I-40 E toward Greensboro, <u>Map</u>	0.8 M
EXIT OF	ரு 3. Merge onto US-52 S via EXIT 193A toward Lexington. Map	34.0 M
76 EXIT	4. Take the US-52 S exit, EXIT 76, toward Salisbury / Albemarle. Map	0.2 M
RAMP	5. Keep right to take the ramp toward Salisbury / Downtown Map	0.1 M
r	6. Turn right onto Elnnes St. Map	1.9 M
P	7. Turn right onto Grove St. Map	0.5 M
h	8. Turn left onto Mocksville Ave. Map	0,2 M
	9. 612 MOCKSVILLE AVE is on the right. Map	
Q.	612 Mocksville Ave, Salisbury, NC 28144-2732	

The hospital will be on your right and the parking deck on your left. Parking is free. You will enter the hospital through the vascular/heart center entrance and ask for directions at the information desk.

Estimated Time: 43 Minutes Estimated Mileage: 39 Miles

Directions to Rowan Regional Medical Center – Julian Rd. Location

Rowan Regional Medical Park: *Imaging & Physical Rehabilitation* 514 Corporate Circle

Salisbury, NC 28147 Ph.: 704-210-6919

Take Silas Creek Parkway to Peters Creek Parkway. Turn right onto Peters Creek Parkway. Take the 40 East Exit off of Peters Creek Parkway. Follow 40 E to the 52 South Exit. Take 52S which turns into I-85. Take the Julian Rd. Exit (Exit 74). At end of ramp turn left onto Julian Rd. go approximately .6 mile and turn right onto Corporate Circle. Imaging and physical rehab center is on your left.

Estimated Time: 40 Minutes Estimated Mileage: 39 Miles

Directions to WFUBMC (WFBH)

Medical Center Blvd. Winston-Salem, NC 27157

Contacts: (ECHO) Sharon Davis 336-716-3511 (ABD) Adelia Bullins 336-713-6741

Take a right turn from the BGH parking lot and go Miller Street. Turn Left onto Miller Street. Follow Miller Street until you reach Hawthorne Ave. Turn right onto Hawthorne Ave. Make a left turn on Medical Center Boulevard. Take the first right turn into the visitor's parking lot. You will have to pay to park at WFUBMC on the first day so do not lose your parking ticket. Park in patient/visitor parking deck on the orange level (Ground floor, see map). Proceed into the clinical sciences tower and pass the information desk and proceed into the breezeway that goes over the entrance area for cars. Follow the hallway down to clinical ultrasound and treadmill for ECHO rotation. For the Cancer Center, see additional handout. For the main abdominal ultrasound department, Medical Sonography students continue to the bank of elevators across from the West Bldg. Take the elevators up to the first floor. Exiting the bank of elevators you will turn left and look for a sign half way up the hall on your left that says ultrasound, x-ray, and CT. This is your entrance. Ask at the desk for the abdominal ultrasound department and they will point you to the back hall and reading room. Look and ask for your clinical preceptor.

Estimated Time: 10 Minutes Estimated Mileage: 2 Miles

Directions to Wake Forest Baptist Health - Outpatient Imaging

265 Executive Park Blvd. Winston-Salem, NC 27103 Contact: Sharon Tesh – 336-608-3097

A	2100 Silas Creek Pkwy, Winston Salem, NC 27103-51	150
	1. Start out going east on Silas Creek Pkwy NC-67 toward Funtime Blvd. Map	0.3 M
A 67	2. Make a U-turn at Lockland Ave onto Silas Creek Pkwy / NC-67. Map	2.4 M
RAMP	3. Take the US-158 / Stratford Rd ramp. Map	0.2 M
4 (15)	च 4. Turn left onto S Stratford Rd / US-158 E. <u>Map</u>	0.09 M
4	5. Take the 2nd left onto Executive Park Blvd. Map	0.2 M
	6. 265 EXECUTIVE PARK BLVD is on the right. Map	
0	265 Executive Park Blvd, Winston Salem, NC 27103-1503	

Estimated Time: 6 Minutes Estimated Mileage: 3.13 Miles

Directions to Wesley Long Community Hospital

501 N. Elam Ave. Greensboro, NC 27403

Contact: Margaret Barbour 336-832-1870

Take Silas Creek Parkway to Peters Creek Parkway. Turn right onto Peters Creek Parkway. Take the 40 East Exit off of Peters Creek Parkway. Continue onto Interstate 40 and take Exit 214-B Wendover Avenue Exit. Turn right at end of ramp onto Wendover. Follow Wendover and take the Friendly Avenue Exit. At the end of this exit you come to a stoplight. Go straight and park in the back of visitor parking. Walk over to the main hospital entrance. You will be facing it as you walk to the hospital from the parking lot. Once inside ask the person at the information desk to point you in the direction of radiology. Once at radiology, ask the person at the front desk to point you in the direction of the ultrasound lab.

Estimated Time: 32 Minutes Estimated Mileage: 28 Miles

Directions to Women's Hospital of Greensboro

801 Green Valley Road. Greensboro, NC 27408 Contact: Jeanne Miklos 336-832-6683

Start out going East on SILAS CREEK PKWY/ NC-67 toward FUNTIME BLVD. Continue to follow SILAS CREEK PKWY. Merge onto I-40 E toward GREENSBORO. Take the WENDOVER AVE EAST exit- exit number 214B. Merge onto W WENDOVER AVE. Take the BENJAMIN PKWY NORTH exit. Merge onto BENJAMIN PKWY. Turn RIGHT onto GREEN VALLEY RD. Park in visitor's parking until further instructions are given.

Estimated Time: 35 Minutes Estimated Mileage: 30 Miles

Clinical Site Protocols

Students will be trained on the acquisition of standard anatomic images for each organ system. This is considered a basic protocol. Each clinical site will have slight differences in their imaging protocols. The student's challenge is to take the knowledge base that they have attained in scanning labs, and alter it to adapt to each clinical site's imaging protocol. Due to the large number of clinical sites that are used by Forsyth Tech, we will not list the protocols for each site in this handbook. Rather, the student will learn these protocols as part of their clinical assignments during their clinical rotations.

Clinical Evaluation Methods

Students will be required to complete a specified number of exams for each clinical course. These exams must be completed and passed with a grade of C or higher. Students are also required to have professional quality evaluations done for each course. Throughout the program, students must complete a number of competencies. These competencies must be completed and passed before the student will be allowed to graduate. The Forsyth Tech faculty will be administering clinical scanning tests and clinical preceptors will be administering the daily clinical evaluation forms for proficiencies. Professional quality evaluations will be completed by both adjunct faculty and Forsyth Tech faculty. Students will record all exams that they have observed and/or performed on a daily exam log sheet. Forsyth Tech faculty will visit students and will evaluate them for scanning technique, and may quiz the student on sonographic anatomy and pathology as time allows.

Clinical Conferences

Clinical conferences are held each semester, or whenever needed as the situation arises. Students must turn in all required documentation and coursework prior to or on the day of their clinical conference. The conference will be scheduled with the clinical coordinator and/or Forsyth Tech clinical instructor at a date that will be announced at the beginning of each clinical course. Make-up time for absences will be scheduled at this time.

Gross Negligence

Gross negligence is a legal concept which means serious carelessness. Negligence is the opposite of diligence, or being careful. The standard of ordinary negligence is what conduct one expects from the proverbial "reasonable person". By analogy, if somebody has been grossly negligent, that means they have fallen so far below the ordinary standard of care that one can expect, to warrant the label of being "gross".

Should the student be held accountable?

With our students we have to take their knowledge level into account. For example, we can't hold a first semester student to the same standard that we would a fifth semester student. What we must ask ourselves when determining whether or not gross negligence has occurred is: "Should a student at this level in the program have known better based on past training, labs, and clinical exposure."

Justification that the student should be held accountable:

We must have documentation on file that proves that the student received training in the area in question and that they demonstrated proficiency in that area. Examples are patient care proficiency documents, orientation forms from patient care refreshers with student signatures, evidence of previous training and proof of comprehension, CNAI course completion and/or certification, signed statements from witnesses (staff sonographers and/or preceptors).

Procedure:

When a student is accused of an act of gross negligence they must notify the clinical coordinator and instructor immediately. The following steps are then taken:

- 1. The student will be pulled from the clinical rotation immediately.
- 2. A meeting with the student, program coordinator, clinical coordinator, and Forsyth Tech clinical instructor will be scheduled immediately on the Forsyth Tech campus. A meeting will also be scheduled for the preceptor, clinical and program coordinators to be held at the clinical site.
- 3. An incident form must be completed by the student, clinical preceptor and/or Forsyth Tech instructor, and any witnesses who were involved. Written statements can be emailed to jcassell@forsythtech.edu or they may be in hardcopy format in writing. Signatures are required for hardcopies. These are to accompany the official incident report.

Copies of the incident report and all documentation will also be sent to:

- a) Director of Imaging
- b) Dean of Health Technologies
- c) Public Safety (After a meeting with the Dean and Director has been held.)

4. If the student is found to be responsible for gross negligence, then the clinical coordinator will advise the student that they will receive an F for the course. The student can withdraw from the course, but they will receive a WF which calculates the same way into the GPA as an F. In either case the student will be dropped from the program.

"If a student fails due to gross negligence.... the F or WF will stand at any time after the 10 % period, it is called a "*punitive withdrawal*". ALSO, at any time a block can be placed on the student's record that will not allow them to return (for instance if the infraction occurs before the 10 % period)."

Students are not allowed to complete the didactic courses when they are being dropped from the program. They are advised to follow the proper procedure for dropping these courses. For the remaining didactic courses, the student may be issued a grade of W if before the deadline for dropping without penalty, and WP or WF after the deadline.

If the student fails to complete drop forms for any course, then a grade of F will be issued for those courses. It's the student's responsibility to officially drop the courses. This is done by filling out a drop form at the records office in the Allman center. If it is close to the end of the semester then drop forms must be turned in directly to the instructor.

5. The incident will be reported at the next academic review meeting and a letter will be mailed to the student from the college officially informing them that they have been dropped from the program.

In cases of academic appeal:

If a student fails a clinical course due to reasons other than gross negligence and appeals the grade, they are allowed to continue their clinical work until the appeal has been decided.

However, in a case of gross negligence, the student has proven to be a danger to patients, or staff and will not be allowed to continue their clinical rotation during the appeal process.

Clinical Rotation Policy And Compliance Agreement

The goal of this educational program will be to produce students who, upon graduation, will be able to function as entry level sonographers in any hospital or clinic setting using a variety of equipment and various protocols. This requires a carefully planned rotation schedule for each student.

Clinical rotations are designed so that the student will have the opportunity to learn the practical skills necessary to perform ultrasound exams. These rotations will be in cooperation with the affiliated hospitals and clinics located within commuting distance from the college. To be fair to all students, the placement in a clinical setting is initially done by random selection. We have clinical sites spread out in over five different counties, so all students will be required at some point to drive long distances in this program. Students who live one or two hours away from the college may plan on driving another one to two hours to get to their clinical sites at some point during the program.

Students <u>WILL NOT</u> be given an option of choosing their clinical sites and will have no input on where they will be assigned. The clinical coordinator reserves the right to change any student's clinical rotation at any time as she deems necessary; however, this is not at the request of the student but due to other outside factors such as the loss of a clinical affiliate or limitation of exam types. We are required to prove to our accrediting body that we give all students an equal and well-rounded experience in their clinical rotations, and that we provide a diverse clinical education. This requires rotations to a variety of sites. For Medical Sonography students, beginning with the second semester, approximately four weeks of each semester will be spent at an obstetrics clinic and/or hospital, where students will receive their obstetrical clinical training.

Students who live long distances from the college <u>WILL NOT</u> be given any special consideration with regard to their clinical site assignments. Currently, the farthest clinical facility from the college is approximately a one to one-and-a-half hour drive from Forsyth Technical Community College. Long distance sites are based on the distance to the clinical site from the college campus and not from the student's home, thus driving distances may be even further or closer from the student's home depending upon where they live. Travel time issues cannot override accreditation requirements nor the educational needs of students and <u>thus travel time will not influence the decision for clinical placement of students</u>. Students will remain at the same clinical site during their first and second semester. Students will begin rotating to other sites beginning with their third semester.

Clinical assignments cannot be based on gas prices, travel distances, nor can it be based upon where students work or have scholarships.

Students are responsible for their own transportation to and from their clinical site assignments. This means that the student will need dependable transportation. Students are expected to arrive at their clinical assignment on time and they are expected to remain for the entire scheduled time. Students may not leave clinical early unless the college closes due to inclement weather.

Some programs require students to utilize out-of-state clinical sites, which requires temporary relocation of residence. Fortunately, Forsyth Tech has not had to resort to using out-of-state sites, and most driving distances are less than 2 hours away from the College.

The clinical rotations will take place throughout the first and second years of enrollment at the College.

Clinical courses are just like any other course in the college in that they have set hours. Students may not request special hours for their clinical rotations. Malpractice insurance only covers

students during the official time of the course (and designated makeup days) and thus students are prohibited from attending clinical sites at any time outside their normal scheduled days or times.

Appendix

This section contains miscellaneous forms.

FORSYTH TECHNICAL COMMUNITY COLLEGE SONOGRAPHY PROGRAM

Critical Incident Report

Student Sonographers are required to report <u>any</u> incident they are involved in that results in <u>possible</u> or <u>actual</u> adverse outcomes to patients or themselves. Some examples of Critical Incidents are: accidental needle sticks, exposure to blood or body fluids, possible exposure to TB or HIV, seizure, sudden onset of illness, serious equipment failure, damage or dysfunction caused by the student, patient injury or death.

Please type or print clearly.	
Student's Name:	Date and Time of Incident:
Clinical Facility:	Clinical Preceptor:
Supervising Sonographer:	Forsyth Tech Clinical Instructor:
Briefly describe the incident and the extent of student in	avolvement: use additional pages if necessary
Follow-up:	
Is any additional follow-up planned? If so, describe.	
List the names and titles of anyone else involved:	
Student Signature	Date
To be completed Mark all that apply Notified by	am Evaluation/Action I by Program Director or Designee :
Discussed with Student Faculty/Advisor Clinical Coordinator Date:	Other:
Copy of Report Secure Administrative File College Public Safety Office: Additional Follow-up: Secure Student File Mail FAX	