



**INDIANA UNIVERSITY**  
FORT WAYNE

**Medical Imaging & Radiologic Sciences**  
**Diagnostic Medical Sonography**

Student Handbook

Bachelor of Science in Medical Imaging

2024-2025

# IUFW Medical Imaging and Radiologic Sciences

## Diagnostic Medical Sonography

### Student Handbook

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# **Student Handbook**

## **General Information**

### **I. Bachelor of Science in Medical Imaging Program Description**

Medical Imaging and Radiologic Sciences (MIRS) offers a Bachelor of Science in Medical Imaging (BSMI) that prepares the student for a career in Medical Imaging with a focus on the primary pathway of Radiography or Sonography. The curriculum design also provides the opportunity to study and explore advanced areas of practice in imaging. The degree is offered through Indiana University Fort Wayne (IUFW) and is under the administration of the Department of Radiology and Imaging Sciences, Indiana University School of Medicine (SOM) at Indiana University – Purdue University Indianapolis (IUPUI).

The BSMI requires intensive study and is an integration and correlation of general education, specialized professional courses, and supervised clinical experience. In order to provide a foundation for personal and professional growth, all students are required to complete a series of general education courses along with professional education courses.

The majority of general education coursework is required to be completed in preparation for and prior to beginning the Professional Program. The professional curriculum is designed to guide the student toward an understanding of the human body, radiation or tissue biology and protection, imaging procedures, patient care and assessment, radiologic or ultrasound physics, principles of radiographic or ultrasound imaging, and professional practice standards.

As a student progresses through the Program, the curriculum focuses on expanding the initial principles and skills learned, acquainting the student with the identification of pathological variances, introducing the legal and ethical implications of practice, examining the areas of safety and quality, investigating the role of informatics, and developing the professional skills and attributes required to practice in medical imaging and healthcare environments.

### **II. Indiana University Fort Wayne Mission**

Indiana University Fort Wayne prepares the next generation of healthcare professionals through exceptional and inclusive educational opportunities. Faculty, staff, students, and partners create a unique, innovative approach to classroom and real-world experiences, transformational research, and service to the State of Indiana and beyond.

#### **Medical Imaging and Radiologic Sciences Program Mission**

IUFW Medical Imaging and Radiologic Sciences is committed to preparing highly qualified medical imaging technologists by integrating an outstanding baccalaureate academic education with a comprehensive clinical experience.

### III. BSMI Student Learning Goals

To prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the Abdominal Sonography-Extended and Obstetrics and Gynecology Sonography concentrations.

1. Students will communicate effectively in the health care setting.
2. Students will utilize critical thinking and problem-solving skills.
3. Students will model professionalism.
4. Students will demonstrate clinical competence.

#### BSMI Student Learning Outcomes

The student will:

- Exercise effective communication skills with patients.
- Apply effective interdisciplinary communication skills.
- Execute logical procedural variations for non-routine situations.
- Evaluate medical image quality.
- Exhibit the professional responsibilities of medical imaging technologists.
- Engage in self-development related to professional practice.
- Demonstrate clinical procedural proficiency.
- Utilize appropriate safety practices.

### IV. Accreditation & Organizations

IUFW is accredited under Indiana University – Purdue University, Indianapolis (IUPUI) by The Higher Learning Commission of the North Central Association of Colleges and Schools.

For additional information about the programs Higher Learning Commission accreditation please visit the listed website or contact:

Higher Learning Commission  
230 South LaSalle Street  
Suit 7-500  
Chicago, Illinois 60604-1411  
Phone: 800-621-7440  
[www.hlcommission.org](http://www.hlcommission.org)

The Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS) is a nonprofit organization in existence to establish, maintain and promote quality standards for educational programs in Diagnostic Medical Sonography.

For additional information about the JRC-DMS please visit the listed website or contact:

Joint Review Committee on Education in  
Diagnostic Medical Sonography (JRC-DMS)  
6021 University Boulevard  
Suite 500

Ellicott City, MD 21043  
Phone: 443-973-3251  
[www.jrcdms.org](http://www.jrcdms.org)

## V. Professional Registration

### 1. Professional Registration

Graduates of the IUFW MIRS Program who meet the required sonography clinical standards are eligible to apply to sit for the national certification examination administered by either the American Registry of Radiologic Technologists (ARRT) or the American Registry for Diagnostic Medical Sonographers (ARDMS).

Students are provided the documentation necessary to apply for the following certification exams with the ARDMS/ARRT:

- Sonographic Principles and Instrumentation (ARDMS)
- Abdomen (ARDMS)
- Obstetrics/Gynecology (ARDMS)
- Sonography (ARRT)

Successful completion of the ARRT examination earns the initial certification to practice as a Registered Technologist, R.T., in Sonography in either of the following areas: Sonography R.T.(S) or Vascular Sonography R.T.(VS). Renewal is required annually, and recertification will be required after 10 years. For further information regarding registration, certification or recertification, please contact the American Registry of Radiologic Technologists (ARRT):

American Registry of Radiologic Technologists  
1255 Northland Drive  
St. Paul, MN 55120-155  
(651) 687-0048  
[www.arrt.org](http://www.arrt.org)

Successful completion of the ARDMS examinations in both Sonography Principles and Instrumentation (SPI) and a Specialty Examination in one of the following areas: (Abdomen (AB), Gynecology (OB/GYN), or Vascular Technology (VT)) earns the initial certification to practice as a Registered Diagnostic Medical Sonographer (RDMS) or a Registered Vascular Technologist (RVT). Renewal is required annually, and recertification will be required after 10 years. For further information regarding registration, certification or recertification, please contact the American Registry for Diagnostic Medical Sonographers (ARDMS):

American Registry for Diagnostic Medical Sonographers  
1401 Rockville Pike Suite 600  
Rockville, MD 20852-1402  
(301) 738-8401  
[www.ardms.org](http://www.ardms.org)

## VI. Curriculum

The JRC-DMS requires that programs follow a nationally recognized curriculum such as that established by The Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP publishes the Diagnostic Medical Sonography Curriculum, which outlines the content recognized by the profession as appropriate for ultrasound education. MIRS utilizes the guide for sonography curriculum and course development.

The BSMI curriculum consists of two major areas: General Education and Professional Education.

### A. General Education

MIRS requires that the student complete the following General Education or equivalent general education coursework and a prerequisite physics course with a C- or higher at a regionally accredited college:

General Education Category/Prerequisite	Course Required
Core Communication Writing	ENGL 13100
Core Communication Speaking and Listening	COM 11400
Analytical Reasoning - A	MA 15300 or MA 21300
Analytical Reasoning – A or B	CS 11200 Or PSY 20100 Or STAT 30100 Or MA 15300 or 21300
Life and Physical Sciences	BIOL 20300
Life and Physical Sciences	BIOL 20400
Social Sciences (any 2)	PSY 12000 or SOC 16101 or COM 21200
Cultural Understanding	Any approved course
Arts / Humanities	Any approved course
Prerequisite Physics Course	RADX-P170

### B. Professional Education

The Professional Medical Imaging coursework is a combination of classroom instruction, lab demonstration, procedural simulation, clinical experience, and professional development activities. Clinical experience is conducted at a variety of sites. The student progresses through the clinical portion of the Program by observing, assisting, and



performing medical imaging examinations under the supervision of physicians and sonographers until competency is attained. Once competency has been achieved, the student will continue supervised practice and work to fine tune the acquired skills until graduation.

Professional classes and clinical experience are generally held during the day, Monday through Friday. However, students are required to complete some non-traditional clinical assignment times and rotations. Non-traditional clinical experiences include any time scheduled outside of Monday – Friday, 5:00 a.m. – 7:00 p.m. Students are provided with clinical assignment schedules at least three weeks in advance of the beginning of each semester or summer session.

Professional development activities are assigned throughout the Program as part of specific course requirements. Some of these activities may occur outside of scheduled course times and may include additional costs. Any student unable to participate in an assigned professional development activity will be required to complete a written assignment related to the activity. More information is provided in the applicable course syllabi.

### C. Professional Education Curriculum

The professional curricula in Medical Imaging are designed to correlate classroom, lab and clinical experiences into a cohesive program which prepares students as highly qualified entry-level medical imaging technologists. Students will enroll in professional courses as sequenced by the current curriculum. Students must complete all aspects of the Program with a C- or higher in order to complete the degree.

<b>Medical Imaging Professional Curriculum - Radiography Track</b>		
RADX-R105	Orientation to Radiography and Medical Imaging	3 Cr.
RADX-R106	Fundamentals of Patient Care for Medical Imaging	3 Cr.
RADX-S111	Abdominal Sonography I	3 Cr.
RADX-S112	Abdominal Sonography II	3 Cr.
RADX-R185	Understanding Medical Terminology	3 Cr.
RADX-R206	Advanced Patient Care	3 Cr.
RADX-S211	Obstetric & Gynecologic Sonography I	3 Cr.
RADX-S212	Obstetric & Gynecologic Sonography II	3 Cr.
RADX-S215	Vascular Sonography I	3 Cr.
RADX-S216	Vascular Sonography II	3 Cr.
RADX-S271	Sonography Physics and Instrumentation I	3 Cr.
RADX-R304	Medical Imaging Anatomy	3 Cr.
RADX-R306	Medical Imaging Pathology	3 Cr.
RADX-R307 Or RADX-320	Pharmacology for Medical Imaging Or Professional Development in Medical Imaging	3 Cr.
RADX-S310	Seminar in Sonography	3 Cr.

RADX-S371	Sonography Physics and Instrumentation II	3 Cr.
RADX-R400	Leadership in Medical Imaging	3 Cr.
RADX-R401	Legal and Ethical Issues in Medical Imaging	3 Cr.
RADX-R410	Imaging Informatics and Acquisition Technology	3 Cr.
RADX-R450	Quality Management in Medical Imaging	3 Cr.
RADX-R481	Capstone in Medical Imaging	3 Cr.
RADX-R105	Orientation to Radiography and Medical Imaging	3 Cr.

<b>Clinical Education Component of Professional Curriculum</b>		
RADX-S190	Introduction to Clinical Education	2-4 Cr.
RADX-S191	Sonography Clinical Education I	2-4 Cr.
RADX-S192	Sonography Clinical Education II	2-4 Cr.
RADX-S291	Sonography Clinical Education III	2-4 Cr.
RADX-S292	Sonography Clinical Education IV	2-4 Cr.
RADX-S293	Sonography Clinical Education V	2-4 Cr.
RADX-S391	Sonography Clinical Education VI	2-5 Cr.

#### **D. Transfer Credit Policy**

##### **1. General Education Coursework**

IU Fort Wayne MIRS awards transfer credit for general education coursework completed at a regionally accredited college or university in which the student has earned a C- or better. Transfer coursework is evaluated by the University at the time of admission to the institution.

##### **2. Professional Education Coursework**

Requests for transfer credits for professional courses will be reviewed by MIRS on an individual basis. A request for such transfer credit does not guarantee approval of credit.

#### **E. Tuition and Fees Policy**

Students will pay tuition and fees **directly to the University each semester** for their courses. Refer to current cost at IUFW at <https://fortwayne.iu.edu/admissions/cost-aid/index.html>

Additional course and lab fees associated with professional courses include items such as clinical tracking software, radiation personnel monitoring devices, infection control and venipuncture supplies, and professional academic and development resources.

Students will incur additional expenses throughout the 3-year Program for clinical compliance requirements (immunizations, TB testing, etc.), books/ebooks, electronic education tools and software (including a laptop computer), uniforms, travel to clinical sites and professional activities. Refer to current Program fees at <https://fortwayne.iu.edu/medical-imaging/student-resources-policies.html>

## F. MIRS Laptop Requirement

Students are required to have a laptop computer. Students are expected to bring a laptop to every in-person class meeting and have it available for all online and in person coursework. Student laptops will be used on a regular basis to review online course materials, take online quizzes and exams, access digital textbooks, participate in discussion boards, review medical images, etc.

- The computer must be a laptop (Windows or Mac)
  - Due to software limitations and screen size constraints, Chromebooks, tablets, and smartphones are not adequate for all tasks
- Laptop must be capable of wirelessly accessing the internet and online course materials
- Laptop must be capable of video conferencing (i.e. it must have a camera and microphone)
- For in class activities, particularly quizzes and exams, it is required that the laptop have a privacy screen attached
  - MIRS Faculty may require additional precautions be taken during quizzes and exams if a student laptop does not have an attached privacy screen

The student must keep the laptop charged for in class meetings and in good working condition. Failure to have a functional laptop for in person or online course meetings may result in a course grade reduction.

Need help with your laptop? Contact University Information Technology Services <https://uits.iu.edu/>

## G. Withdrawal and Refund Policy

Students withdrawing from the MIRS Program must:

### 1. Withdrawal Policy

- a. Provide a written statement to the Program Director indicating resignation and the intended date.
- b. Return all Hospital Access badges, and parking permits.
- c. Return any borrowed property to MIRS and the University.
- d. Pay any outstanding debts.

### 2. Refund Policy

Refer to the IUFW Refund of Fees Schedule, available at <https://fortwayne.iu.edu/pay-bill/receive-refund.html>

## H. Transcript Policy

Transcripts may be requested by the student at Student Central in Neff Hall Room 110 or online at: <https://fortwayne.iu.edu/grades-records/transcripts.html>

## VII. Graduation Requirements

To earn the Bachelor of Science in Medical Imaging Degree from IUFW, the student must:

1. Successfully complete all requirements of MIRS and the University.
2. Meet all financial obligations to the University.
3. Follow the policies of MIRS and the University.
4. Perform the required number of clinical competencies.
5. Complete all professional education courses in good academic standing according to the established MIRS guidelines.
6. Return any borrowed property to MIRS and the University.
7. Submit an application for graduation prior to the application deadline. Graduation application information is provided to candidates prior to the deadline.

Deadlines for graduation application are as follows:

**Expected Graduation**

Fall Semester	May 15
Spring Semester	October 15
Summer Session I or II	January 15

**VIII. Personnel**

**1. Faculty**

In addition to providing the resources necessary to prepare the student to fulfill the goals and objectives of MIRS, the Faculty also functions to:

1. Provide student advising and mentoring.
2. As a committee, evaluate each student's academic performance at the completion of each grading period and take the appropriate disciplinary action toward those students who have not met the requirements for good standing.
3. Serve as members of the Medical Imaging Faculty & Staff Committee as well as various other MIRS and RIS Department committees.
4. Serve as members of various Campus, and University Committees.
5. Participate in various clinical site and community activities to promote the sharing of information and improve communication between MIRS and the community.
6. Participate in service, professional development, and scholarly activities.

Members of the Medical Imaging Faculty and Staff Committee include:

Cheryl Duncan, M.S., R.T. (R)(QM) Assistant Director & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6775 Email: cherdunc@iu.edu	Matthew Powell, M.S., R.T. (R), CIIP Assistant Professor of Clinical Radiologic and Imaging Sciences Office (260) 257-6777 Email: powelmad@iu.edu
Ann Obergfell, J.D., R.T. (R) Associate Vice Chancellor of Academic Affairs and Operations & Professor Office: (260) 257-6784 Email: amobergf@iufw.edu	Gail New, BSMI R.T.(R)(M) Adjunct Lecturer Office: (260) 257-6881 Email: gailreed@iu.edu
Michelle Fritz, M.S.Ed., R.T.(R) MIRS Director, Radiography Program Director & Assistant Professor of Clinical Radiologic and Imaging Sciences	Stephanie Williamson M.B.A., RDMS (FE, OB/GYN), RVT (VT), RT (R)

Office: (260) 257-6776 Email: fritzm@iu.edu	Diagnostic Medical Sonography Program Director & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6779 Email: sdw4@iu.edu
Aubrey Ehle, M.S.R.S., R.T. (R) Clinical Coordinator & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6778 Email: aubehle@iu.edu	Tori Schoore, B.S., RDMS (AB, OB/GYN, PS); RVT (VT) Clinical Coordinator & Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6882 Email: tschoore@iu.edu
Andrew Boehm, M.S., R.T. (R) Assistant Professor of Clinical Radiologic and Imaging Sciences Office: (260) 257-6774 Email: asboehm@iu.edu	Stephanie Lehto, B.S. Student Services Coordinator Office: (260) 257-6773 Email: slehto@iu.edu
Amy Gerardot, RDMS (AB, OB/GYN)  Adjunct Lecturer  Office: (260) 257-6881  Email: argerard@iu.edu	

## 2. Clinical Instructors

Clinical Instructors are responsible for supervising and evaluating students at the various clinical sites. Assigned lead clinical instructors serve as liaisons between the clinical sites and MIRS.

Please note that site assigned clinical instructors are subject to change. Students will be notified of any change or addition of site assigned clinical instructors by MIRS faculty.

<b>Clinical Instructors</b>		
<b>Dupont Hospital Outpatient Services Auburn</b>		
Stacy Grindle	Lead Sonographer; Lead Clinical Instructor	RDMS(OB/GYN); RVT(VT)
<b>Community Hospital North</b>		
Randy Raper	Lead Sonographer; Lead Clinical Instructor	RDMS(AB); RVT(VT)
Chris Rassel	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Gelan Moussa	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Carole Varner	Staff Sonographer; Clinical Instructor	RDMS(AB)
Ciara Dellinger	Staff Sonographer; Clinical Instructor	RDMS(AB)
Christina Hetzell	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
<b>Franciscan Health</b>		
Brittni Miller	Lead Sonographer; Lead Clinical Instructor	RDMS(AB); RVT(VT)
Angela Allison	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Shelby Grissom	Staff Sonographer; Clinical Instructor	RDMS(AB); RVT(VT)
Monica Legacy	Staff Sonographer; Clinical Instructor	RVT(VT)
Katie O'Mara	Staff Sonographer; Clinical Instructor	RDMS(AB); RVT(VT)
Sarah Walker	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Aprill Gilman	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Haley Ney	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Kendra Kelker	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Hope Welling	Staff Sonographer; Clinical Instructor	RDMS(AB); RVT(VT)
Hannah Mantooth	Staff Sonographer; Clinical Instructor	RDMS(AB)
Kyra Meinhardt	Staff Sonographer; Clinical Instructor	RDMS(AB)
Kelsey Volkman	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
April Hood	Staff Sonographer; Clinical Instructor	RDMS(AB); RVT(VT)
<b>IU Health - Ernst Road</b>		
Heather Bucher	Supervisor; Lead Clinical Instructor	RDMS(AB, OB/GYN)
Lauren Harvey	Staff Sonographer; Lead Clinical Instructor	RDMS(AB)
Heather Balsler	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Laura Thoma-Dickinson	Staff Sonographer; Clinical Instructor	RDMS(AB, BR)
<b>IU Health - Hope Drive</b>		
Heather Bucher	Supervisor; Lead Clinical Instructor	RDMS(AB, OB/GYN)
Jillian Phelps	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Laura Thoma-Dickinson	Staff Sonographer; Clinical Instructor	RDMS(AB, BR)
<b>IU Health - Methodist</b>		
Elisha Anderson	Supervisor; Lead Clinical Instructor	RDMS(AB, OB/GYN)
Andres Alvarez	Staff Sonographer; Clinical Instructor	RDMS(AB)
Javon Gates	Staff Sonographer; Clinical Instructor	RDMS(AB); RVT(VT)
Johnetta Fayson-Whiteside	Staff Sonographer; Clinical Instructor	RDMS (AB, OB/GYN); RVT(VT)
<b>Lutheran</b>		
Monica Winhover	Ultrasound Coordinator; Lead Clinical Instructor	RDMS(AB)
Tamie Griffis	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Michelle Bearman	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Chi Huynh	Staff Sonographer; Clinical Instructor	RDMS(AB)
Amanda Wilber	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Nicole Hamilton	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Traci Sartor	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Hannah Hartley	Staff Sonographer; Clinical Instructor	RDMS(AB)
Laura Osantowski	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Kambrie Edelbrock	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Debby Harrington	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
<b>Maternal Fetal Medicine (MFM)</b>		
Alyson Rauch	Manager; Clinical Instructor	RDMS(OB/GYN)
Alisha Mistesshen	Staff Sonographer; Clinical Instructor	RDMS(AB, BR, OB/GYN); RVT(VT)
Courtney Zorger	Staff Sonographer; Clinical Instructor	RDMS(FE, OB/GYN); RVT(VT)

Jill Kanning	Staff Sonographer; Clinical Instructor	RDMS(AB, FE, OB/GYN)
Jenny Salisbury	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Kristen Stark	Staff Sonographer; Clinical Instructor	RDMS(AB, FE, OB/GYN)
Kristin Kirkpatrick	Staff Sonographer; Clinical Instructor	RDMS(FE, OB/GYN); RVT(VT)
Monica Debets	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Stepahnie Leininger	Staff Sonographer; Clinical Instructor	RDMS(FE, OB/GYN)
Susan Beymer	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
<b>Parkview Physicians Group (PPG) OB/GYN</b>		
Emily Riha	Staff Sonographer; Lead Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Tori Rogers	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Alyson Rauch	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Amanda Miller	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN); RVT(VT)
Jandee Wible	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Melissa Fischer	Staff Sonographer; Clinical Instructor	RDMS(AB, BR, OB/GYN); RVT(VT)
<b>PRMC &amp; Parkview Randallia</b>		
Heather Burlew	Quality Assurance; Lead Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Erika Burnor	Lead Sonographer; Lead Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Brenda Parra	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Tain Cozette	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Taylor LeMaster	Staff Sonographer; Clinical Instructor	RDMS(AB)
Ashley Rieger	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Ashley Hughes	Travel Sonographer; Clinical Instructor	RDMS(AB,OB/GYN)
Ileana Gonzalez	Travel Sonographer; Clinical Instructor	RDMS(AB,OB/GYN)
Angie Picillo	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Kourtnie Jones	Staff Sonographer; Clinical Instructor	RDMS(AB)
Angela Jackson	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
<b>Parkview OSC &amp; NV</b>		
Heather Burlew	Quality Assurance; Lead Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Barbara King	Staff Sonographer; Clinical Instructor	RDMS(AB)
Carol Lambright	Staff Sonographer; Clinical Instructor	RDMS(AB, OB/GYN)
Carrie Bultemeyer	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Andrea Brown	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
<b>Parkview Southwest</b>		
Heather Burlew	Quality Assurance; Lead Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Alyssa Ison	Staff Sonographer; Lead Clinical Instructor	RDMS(AB)
Keli Young	Travel Sonographer; Lead Clinical Instructor	RDMS(AB, NE, OB/GYN)
<b>Parkview Noble</b>		
Angela Steele	Supervisor; Lead Clinical Instructor	RDMS(AB, OB/GYN, BR); RVT(VT)
Jillian Delke	Staff Sonographer, Clinical Instructor	RDMS(AB, OB/GYN)
Salina Hubbard	Travel Sonographer, Clinical Instructor	RDMS(OB/GYN)
<b>Parkview Vein Center</b>		
Sherina Homesley	Staff Sonographer; Lead Clinical Instructor	RVT(VT)
Jami Whitten	Staff Sonographer; Clinical Instructor	RVT(VT)
Candice Kennedy	Staff Sonographer; Clinical Instructor	RPhS
<b>Parkview Wabash</b>		
Suzanne Kerns	Lead Sonographer; Lead Clinical Instructor	RDMS(AB)
Mary Wood	Staff Sonographer; Clinical Instructor	RDMS(BR)
<b>Parkview Kosciusko</b>		
Carissa Eisfelder	Lead Sonographer; Lead Clinical Instructor	RDMS(AB, OB/GYN, BR)
Vivian Ruth Wilkinson	Staff Sonographer; Clinical Instructor	RDMS(AB)
Shannon Freiermuth	Travel Sonographer; Clinical Instructor	RDMS(AB, OB/GYN, BR)
<b>Parkview Whitley</b>		
Meagan Lee	Staff Sonographer, Lead Clinical Instructor	RDMS(AB)
Jill Fletter	Staff Sonographer; Clinical Instructor	RDMS(OB/GYN)
Lacy Koehler	Staff Sonographer, Clinical Instructor	RDMS(AB, OB/GYN); RVT(VT)
Jill Allard	Staff Sonographer, Clinical Instructor	RDMS(AB, BR, OB/GYN); RVT(VT)

# Regulations and Policies

## I. Academic and Professional Standards and Disciplinary Action

### A. Academic and Personal Conduct for MIRS Students

Serving in a healthcare field requires professional behavior based on integrity, common sense, respect for civil law, adherence to social norms, observance of professional standards, and moral responsibility. We expect our students to conduct themselves honorably and professionally at all times, both in the didactic and clinical setting.

All MIRS students are subject to both Purdue Fort Wayne (PFW) and IUFW regulations, policies and procedures for any incident related to a violation of academic or personal misconduct.

Any form of academic or personal misconduct is in direct conflict with professionalism and will result in disciplinary action including possible dismissal from the Program. In addition to expectations outlined in this handbook, expectations for student behavior can be found in:

- **The IU Code of Student Rights, Responsibilities, and Conduct**
  - <https://studentcode.iu.edu/>
- **The IU School of Medicine Honor Code**
  - <https://medicine.iu.edu/about/policies-guidelines/honor-code/>
- **The American Registry of Radiologic Technologists Standards of Ethics**
  - <https://www.arrt.org/docs/default-source/governing-documents/arrt-standards-of-ethics.pdf>
- **The American Society of Radiologic Technologists Practice Standards for Radiography**
  - <https://www.asrt.org/main/standards-regulations/practice-standards/practice-standards>
- **The Society of Diagnostic Medical Sonography Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer**
  - <https://www.sdms.org/about/who-we-are/scope-of-practice>
- **The American Society of Radiologic Technologists Practice Standards for Sonography**
  - [https://www.asrt.org/docs/default-source/practice-standards/ps\\_sonography.pdf?sfvrsn=1ce176d0\\_32](https://www.asrt.org/docs/default-source/practice-standards/ps_sonography.pdf?sfvrsn=1ce176d0_32)

Additional details related to expectations for student behavior in the clinical setting are outlined in the **Clinical Education Handbook Section** of this document, and additional details related to expectations for behavior in the classroom may also be included in **course syllabi**.

### B. Disciplinary Action and Appeals Policies and Procedures

The procedures for imposing academic misconduct or personal misconduct sanctions are designed to provide students with the guarantees of due process and procedural fairness. A student has the right to appeal any decisions concerning an alleged act of misconduct as outlined in the following policies and procedures:

Sanctions imposed involving IUFW staff, faculty, or students:

#### **IUFW Academic Policies, Appeals Process**

- <https://bulletins.iu.edu/iuftw/2023-2024/policies/academic-policy/probation.shtml>



Sanctions imposed involving PFW staff, faculty, or students may also be subject to:  
**PFW Code of Students Rights, Responsibilities, and Conduct**

- <https://catalog.pfw.edu/content.php?catoid=64&navoid=3730#code>

### C. Academic Standards

- **Grading System**

Examinations and assignments are given regularly, in accordance with the course plans of each instructor. At the end of each grading period, final achievement in a particular course is indicated by a letter grade that is translated into the 4.0 grading system as follows:

	Grade	Scale	Grade Points
Exceptional Achievement	A+	99-100	4.0
	A	96-98	4.0
	A-	94-95	3.7
Above Average	B+	92-93	3.3
	B	89-91	3.0
	B-	87-88	2.7
Average	C+	85-86	2.3
	C	82-84	2.0
Below Average	C-	80-81	1.7
	D+	78-79.9	1.3
	D	75-77	1.0
Failure	D-	73-74	0.7
	F	72 & below	0.0

- **Test Retake**

If a student receives a Test Score below 80% (79.9 or lower) in any professional course during the Program, they must retake the test. The test must be retaken until a passing score (80% or above) is achieved. Only the original score will be used to calculate the final course grade. Arrangements to retake the test must be made by the student with the course instructor. The test retake rule does not apply to final exams.

- **Grade Point Average (GPA)**

Grade Point Average is calculated by first multiplying the grade points for each course times the number of credit hours to receive the number of credit points. The sum of all credit points is divided by the sum of all corresponding credit hours.

- **IUFW Cumulative GPA**

Cumulative GPA includes all IUFW courses taken by a student and will be calculated at the end of each grading period.

- **Program Cumulative GPA**

Program Cumulative GPA is the average for all RADX courses taken by the student and will be verified at the end of each grading period to establish academic standing.

- **Good Academic Standing**

To be in good standing in MIRS, the following three requirements must be maintained throughout the three years in the Program:

- Students must achieve a grade of C- or better in all RADX courses.
- Students are also required to maintain a Program Cumulative GPA of 3.00.
- Students must complete the required clinical hours and competency standards within defined timeframes.

- **Violation of Academic Standards**

Students who fail to meet the requirements for Good Academic Standing are subject to dismissal from MIRS

#### **D. Grade Grievance/Appeals Policy & Procedure**

A student who desires to dispute a course grade due to mechanical or other such error should first address the concern with the instructor of the course. If no resolution is reached, the student should address the concern with the MIRS Program Director. If no resolution is reached, the student may:

Courses offered through PFW:

Refer to the Grade Appeals procedure at

[https://catalog.pfw.edu/content.php?catoid=64&navoid=3730#grade\\_appeal](https://catalog.pfw.edu/content.php?catoid=64&navoid=3730#grade_appeal)

Courses offered through IUFW:

The purpose of a course grade appeal is to provide recourse to a student who has evidence or believes that evidence exists to show that an inappropriate grade has been assigned. Faculty have the authority and responsibility to fairly judge the quality of student work in the courses they teach, including written, examination, clinical, and laboratory performance. The purpose of the policy on student grade appeals is to provide a system that affords recourse to a student who has evidence or believes that evidence exists to show that an inappropriate grade has been assigned as a result of prejudice, caprice, or other improper conditions such as mechanical error, or assignment of a grade inconsistent with those assigned to other students. The grade appeals procedure is designed to protect students from grade assignments that are inconsistent with policy followed in assigning grades to others in the course.

Medical Imaging and Radiologic Sciences outlines the Course Grade Appeal process and the appropriate procedural steps therein. A grade will not be raised because a faculty member graded tests, projects, or assignments very severely, providing the faculty member applied the same rigorous standards to all students. Nor will proof that a faculty

member has been antagonistic toward the student be sufficient cause to raise a grade unless evidence exists that such antagonism did in fact result in a lower grade. The grounds for appeal are limited.

### **Appeal Protocol Levels:**

1. **Primary Level:** Should a student have a concern about a course grade the student should first seek an appointment to discuss the grade with the course faculty member. The student should contact the faculty member in this case within 5 working days of receipt of the grade. A working day includes Monday – Friday excluding university holidays or other days that the university is closed for any reason. The grade may be received through a formal notification of the grade from the faculty member, or through the grade posted on One.IU, whichever comes first. The faculty member shall meet with the student promptly to discuss the concern.
2. **Intermediate Level:** Following this meeting, if the student continues to believe that an inappropriate grade has been assigned, the student should promptly complete the Change of Grade Petition Form which will be sent to the MIRS Director. The MIRS Director will consider evidence in the matter, and draw a conclusion which shall be communicated to the faculty member and student. The Change of Grade Petition Form and more information can be found: <https://fortwayne.iu.edu/grades-records/change-grade-petition.html>
3. **Final Level:** Following this meeting, if the student continues to believe that an inappropriate grade has been assigned, the student should promptly seek an appointment with the Associate Dean for Undergraduate Programs. The Associate Dean for Undergraduate Programs shall meet with the student, consider the matter fully, and provide a written summary of the final findings to the student, copied to the faculty, and MIRS Director.

### **E. Dismissal and Withdrawal Policy for Medical Imaging Program**

1. **Academic standards:**
  - a. Violation of the program academic standards include:
    - i. Failure to maintain a minimum cumulative GPA of 3.0 for professional program GPA.
    - ii. Receiving a grade below C- (79.9%) in any professional course of the program.
    - iii. Inability to complete the required clinical hours or failing to meet the clinical competency standards within defined timeframes.
2. **Professional standards:**
  - a. Violation of the program and professional codes of conduct (see Academic and Personal Conduct Section, I.A), include but are not limited to:
    - i. Unprofessional behavior towards faculty, staff, or fellow students.
    - ii. Breach of patient confidentiality.
    - iii. Academic dishonesty, such as cheating or plagiarism.

- iv. Substance abuse or being under the influence of substances while on clinical rotations.
- v. Engaging in any activity that poses a risk to patient safety or compromises the integrity of the profession.
- vi. Conviction of a felony or any offense related to patient abuse, theft, or fraud.
- vii. Engaging in illegal activities that could potentially harm patients, colleagues, or the reputation of the program.

**Dismissal:**

1. Upon the recommendation of the faculty in the student's program, a student may be dismissed from the School of Medicine. Dismissal is based on the failure to meet academic or professional standards. The student will be informed of the dismissal in writing by the School of Medicine dean or the dean's designee.
2. A student who has been dismissed from the school may not apply for readmission to the program in which the student was enrolled at the time of dismissal.
  - a. Under special circumstances, a waiver may be requested by the program and forwarded to the Health Professions Programs' Executive Committee for action. Students dismissed for personal or academic misconduct are not eligible for readmission to the professional program or admissions to any other Health Professions Program. See IU School of Medicine Academic Regulations, Dismissal <https://bulletins.iu.edu/iupui/2023-2024/schools/medicine/academic-regulations/academic-policies.shtml> for more information.
    - i. In order to be eligible for a waiver, the student must submit a letter defining the special circumstances to the Medical Imaging Faculty Committee within five (5) business date of dismissal notification.
    - ii. If a waiver is approved, the student will be required to meet the standards outlined in the waiver letter (e.g., new prerequisite coursework, application for admission as a new applicant, etc.).

**Withdrawal and Readmission** A student may be readmitted to the School after withdrawal as follows:

**Temporary Withdrawal** Students in good standing who voluntarily and temporarily withdraw from a program assume temporary inactive status with the School. At the time of departure, it is the student's responsibility to arrange in writing a continuation agreement with the individual program director. The student is allowed to re-enroll as specified in the continuation agreement. The student must meet any specific academic/clinical requirements associated with re-enrollment under the continuation agreement. Students failing to re-enroll as specified in the continuation agreement are subject to dismissal from the School and program.

**Other Withdrawal** A student who withdraws without arranging in writing for a continuation agreement with the program director, or who fails to enroll in any semester, will not be allowed further enrollments in the School and will be considered as not making satisfactory progress toward a degree. Such students who want to re-enroll must file an application for admission and will be considered new applicants. New prerequisites and

standards must be met. These students may be considered for advanced standing in the program provided the completed work meets the current standards of the program.

## **II. Program Policies**

The Program policies listed in this section do not include all of the policies and procedures related to the clinical education component of the Program. Please refer to the Clinical Education Section of the Handbook for policies related to Clinical Education requirements.

### **A. Attendance Policy**

#### Absences

Students in MIRS are required to attend all classes and all clinical assignments in accordance with the Clinical Attendance Policy. It is recognized that illness and emergency situations do occur and that in certain situations absence from class and/or clinic may be unavoidable. When possible, absences are to be pre arranged with the MIRS Faculty associated with the course missed. Unexpected absences must be accounted for satisfactorily.

Please see [Clinical Attendance Policy](#) for policy details.

#### Class Attendance Policy and Procedures

Students are required to attend all scheduled classes. Illness and/or emergencies are the only acceptable excuse for absence from class. If you are ill, you must notify the faculty at least ½ hour prior to the class start time to report the absence. Absences other than illness must be explained to the satisfaction of the course instructor who will decide whether the omitted work may be made up. Students are responsible for making the arrangements to make-up incomplete work assignments, classroom assignments and/or examinations. The syllabus for each course will describe the attendance requirements for that course. Faculty may use attendance as a portion of the grade for each course.

#### Absence from Examinations

Each faculty member is to include in the course syllabus the restrictions and procedure the student must follow if an examination is missed. Documentation of illness may be required. A student who does not contact the instructor as soon as they return to campus after an illness may not be allowed to make up the examination. It is expected that the student will take make-up examinations before or on the day that the student returns to class unless a faculty member's syllabus indicates otherwise, or the faculty member approves another arrangement.

#### Classroom Tardiness and Disruptions

Students are expected to be ready to participate when class begins. If you arrive late, please courteously and quietly join the class without being a distraction.

Students should avoid activities that may result in a class disruption. Examples of such disruptions include leaving the room during the class time, receiving text messages or phone calls, inappropriate use of internet connection during class, and talking when it's not appropriate to the course activity. Faculty may require students to leave class if they are disruptive. Inappropriate use of laptops or other electronic devices will result in loss of privilege during class sessions. Faculty may assess grading penalties for tardiness and/or disruptions.

## **B. Criminal Charges Policy**

If a student is brought up on any criminal charge while in the Program, they MUST:

1. Inform the Program Director immediately. The Program Director will work with the University, Clinical Coordinator, and Clinical Site Administration and will help the student to work with the ARRT/ARDMS to determine if:
  - a. it is necessary for the student to take a leave of absence until the issue is resolved and full rights are restored to the student.
  - b. the student will be eligible to sit for the national certification examination.
  - c. the student may continue their education at the clinical sites.
  - d. the student must be dismissed from the Program.
2. A student who fails to disclose a criminal charge to the Program Director is subject to dismissal from the Program.

## **C. Medical Imaging and Radiologic Sciences Energized Laboratory & Equipment Policy**

Medical imaging students practice and simulate medical imaging examinations under the supervision of qualified and appropriately credentialed Faculty in designated MIRS imaging lab(s) on campus. Students must abide by the following policy when using the lab(s):

1. Students must adhere to the MIRS Academic and Professional Standards Policy at all times.
2. Upon completing a lab equipment checklist, students may schedule use of the lab during off-hours for practice.
  - Requests must be submitted to a MIRS Faculty member at least 24 hours in advance to the requested time.
  - A request to schedule the lab does not guarantee permission.
3. Equipment must always be operated in a manner consistent with its design.
4. Any suspected equipment malfunction should be reported to the MIRS Faculty immediately.
5. Visitors are not allowed in the lab without prior approval from a MIRS Faculty member.
6. Students must clean the lab in accordance with all applicable infection control and disinfection standards and properly store all equipment and supplies after each use.

7. Lab will remain locked when not in use.

#### **D. Human Subject and Volunteer Policy**

Diagnostic medical sonography educational programs commonly use student volunteers, public volunteers, and standardized patients during hands-on sonography training sessions to practice sonographic procedures and techniques. Prior to participating as a volunteer, all models (including student volunteers) must sign and date the [Diagnostic Medical Sonography Program Scan Lab Model](#) written consent form annually (or whenever updated). Student participation as a lab volunteer is optional, and choosing not to be scanned will not affect the student's course grades or evaluations.

**Special Considerations:** Pregnant volunteers must have completed their anatomical scan with their physician office prior to volunteering as a model.

**Incidental Findings:** With an educational scan lab, there is the possibility of uncovering an unexpected or "incidental finding". An incidental finding is the identification of a sonographic finding or medical condition that was previously unknown to the model.

In the event that an incidental finding is discovered by a sonography student while scanning a patient during lab, the student should discuss the possible incidental findings with the Faculty member instructing the scan lab (outside the model's presence, if possible). The scan lab instructor will take the model to a private location and disclose that during the scan lab, the sonographic examination appeared to be different than expected. The Faculty member will instruct the model to consult their personal physician or other healthcare provider (e.g. physician's assistant, nurse practitioner, etc..). If the model does not have a personal physician, the scan lab instructor will provide a list of physicians in the area. In cases where the scan lab instructor believes the incidental finding is of an emergent nature (e.g., sonographically appears to be a possible dissecting aortic aneurysm), the scan lab instructor will ensure appropriate medical care is available and call 911.

#### **E. Student Concerns and Complaints**

**Student Rights Complaints:** If a student believes that any of their rights have been violated by a member of the university community and wishes to file a complaint, the student should refer to: <https://fortwayne.iu.edu/experience/student-conduct-and-safety/index.html>

**Academic Program Concerns:** Student concerns related to the academic Program (requirements, curriculum, faculty, advisors, policies, facilities, etc.) should be submitted in writing to the MIRS Director using the Academic Program Concerns form in Appendix D. The director will review the concern and work with the student(s) to find a reasonable solution. If the solution is not satisfactory to the student(s) or the concern regards the Program Director, the student(s) may appeal to the IUFW Associate Vice Chancellor of Academic Affairs and Operations.

**Student Services Concerns**: Student concerns related to student services (admissions, registrar, financial aid, bursar, etc.) should be directed to the IUFW Director of Student Central. If the solution is not satisfactory to the student(s) or the concern is regarding the Student Central Director, the student(s) may appeal to the IUFW Associate Vice Chancellor of Academic Affairs and Operations.

## **F. Student Records**

Official University records are maintained by the IUPUI registrar, IUPUI bursar, and IUFW Student Central.

Clinical compliance records including Health and Immunization Records are maintained in a secure on-line database. Students are provided information on how to access their personal records per the vendor's terms and conditions.

Program specific records are maintained in locked file cabinets, locked offices, or on the secure MIRS drive on the IUFW campus until students graduate and pass the registry. After that time, the individual student files are shredded and only aggregate data for each graduating class is kept on file.

Faculty maintain course specific records for the students enrolled in that faculty member's course. Faculty members are responsible for always keeping individual student records confidential.

# **Student Services and Advising**

## **I. Student Services**

Students are eligible for specific student services provided through Purdue Fort Wayne and IUPUI. Please refer to the IUFW website to review student services available through the University at <https://fortwayne.iu.edu/experience/index.html>

## **II. Student Advising**

Each MIRS student is assigned a MIRS faculty advisor who will serve as the primary academic advisor throughout the Professional Program. The advisor will assist the student with academic success and planning; however, the student is responsible for his/her own academic progress and being knowledgeable about the academic requirements that must be met before a degree is granted.

An academic review of each student's progress is completed at mid-term each semester and shared with each student. At minimum, the review includes:

- Current course grades
- Current clinical progress
- Student Self-Assessment
- Academic and clinical goals



- Progress toward degree completion

Individual advising meetings are scheduled as needed.

Academic and clinical progress of the student is monitored throughout the semester and shared with the student on an ongoing basis. An advisor or any faculty member may approach a student any time during the Program to discuss areas where performance surpasses normal expectations or areas where improvement is needed.

Students who are experiencing difficulties in the didactic and clinical coursework may obtain personal tutoring from the faculty. The student should seek help as soon as problems develop by contacting the faculty. Professional counseling is available through Purdue Fort Wayne Student Assistance Program. See <https://www.pfw.edu/student-counseling> for more information.

## **Clinical Handbook**

### **Clinical Education**

#### **I. Overview & Integration of Didactic & Clinical Education**

Clinical education is a significant and integral part of the Program. The purpose of clinical education is to provide the student with the opportunity to transfer theory into practice and to develop the skills, competencies, and professional attributes necessary to perform as a competent entry-level sonographer upon graduation.

The medical imaging curriculum is designed as an integration of didactic instruction and clinical education. The didactic portion of the curriculum includes classroom discussion, structured laboratory activities, and professional development experiences related to medical imaging. These didactic learning experiences are intended to provide the foundation of knowledge for students to apply in a clinical setting.

The curriculum for the first year of the Program is planned to guide students toward an understanding of the profession, methods of patient care and assessment, sonography safety, physics, and the principles and procedures of sonography so as to develop a foundation for clinical competence in the performance of routine ultrasound examinations and patient care and assessment.

During the first year, students are assigned to clinical areas that are primarily responsible for abdominal, obstetric and gynecological, and vascular procedures, as well as patient care and assessment for routine ultrasound examinations. Students may also be assigned to clinical areas that provide an understanding of the various roles in an imaging department and an opportunity to observe the patient care and assessment skills required in advanced imaging modalities.

The curriculum during the second and third year is focused upon expanding and gaining proficiency in the principles, physics and skills learned in the first year, plus studying pathological variances, image interpretation and critique, legal and ethical implications of practice, safety and quality, informatics, and professionalism.

Students are assigned to clinical areas during the second and third year that are primarily responsible for expanding, refining and gaining proficiency in first year skills such as neonatal and pediatric exams, portable/surgical procedures, trauma sonography, image critique, quality assurance, and patient care and assessment.

During the third year, students may have the opportunity to select optional rotations in specialty diagnostic medical imaging clinics that allow exploration of sonographic imaging in Maternal Fetal Medicine, Vascular, and Breast imaging.

## II. Clinical Supervision Policy

Medical Imaging students must be supervised by a qualified technologist when participating in or performing any medical imaging procedures. For all clinical rotations, each student is assigned a supervising technologist by the Clinical Instructor at the respective site. This assignment is verbally conveyed to students when they arrive at the clinic. The assigned supervising technologist is responsible for the supervision of his/her assigned student as described below.

When students are in their assigned clinical areas, they will respect the authority of each Faculty member, Clinical Instructor and all supervising technologists, Radiologists and other Healthcare Providers.

Each Clinical Instructor is responsible for:

- Directing the proper supervision and evaluation of all students in the clinic
- Completing Competency Evaluations
- Assisting sections of Clinical Education courses as needed
- Ensuring that students adhere to the policies of MIRS and the Imaging Department/Clinical Facility
- Communicating any problem, conflict, or suggestion for improvement regarding either a student or the Clinical Program to a faculty member.

The degree of supervision required for a student depends upon the level of the student's clinical competency. As students progressively gain proficiency in procedures, they are allowed to assume more responsibility. Students are guided toward greater independence in order to develop speed, confidence, and the ability to organize and work under pressure. Students, however, shall NOT take the responsibility or place of a technologist to supplement inadequate staffing.

### A. Direct Supervision

1. **Direct Supervision** is required for:
  - a. Any examination for which a student has not demonstrated competency
  - b. Any repeat exam
  - c. All invasive procedures (e.g. transvaginal, breast, and scrotum exams)
  - d. All portable and surgical procedures
2. **Direct Supervision** requires that a qualified sonographer:

- a. Checks the order and the examination request and reviews it related to the student's achievement.
- b. Assesses the condition of the patient to determine if it would be contraindicated to performance by the student.
- c. Is present (in the room) either assisting or observing the student.
- d. Critiques and approves all sonographic images before the patient is released.

**B. Indirect Supervision**

- 1. **Indirect Supervision** is acceptable for non-invasive routine diagnostic imaging procedures performed in the imaging department for which a student has demonstrated competency
- 2. **Indirect Supervision** requires that a qualified technologist:
  - a. Checks the order and the examination request and reviews it related to the student's achievement
  - b. Assesses the condition of the patient to determine if it would be contraindicated to performance by the student
  - c. Is ***immediately available*** to assist the student if the need arises (technologist must be close enough to hear a call for help)
  - d. Critiques and approves all sonographic images before the patient is released

**III. Grading Policy**

A student's Clinical Education grade is based on their performance of the clinical objectives. Objectives are outlined and provided to students in the Clinical Education syllabi each semester and include expected performance outcomes related to cognitive, psychomotor and affective behaviors. Clinical Education grades are determined using the evaluation tools and assessments listed below. The weight of each assessment item may vary from semester to semester and is provided to students in the Clinical Education syllabi.

**A. Clinical Education Coursework/Assignments**

Each semester, students are required to complete a specific assignment (or assignments) related to clinical education experiences. Detailed instructions and information regarding the assignment(s) will be provided on the Clinical Education syllabus at the beginning of each semester. The completed assignments are reviewed and graded by the Medical Imaging Faculty member(s) responsible for the Clinical Education course that semester, and the scores are used in the calculation of the Clinical Education grade.

**B. Clinical Documentation**

**1. Clinical Attendance Documentation**

This includes, but is not limited to, correctly logging in and out of eValue during clinical times, being on time, being logged onto the clinical facility's WiFi, remembering to clock out, making clinical notes when deviating from the schedule, and correct Personal Time reporting.

Please refer to the [Clinical Attendance Policy](#) for more details on how attendance might impact clinical grade.

## **2. Clinical Assignment Evaluation Submission**

Each student is required to submit a Clinical Assignment Evaluation for each week's clinical rotation. Failure to send an evaluation for each clinical rotation will result in a grade reduction proportional to the number of weeks required during clinical rotations for that semester as outlined by the Clinical Course Syllabi. For example: A student sent 12 out of 15 weekly evaluations, so that student's grade would be  $12/15 = 80\%$ . (Clinical Assignment Evaluation grade not to exceed 100%.)

Please refer to the [Clinical Assignment and Evaluation Policy](#) for more details.

## **3. Clinical Competency Evaluations**

Students are required to have successfully completed and submitted a specific number [Clinical Competency Evaluations](#) each semester. Failure to meet the required number of Clinical Competency Evaluations per semester will result in a clinical competency evaluation grade reduction proportional to the number of required evaluations. For example, if the total number of required Mandatory and Elective clinical competencies for a semester is 25, completion of 20 would result in a clinical competency evaluation grade of  $20/25 = 80\%$ . Clinical competency evaluation grade not to exceed 100%.

Please refer to the [Clinical Competency Policy](#) for more details.

## **4. Performed Exam Evaluations**

Students are required to have successfully completed and submitted a specific number of performed exams each semester. Failure to meet the required number of performed exams per semester will result in a performed exam evaluation grade reduction proportional to the number of required evaluations. For example, if the total number of required Performed Exams for a semester is 25, completion of 20 would result in a performed exam evaluation grade of  $20/25 = 80\%$ . Performed exam evaluation grade not to exceed 100%.

Please refer to the [Clinical Competency Policy](#) for more details.

## **C. Clinical Assignment Evaluation Score**

Student performance in assigned clinical areas is evaluated at the end of each clinical assignment rotation. A [Clinical Assignment Evaluation](#) will be provided by the student to their assigned supervising technologist who will complete it in the E-Value Tracking system.

Each response on the evaluation is assigned a point value. The point values for all evaluations in each semester are tabulated, averaged and converted into a percentage that will be used in the calculation of the Clinical Education grade.

#### **D. Adherence to Clinical Policies and Expected Student Conduct**

Students are expected to adhere to the clinical policies and conduct as outlined throughout the MIRS Student Handbook.

Documented violations of policy and/or misconduct will result in lowering the Clinical Education course grade as specified in each policy or section. Please note in specific policies that there are certain cases of violation and/or misconduct that will result in failure of the Clinical Education course and the initiation of procedures for dismissal from the Program.

#### **E. Combination of Penalties**

The Clinical Education course grade will be lowered for each incident of failure to meet the requirements for Clinical Attendance and Professional Conduct as described above. For example, a student that exceeds Personal Time and is written up for violation of a MIRS policy will result in a TWO letter grade drop of the Clinical Education grade.

#### **F. Grading Scale**

	Grade	Scale	Grade Points
Exceptional Achievement	A+	99-100	4.0
	A	96-98	4.0
	A-	94-95	3.7
Above Average	B+	92-93	3.3
	B	89-91	3.0
	B-	87-88	2.7
Average	C+	85-86	2.3
	C	82-84	2.0
Below Average	C-	80-81	1.7
	D+	78-79.9	1.3
	D	75-77	1.0
Failure	D-	73-74	0.7
	F	72 & below	0.0

### **IV. Clinical Attendance Policy**

Consistent, punctual attendance in the clinical setting is essential in order to develop clinical competence, interpersonal communication skills, an aptitude for teamwork and professionalism, and appropriate patient care for diverse populations.

Students are required to achieve the minimum objectives outlined for clinical experience courses regardless of the student's attendance pattern. All clinical hours must be appropriately documented and will be reviewed and evaluated by MIRS Faculty.

## A. Clinical Absences

### Absences/Personal Time

Students are given personal time to be used as needed during their clinical rotations. Students must follow MIRS guidelines for use of this personal time.

If a student will be absent from clinic the student must notify the clinical site at least ½ hour prior to the clinical start time to report the absence, and they must also log the absence in eValue with a note stating, “personal time”. Absence from the clinic due to an emergency will be counted as Personal Time and must be reported to the Clinical Coordinator and the clinical site as soon as possible. Any clinical time missed beyond allotted Personal Time must be made up at a time arranged with and approved by the Clinical Coordinator.

### Professional Development Activities

On occasion, a student or students may request or be assigned to participate in professional development that takes place during scheduled clinical hours. These events must be pre-approved by the Program Director or Clinical Coordinator. Students will **not** be required to make up clinical days missed due to **pre-approved** activities directly related to professional development. The days missed will not be counted as Personal Time and will not impact the Clinical Education grade.

### University-Related Activities

Students who participate in official University clubs, scholarship events, or other University activities may be required to attend related events during scheduled clinical hours. Absence from clinic for these events must be pre-approved by the Program Director or Clinical Coordinator. These events will be reviewed on a case-by-case basis regarding the clinical schedule and make-up requirements. The clinical time missed for these events will not be counted as Personal Days and will not impact the Clinical Education grade.

## B. Clinical Time Tracking

The Medical Imaging Faculty believe that students should be present and on time to all clinical rotations. We believe that regular attendance in clinical assignments is important to the growth and development of students. We also recognize that situations beyond the student’s control may happen. The following rules will apply:

1. Clinical Time is cumulative over the course of each student’s progress throughout the MIRS program. Any Personal Time that isn’t used in one semester will carry over into the next. (*See clinical Time allotment schedule below for more details*)
2. Clinical time will be subtracted from the student record in 15-minute increments. For example:

- a. A student who missed anywhere from 1-15 minutes of scheduled clinical time will be recorded as having missed a total of 15 minutes of clinical time in the Clinical Attendance Documentation record.
  - b. A student arriving 16 minutes late to clinic will result in 30-total minutes being deducted from the student's clinical time record.
3. Students may clock in early or stay late on a clinical day; however, only time that falls within the scheduled time will count toward the students' clinical record. For example:
    - a. A student that arrives 15 minutes early to clinical, may NOT leave 15 minutes early from clinical.
    - b. A student may not bank time. Except if previously arranged with the clinical coordinator for extenuating circumstances such as pregnancy, surgery, or other extenuating circumstances.
  4. A student is allotted a 30-minute break for every clinical shift.

**Personal Time allotment schedule**

<b>SEMESTER:</b>	<b>ALLOTMENT OF PERSONAL TIME HOURS:</b>
<b>1ST YEAR FALL</b>	<b>32 HOURS</b>
<b>1ST YEAR SPRING</b>	
<b>2ND YEAR SUMMER</b>	<b>32 HOURS</b>
<b>2ND YEAR FALL</b>	
<b>2ND YEAR SPRING</b>	<b>32 HOURS</b>
<b>3RD YEAR SUMMER</b>	
<b>3RD YEAR FALL</b>	<b>32 HOURS</b>
<b>3RD YEAR SPRING</b>	
<b>TOTAL:</b>	<b>128 HOURS</b>

**C. Clinical Make-Up Time and Grade Reductions**

1. Time missed beyond the allotted hours of Personal Time is always required to be made-up. This make-up time will be scheduled by the student with the approval of the Clinical Coordinator. Due to clinical site availability, make up time will frequently be scheduled on weekends.
2. Clinical time missed beyond the allotted hours will be tracked and must be made-up. Make-up time must be completed before the beginning of the session/semester after the clinical absence(s). Students who do not complete assigned make-up time within the specified time will be subject to dismissal from the Program.

3. Students who go over allotted personal time will have their Clinical Experience Grade lowered **one letter grade**. In some circumstances (such as in cases of extended illness or death of an immediate family member), a student may petition the Faculty Committee for an exception to any part of this policy. However, a petition to the Committee does not guarantee that an exception will be granted.

- i. **Letter of Appeal for Grade Reduction**

In the event that a student exceeds their allotted personal hours and is subject to a Clinical Education Grade reduction, they may choose to submit a letter of appeal to the MIRS faculty. A Letter of Appeal for Grade Reduction must include the following:

1. Date of appeal
2. Student information (name, imaging track, year)
3. An outline of the dates and times personal time was utilized
4. Explanation of the desire for exception from policy
5. Explanation of how the allotted AND excess personal time was utilized – this is the student’s opportunity to explain how the excess time was justified
6. Explanation of what steps will be taken to avoid exceeding allotted personal time in the future
7. Conclusion
8. Student signature

Any letter that does not meet the Letter of Appeal for Grade Reduction criteria outlined above will not be reviewed by the MIRS faculty and therefore will be rejected.

A Letter of Appeal for Grade Reduction must be submitted to the MIRS faculty two weeks prior to the end of the semester. Please note that a Letter of Appeal for Grade Reduction does not guarantee that an exception will be granted.

#### **D. Designated Breaks and Holidays**

MIRS follows the IUFW Academic Calendar for breaks and holidays. During these designated dates classes will not be held, and students will not be scheduled for clinical assignments or make-up time. The IUFW Academic Calendar is available on the IUFW website: <https://fortwayne.iu.edu/calendars/index.html>

#### **E. Inclement Weather**

When weather conditions are such that the Fort Wayne campus is closed, all Medical Imaging classes and clinical assignments are canceled. In these cases, students do not need to contact the Clinical Coordinator nor the clinical site. Note: In the event that the campus does not close, and a student feels road conditions are too dangerous to drive, or the roads have been shut down by their county, the student may contact the Clinical Coordinator to report an absence due to emergency weather conditions.



## F. E-Value Time Log (Attendance Record)

Students are responsible for keeping an accurate daily record of their time spent in the clinic. It is the student's responsibility to clock-in immediately upon arrival and clock-out before leaving for the day. Students must be consistently connected to the facility's WiFi when they are clocking in and out of e-value.

### Reporting Personal Time

Notify the clinical site at least 30 minutes prior to the start of the shift if you are going to deviate from your scheduled hours. In an emergency situation, notify the clinical site as soon as possible.

If you plan to leave clinic early by taking Personal Time, you must notify your CI and/or assigned technologist at the beginning of your shift.

All Personal Time must be reported through E\*Value. A note saying "Personal Time" must be entered in E\*Value in the notes section of Time Tracking within the same day.

Students are expected to be honest and ensure accuracy in the recording of their times. Misrepresentation of clinical attendance is considered falsification of records and will result in failure of the Clinical Education course and generate the initiation of procedures for dismissal from the Program.

## V. Clinical Assignment and Evaluation Policy

### A. Clinical Assignment Allocations and Schedules

Clinical assignments are based on the performance objectives of each Clinical Education course and, therefore, vary from semester to semester. Although every effort has been made to ensure equity in the types of clinical areas between institutions, it is impossible to make the rotations exactly equal. This is because of differences in the number of students and slight variances between the imaging departments. Clinical Assignment Schedules are computed on a semester basis. Copies are given to the students at least three weeks prior to the beginning of the semester. Copies are also provided to the departments at each clinical site and kept on file at the MIRS office. Students are not permitted to trade clinical rotations with other students without specific permission from either the Program Director or the Clinical Coordinator.

### B. Non-Traditional Clinical Assignments

MIRS defines non-traditional clinical experience as any time scheduled outside of Monday – Friday, 5:00 a.m. – 7:00 p.m. Students will be assigned some rotations during

non-traditional times throughout their clinical experience in the Program. The purpose of assigning students to evening and weekend rotations is to provide a different but essential learning environment which:

1. Allows students to experience diagnostic imaging operations on shifts other than the typical day shift.
2. Provides opportunities for students to work closely with critically ill, trauma, and other patient types not commonly seen during a weekday.
3. Provides additional opportunities for students to participate in portable and surgical procedures.
4. Aids the development of independent judgment and teamwork activities.

### **C. Clinical Objectives for Non-Traditional Assignments**

The student will:

1. Observe the prioritization of the patient work list.
2. Progress to active participation in the prioritization of the patient work list.
3. Observe the image sequencing of critically ill and traumatized patients.
4. Progress to active participation in the image sequencing of critically ill and trauma patients.
5. Develop proficiency in portable and surgical procedures.
6. Develop communication and patient care skills with the critically ill, critically traumatized, intoxicated, drugged, uncooperative and assaulted patients.

### **D. Clinical Evaluations**

The supervising technologist will be responsible for evaluating their assigned student in such categories as: student appearance, punctuality with limited absences, initiation, radiation protection practices, clinical skills and abilities, patient care and communication, teamwork, and professionalism. The student is responsible for sending the supervising sonographer a Clinical Evaluation Form each week. Please refer to the guidelines listed below regarding Clinical Evaluations.

1. The student is responsible for sending the appropriate form to the supervising sonographer (see Appendix D). The [Clinical Assignment Evaluation](#) form is to be used for all clinical rotations. The student will submit the evaluation through the E-Value Tracking System.
2. The sonographer will complete the evaluation within eValue indicating the student's progress, clinical strengths, and areas for needed improvement.
3. If a student is assigned to more than one sonographer during the rotation, the student should send the evaluation to the sonographer they worked with the most, or a student may elect to give an evaluation to each of the sonographer they were assigned to during the rotation and all the evaluations will be tabulated together.
4. The sonographer may or may not elect to discuss the evaluation directly with the student. If the sonographer does not discuss it with the student, the student will be able to read the evaluation and make any desired comments. In the E-Value

Tracking System, students are given the opportunity to review all evaluations submitted after MIRS reviews/releases the evaluation in the E-Value system. Whenever the student reads the evaluation, they must agree or disagree with the evaluation in the E-Value System. Grades on the evaluation will count whether the student agrees or disagrees.

5. The responses on the Clinical Evaluations are tabulated and averaged into the Clinical Education grade twice every semester: At mid-semester and again at the end of the semester. After calculations of the grades, mid-semester conferences and end-of- semester review are held, and progress is discussed.

#### **E. Student Self-Evaluations**

The students are required to complete a [Self-Evaluation Form](#) related to clinical progress which includes goals for the following grade period at mid-semester. The student self-evaluation:

1. Provides the students an opportunity to reflect on their past and current performance in the clinic.
2. Guides the students in selecting individualized goals.

### **VI. Clinical Competency Policy**

The purpose of this policy is to outline the procedural requirements and rules which the student and technologist will utilize in completing Clinical Competency Evaluations (Appendix D). These evaluations will help the student develop the clinical competencies necessary to function as an entry-level medical imaging technologist. It is up to the judgment/discretion of the technologist whether to allow the student to perform an exam for competency. Patient condition or insufficient time would be examples of acceptable reasons for discouraging a competency attempt. However, the technologist should be mindful that each student must complete a minimum number of competencies each semester.

#### **A. Clinical Competency List**

The [Clinical Competency List](#) in the Appendix is a sample of a list of competencies that must be successfully completed by a student during the Program as a requirement for graduation. Students are provided with the form listing their requirements in the Orientation course. The form includes a place to record the date of each documented competency completed in General Patient Care and Imaging Procedures as well as a place to indicate if each competency was completed as a simulated exam or on a patient.

#### **B. General Patient Care**

Students are required to demonstrate competency in the general patient care practices listed on the Clinical Competency List. Apart from CPR (Cardiopulmonary Resuscitation), these competencies are demonstrated, simulated, and evaluated during Patient Care and/or Clinical Education courses and labs conducted by MIRS Faculty. Students are required to submit documentation of CPR certification prior to the beginning of each Fall semester as a clinical compliance requirement to participate in the clinical rotations for Clinical Education.

## **E. Performed**

A performed exam consists of a student obtaining all required protocol images with high quality while manipulating the ultrasound equipment under the guidance of a clinical sonographer. Sonographers can take additional images *in conjunction* to what has already been obtained, however, if protocol images are missing or images are of poor quality then the student will not receive a performed exam. Performed exam requirements were created to ensure students are scanning a variety of exams as well as a stepping stone to prepare students for the competency process.

## **C. Proficiency**

A Proficiency is the process by which a student will simulate a medical imaging exam on a live subject (not a patient) in a simulated lab. Proficiency requirements were created to provide students instruction and foundation on how to perform the examination for sonographic examinations that are either not performed or are lower in volume in the clinical setting. The simulation is evaluated by one of the MIRS Faculty and is included in their semester specific competency requirements.

## **D. Competency**

A Clinical Competency is the demonstration of knowledge, skills, abilities, and personal attributes that meet minimum requirements of the performance of specific patient-focused exams or procedures accomplished within the clinical setting based on medically requested examinations. When completing a competency, a student's performance on a medical imaging exam is evaluated and documented by an appropriately credentialed sonographer using case log in the E-Value System.

### **Guidelines for Completing a Competency**

1. Competency Evaluations may be completed only after a student has completed the corresponding unit practical.
2. Competency Evaluations must be done on real patients apart from those simulated by Faculty.
3. The student must inform the sonographer of their intention to complete a competency prior to beginning the procedure, and the student must perform the entire procedure.
4. If the competency exam is relatively uncommon, the student may BRIEFLY review their "Black Book" before beginning the exam (the book is CLOSED after starting). Under NO circumstances is the sonographer allowed to give hints or tell the student how to perform the exam.
5. It is the student's responsibility to send the technologist a Competency Evaluation through E-Value immediately following the exam. The following information is to be completed by the student:
  - a. Patient's General Condition
  - b. Type of Exam
  - c. Student's Name
  - d. Date of Exam and Patient's DOB (especially for Pediatric Exams)
  - e. Type of Category
6. The Competency Evaluation must be completed by a clinical instructor that possesses the appropriate credential in the concentration(s) for which they evaluate student

- performance. A successful competency will be indicated by a definite “Yes” response regarding the student’s capability of performing the exam without direct supervision.
7. If at any time during the course of the exam, the sonographer perceives a student action as potentially detrimental to the patient’s welfare, the technologist should immediately step in and assist with the procedure. This should be noted on the Competency Evaluation form.
  8. Each semester, the student must successfully complete a specified number of Competency Evaluations. Failure to achieve the required amount by the end of each semester will result in lowering the Clinical Competency Exam grade in the Clinical Education course.
  9. In order for a student to graduate from the Program, they **MUST** have successfully completed all the competencies required on the Clinical Competency List. If at the end of the Program, they have not completed all the competency requirements, the student will receive an Incomplete in the Clinical Education grade and will be allotted a period of time in which to complete the requirements. The Incomplete grade will automatically become a failing grade if it is not removed within that period, and the student will not officially graduate. A student who has not completed the Program requirements will not be verified to sit for the ARDMS examination.
  10. In certain circumstances, because of low patient volume for certain procedures, the faculty may elect to allow a student to simulate an exam. In such a situation, simulated competency evaluations may replace the requirement of patient examinations. This will be left to the discretion of the MIRS Faculty. Simulated competencies will be completed by students with MIRS Faculty.

## **VII. Clinical Support & Clinical Conflict Support**

### Conflict Support

Clinical Course meetings are conducted by the Clinical Coordinator(s) and/or other MIRS Faculty at least twice during fall, spring, and summer clinical courses. The purpose of the course meeting is to review and clarify clinical policies, expectations, and assignments; discuss student clinical experiences; and to provide general support for students in relation to the clinical environment. These meetings allow common clinical situations to be discussed and possible resolutions to be reviewed and evaluated in a group setting under the guidance of the Clinical Coordinator(s) or Faculty member(s). The discussions are not intended to single out individuals or specific incidents, rather they are intended to address common occurrences as identified through Faculty experience.

Students are encouraged to schedule an individual appointment with the Clinical Coordinator(s), Program Director, or other MIRS Faculty member for support if the need exists to discuss specific and/or sensitive clinical situations where privacy/confidentiality might be a concern.

Clinical support for students is also provided during group and individual advising conferences held at mid-semester each Fall and Spring. At these times, students are offered a copy of their personal Clinical Education Grade Report which summarizes all of the Clinical Education grade data (see [Sample Semester Grade Report](#)). The students’ overall progress is summarized including student strengths and areas recognized as needing improvement. Students complete a self-assessment and identify areas they feel they need additional instruction or clinical assignments. During these conferences and reviews, students are asked to comment on the

quality of their clinical education. Students have an opportunity to provide additional feedback and formally assess in writing their Clinical Education Experience following the completion of summer sessions and again following completion of the Program.

An Instructor or Faculty member may hold an impromptu advising session anytime they perceive potential clinical problems. Likewise, the student may consult the Instructor or Faculty member if the student feels unsure of their progress. Students have the right to review their clinical records upon request.

### Conflict

If a student feels there is a clinical problem, they should attempt to rationally discuss the concern with the supervising technologist or other involved persons. If the student still does not feel the problem is resolved, they should then discuss the problem with an Instructor or Faculty member. It is the philosophy of the Program to encourage each student to develop and foster good communication skills. Every person, at some time, is faced with the dilemma of approaching a superior, even when the problem centers on that superior. It is important for every student to develop the necessary skills to handle such situations. The Faculty are always willing to assist the student in analyzing the problem and in developing different approaches for resolving the problem. However, only after the student has sincerely attempted to utilize these different approaches, and has exhausted possible solutions, will a Faculty member intervene on the student's behalf.

## **VIII. Sonographer-Student Relationship Policy**

### **A. Purpose**

To outline the technologist's rights and responsibilities regarding supervision of MIRS students and to identify guidelines for completing student checklists, evaluations, and competencies.

### **B. Technologist Rights**

The technologist has a right to:

1. Expect student punctuality to their assigned area.
2. Be informed by the student regarding their absence.
3. Grant or deny permission to a student requesting to leave the assigned area and to expect a prompt return.
4. Expect courtesy, cooperation, respect, and an eagerness to learn from every student whether assigned to them or not.
5. Expect courtesy, cooperation, respect, and open communication from every MIRS Faculty member.
6. Communicate any problem, conflict, or suggestion for improvement regarding either the student or the Clinical Program to a Faculty member.
7. Expect a prompt action or response by a Faculty member of MIRS regarding any problem or suggestion.

### **C. Guidelines for Documentation of Student Attendance**

When assigned a student it is the responsibility of the technologist to:

Assure attendance of the student. If a student is absent, the student will notify the area or technologist. If the technologist has not been notified, it is the responsibility of the technologist to notify the Clinical Coordinator(s) regarding the student's absence.

**Any falsification (of any record) will result in failure of the Clinical Education course and disciplinary proceedings for dismissal from the program**

### **D. Guidelines for the Supervision of an Assigned Student**

When assigned a student, it is the responsibility of the technologist to:

1. Allow the student to actively participate as much as possible in procedures within the limitations of the student's knowledge and ability, patient's condition, and time.
2. Directly supervise and assist the student on any procedure that:
  - The student has not yet demonstrated competency.
  - The student is not confident in performing alone.
  - Involves a patient in poor condition.
  - Is an invasive procedure, portable procedure, or surgical procedure.

With "Direct Supervision," the sonographer stays in the room with the student, supervising the entire exam.

3. Directly supervise the student during the repeat of any medical image.
4. Indirectly supervise students for non-invasive routine diagnostic imaging procedures performed in the imaging department for which a student has demonstrated competency. Indirect supervision requires that the technologist be within earshot if the student should require assistance. Please refer to the Clinical Supervision Policy for more details regarding direct and indirect supervision.
5. Inform the student when going to Break or Lunch. Students should take their Break/Lunch at these times. If the sonographer leaves the assigned area to do a procedure in a different area, the student should accompany the sonographer.
6. Restrict non-imaging duties as much as possible. (e.g. cleaning, stocking, patient transporting, office work, etc.)
7. Encourage students to seek other medical imaging work, practice with equipment, complete checklists, etc. when there is a lull in their assigned area.
8. Allow the student to leave the assigned area at the assigned time.

### **E. Guidelines for the Delegation of Requisitions**

Before delegating a patient requisition to a student, it is the responsibility of the sonographer to:

1. Check the Doctor's Order to verify that the correct exam is on requisition.
2. Check with the student to verify they have demonstrated competency on the exam requested.
3. Assess the condition of the patient to determine if it contraindicates performance by a student.

4. Assist in the examination if the condition of the patient is questionable or the student is hesitant.
5. **Be present in the room for any image which needs repeating.**
6. Critique and approve all images before the patient is released.

#### **F. Guidelines for Completion of Checklists**

When assigned a student, it is the responsibility of the sonographer to:

1. Complete checklists when requested by the student and there is a break in patient activity.
2. Initial the blank after the student completes each individual task and sign their signature at the end of the checklist. (If the sonographer observed the student performing one of the checklist tasks during a patient exam, the student does not need to repeat this task again when completing the checklist; the sonographer may initial the blank.)
3. Report to the Program any changes they feel need to be made to maintain the most up-to-date checklists.

#### **G. Guidelines for the Completion of Clinical Assignment Evaluations**

When assigned a student, it is the responsibility of the sonographer to:

1. Evaluate the student each week and whenever possible, discuss the evaluation with the student. A prompt and fair evaluation gives the student the feedback which is essential for continual clinical progress. The evaluation should be based on the students' level of experience rather than the highest standards of proficiency. The technologist should also identify the students' clinical strengths and areas for improvement and note this on the evaluation.
2. The evaluation must be completed in eValue by the sonographer. It is the philosophy of the Program to encourage the sonographer to discuss the completed evaluation with the student to foster good communication and promote honest working relationships.

#### **H. Guidelines for the Completion of Competency Evaluations**

If the student approaches the technologist requesting to perform a medical imaging examination for clinical competency, it is up to the judgment/discretion of the sonographer whether to allow the student to perform the exam. Patient condition or insufficient time would be acceptable reasons for discouraging a competency attempt. However, the sonographer should be mindful that each student must complete a minimum number of competencies each semester.

Please refer to the [Clinical Competency Policy](#) for explanations and guidelines for the completion of clinical competency evaluations.



## I. Clinical Conflicts

If a sonographer feels there is a clinical problem, they should calmly and rationally discuss the concern with the student. If the sonographer does not feel the problem is resolved, they should confidentially discuss the problem with the Clinical Coordinator or other Faculty member. The problem should also be documented on the weekly Clinical Assignment Evaluation form. If a serious incident has occurred, the Clinical Coordinator needs to be informed immediately. The Clinical Coordinator may request that the sonographer document the situation on a [Clinical Incident Report](#). It is important that student problems are not openly discussed with departmental staff or other students.

## IX. Professional Conduct Policy

### A. Professional Misconduct

Students may be failed in any medical imaging course and dismissed from Medical Imaging and Radiologic Sciences for unprofessional conduct that violates the [Academic and Personal Conduct for MIRS Students](#) outlined in the **Regulations and Policies** section of this Handbook or that jeopardizes the health and/or safety of patients, colleagues and/or others.

The clinical sites for the MIRS program reserve the right to refuse placement or remove students from the clinical learning experience. If a clinical site refuses placement or removes a student from the clinical learning experience, the MIRS Program will review the reason(s) that a student has been removed from the clinical environment or not allowed to enter. Without clinical site acceptance the MIRS Program cannot guarantee that a student will be able to finish the program and may be required to administratively withdraw or dismiss the student upon completion of that review. Based on the circumstances, students may be required to meet or adhere to certain clinical re-entry requirements. Failure to accept those requirements can also lead to administrative withdrawal or dismissal.

### B. Appeals of Disciplinary Action

The procedures for imposing misconduct sanctions are designed to provide students with the guarantees of due process and procedural fairness. A student has the right to appeal any decision concerning an alleged act of misconduct. Please refer to the [Disciplinary Action and Appeals Policies and Procedures](#) outlined in the **Regulations and Policies** in this Handbook.

## X. Grooming and Dress

## A. General Guidelines

MIRS requires that all students maintain standards of personal appearance, dress and personal hygiene that create and maintain the best possible standards of infection control, safety, public image and environment for the care of the sick and injured. The public expects the Hospitals, its employees, and its students to be “hospital clean.” All the elements of a student’s personal appearance, dress, and personal hygiene will be regarded as an important aspect of a student’s overall effectiveness and performance.

All students are expected to keep themselves neat, clean, and properly dressed at all times while on duty or on the premises of any clinical site. Failure to maintain the standards outlined in this policy will result in lowering the Clinical Education grade. If a student receives more than two documented occurrences of failure to follow the dress code policy in any given semester, the Clinical Education grade will be lowered by 3% for the semester in which the occurrences are documented.

## B. Scrubs

1. Students are required to wear:
  - **BLACK scrub pants and shirts.** (No jeans, knit pants or stirrup pants).
  - BLACK long sleeved scrub jacket (Optional).
  - A plain white long or short sleeved t-shirt may be worn underneath the scrub top.
  - Surgical scrubs are to be worn only when assigned to a clinical rotation that may require participation in the Operating Room. **Surgical scrubs may not be removed from the clinical facility.**
2. Only those uniforms selected and approved by MIRS may be worn.
3. All uniforms are to be laundered regularly, neat, in good repair and of appropriate fit.
4. Uniforms are to reveal no bare skin in the trunk region and undergarments are not to be revealed. A student should wear a plain white undershirt under their scrub top if the scrub top reveals tattoos, cleavage, or chest hair.
5. Undergarments must be worn and clean.

## C. Shoes/Footwear

1. Shoes: White or Black, low cut, impermeable shoes in either oxford or athletic style are to be worn (only minimal color accents are allowed). Boots, clogs, canvas shoes, recreational sandals and flip-flops are not permitted. Laces must be tied.
2. Footwear should not create unnecessary noise, should be cleaned and polished, and should be of the non-skid variety.
3. Hosiery/socks are to be worn by all students.

## D. Hairstyles

Hairstyles are to be conservative and in good taste. Hair must be neatly arranged and kept clean. **Long hair (below shoulders) must be styled above the collar line or tied**

**back. All hair must be styled in a manner so that it is kept off the face.** Beards, mustaches, and sideburns are to be kept clean, neat, and closely trimmed.

#### **E. Cosmetics**

The use of cosmetics should be moderate

#### **F. Jewelry**

Dangling bracelets, necklaces or earrings are not permitted in patient care areas. Small earrings (no larger than a quarter) in the ear and choker type necklaces are permitted in patient care areas if such items do not present a safety or infection control hazard. No other body piercings are allowed to be worn while in the patient care area. Rings, wedding bands and watches are permitted. Sunglasses are not permitted.

#### **G. Buttons, Pins, Other Insignia**

1. The healthcare facility access badge must always be worn face forward while on duty unless safety or infection control do not permit. These badges must be kept clean (no stickers or pins may be placed on badges, and nothing may be written on the badge). These badges must be returned to the Clinical Coordinator upon completion of the Program.
2. No pins, lapel buttons or insignia, or lettering is permitted to be worn by any student while on duty at any clinical site.
3. Concealment of tattoos is encouraged and some facilities may require they be covered.

#### **H. Personal Hygiene**

1. All students are required to maintain excellent personal hygiene
2. Body odors, smoke odors and/or strong perfume/cologne are unacceptable
3. Hands are to be kept clean and shall be washed between each patient
4. Nails should be well manicured and trimmed to no longer than ¼ inch beyond the fingertip. The use of nail polish is discouraged. If polish is worn, it should be clear or natural. No artificial nails are allowed
5. Gum chewing is not permitted while on duty in patient or public areas at any clinical site

#### **I. Identification Badge**

All identification badges must always be worn in a visible manner while on the Health Care Facility premises and must be displayed while entering or exiting the facility. If lost, a replacement badge must be ordered by the student for a fee.

### **XI. Break/Lunch Policy**

- A. No eating, drinking, or chewing gum is allowed while on duty in the department, except in designated areas.
- B. Area supervisor or faculty will designate the time when the student may leave for break or lunch. Students should take their half hour break during the time that their assigned tech goes to lunch.
- C. Workflow continues through rooms during break and lunch times. Once a case has been initiated, it should be completed prior to taking a break or lunch.
- D. There is a thirty-minute time limit for lunch.
- E. Lunch is not considered part of a student's clinical time.
- F. Students may not skip lunch in order to leave clinic early or arrive late.

- G. Students may not remove unauthorized items from the Food Service areas (including cafeteria); or eat patient food or other Hospital food intended for other purposes.

## **XII. Smoking Policy**

- A. No smoking is permitted within 200 feet of the hospital premises
- B. Smoking is not permitted on the IUFW campus

## **XIII. Phone & Electronics Policy**

### **A. Phone**

#### *Outgoing Calls:*

1. Hospital and Clinical Site phones are to be used for hospital business only (E.g. Ordering, inter-hospital communications).
2. All students are to make any needed personal calls during clinical/class breaks.

#### *Incoming Calls:*

1. No student shall leave a patient unless it is in the case of a personal emergency.

### **B. Electronic Devices**

1. Students are not to use any personal devices (e.g. cell phones, tablets, computers, etc.) while on duty in the clinic for purposes outside of clinical duties or documentation. The only exception to this policy would be in the case of a student with a medical device such as an insulin pump, in which case that student would be encouraged to clearly communicate the need for such use to the technologist(s).
2. Any observed or reported inappropriate use of cell phones or other electronic devices will result in a 3% reduction of clinical education grade in the semester of the incident.

## **XIV. Pregnancy Status**

MIRS is committed to working with students who choose to declare a pregnancy while enrolled in the Program. The decision to declare a pregnancy is completely voluntary and the student may revoke in writing the declaration of pregnancy at any time.

The student who elects to declare pregnancy must complete the [Declaration of Pregnancy](#) form and submit the form to the Program Director or Clinical Coordinator. The declaration form data includes an estimation of date of conception and anticipated due date.

Students who declare pregnancy may elect one of the following Program modifications:

1. The student may elect to complete the Program without any modifications of her clinical and didactic requirements.
2. The student may request from the Faculty Committee an individualized Program for completing Program clinical and didactic requirements during the pregnancy.
3. The student may take a leave of absence (LOA) of one year duration. Such a student will be granted a leave of absence with a place reserved in the following class. Any

college work previously completed at that time will be granted credit. The student must complete requirements of didactic courses before proceeding to the next course level.

4. The student may elect a LOA for more than a one year duration. In this case, the student must submit another application to the Program, and go through the admission screening process. No place will be reserved in the following class. The need to repeat previously completed professional course work will be reviewed on a case-by-case basis.
5. Students who do not disclose a pregnancy are assuming all risks associated with continuing in the Program and progress through the Program will not be modified.

Policy modified July 2023

## **XV. Magnetic Resonance Safety**

Every MIRS student must complete an MRI Safety and Screening Form and will view an MRI safety presentation prior to obtaining access to the Magnetic Resonance Environment. MRI personnel shall be present in the MRI environment at all times when a student is present. MRI personnel are defined as those who have been more extensively trained and educated in the broader aspects of MR safety.

Any student determined to be at risk when exposed to the MRI environment will be exempt from MRI rotations.

## **XVI. Infection Control and Student Health**

Students are required to provide records of immunization prior to beginning the clinical portion of the Program. Students are also required to undergo and submit copies of TB testing and Influenza immunization each year.

MIRS follows the CDC recommended policies for Standard Precautions and Transmission-Based Precautions as well as the Clinical Departmental Policies. All students are provided with this information during Orientation to Medical Imaging and/or Patient Care.

Students enrolled in a program in the health sciences may be exposed to possible injuries and communicable diseases. The Clinical Facilities, MIRS, and the University assume no financial responsibility for illness or injury of students. All students are required to carry their own health insurance and are financially responsible for laboratory and/or x-ray examinations, treatments, and/or medication prescribed by their physician. In addition, costs associated with any incident on campus or at clinical sites shall remain the responsibility of the student.

Students who have a fever or suspect they may have a communicable disease (see list below for examples) should not report to clinic or attend class and should notify the Clinical Coordinator of the required absence. If the illness is deemed communicable and/or more than three consecutive days are missed, a physician's release must be submitted upon return to class/clinic.

### **List of Infectious Diseases**

Conjunctivitis, infectious

Meningitis

COVID-19	Mumps
Cytomegalovirus infection	Pertussis
Enteroviral infections	Rubella
Group A streptococcal disease	Scabies
H1N1	Staphylococcus aureus (skin lesions)
Hepatitis, viral	Tuberculosis
Herpes Simplex	Upper Respiratory infections
HIV	Herpes Zoster (shingles)
Influenza	Varicella (chicken pox)
Measles	

## XVII. Exposure Incident Policy

Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of healthcare professionals (OSHA, 1991).

If a student in any clinical setting has an exposure incident, the following procedures will be followed:

1. The student will notify the clinical instructor and/or faculty member immediately.
2. Make sure proper protocol (required by the clinical agency – hospital, clinic, etc.) is followed and immediate care of the wound or splash is completed. Determine if the individual was able to squeeze blood from the wound. Parkview Occupational Health reports there is no need to do any testing if there was not blood-to-blood contact. Disinfection procedures will be adequate if skin was slightly punctured without blood.
3. The [Bloodborne Pathogens Exposure Incident Form](#) will be completed and signed by both the clinical faculty member (or designated instructor) and the individual who was potentially exposed to a bloodborne pathogen.

Copies will be given to:

- a. IUFW Clinical Coordinator who will keep confidential records. No information on the incident will be kept in the student's academic file or faculty's personal file. All information will remain **confidential**.
  - b. The individual who was injured.
  - c. IUFW Associate Vice Chancellor of Academics and Operations
4. Additionally, any required institutional (hospital, clinic, home care, community setting, etc.) form/report will be completed.
  5. The **student will be advised to be seen by a healthcare provider without delay.**
  6. As soon as possible following the incident, the clinical faculty member needs to verbally report the exposure incident to the lead faculty member, who is responsible for the course.
  7. Ensure that all clinical faculty members have access to the Bloodborne Pathogens Exposure Incident Form on the program website.
  8. This policy and procedure will be reviewed annually during the first faculty meeting of the fall semester.

Please see [Bloodborne Pathogens Exposure Incident Form](#).

## **XVIII. Policy on Student Employment within Clinical Departments**

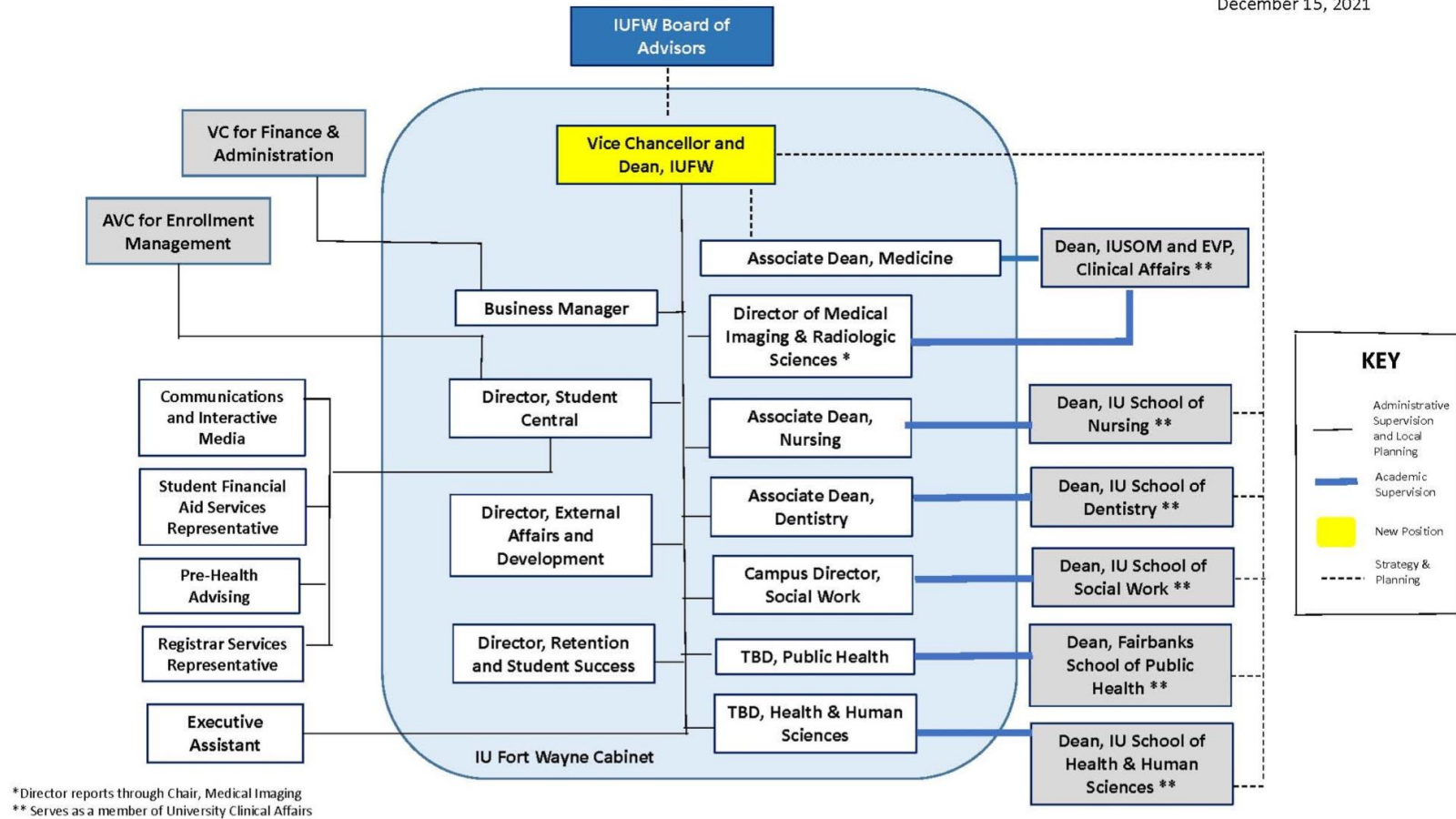
The clinical component of the program shall be educational in nature. The student shall not be substituted for personnel during the clinical component of the program. Students employed in imaging departments do so on a voluntary basis. When the student is working in this capacity, they will be considered an employee of the Department and as such must abide by the rules and regulations of the Department. The student is not permitted to wear the Medical Imaging student uniform or associated insignia while working as an employee. MIRS will not be held responsible for the student's conduct while working. Time spent as an employee cannot be counted as clinical clock hours and must be scheduled outside of both clinical and class time.

# Appendix A

## Organizational Charts

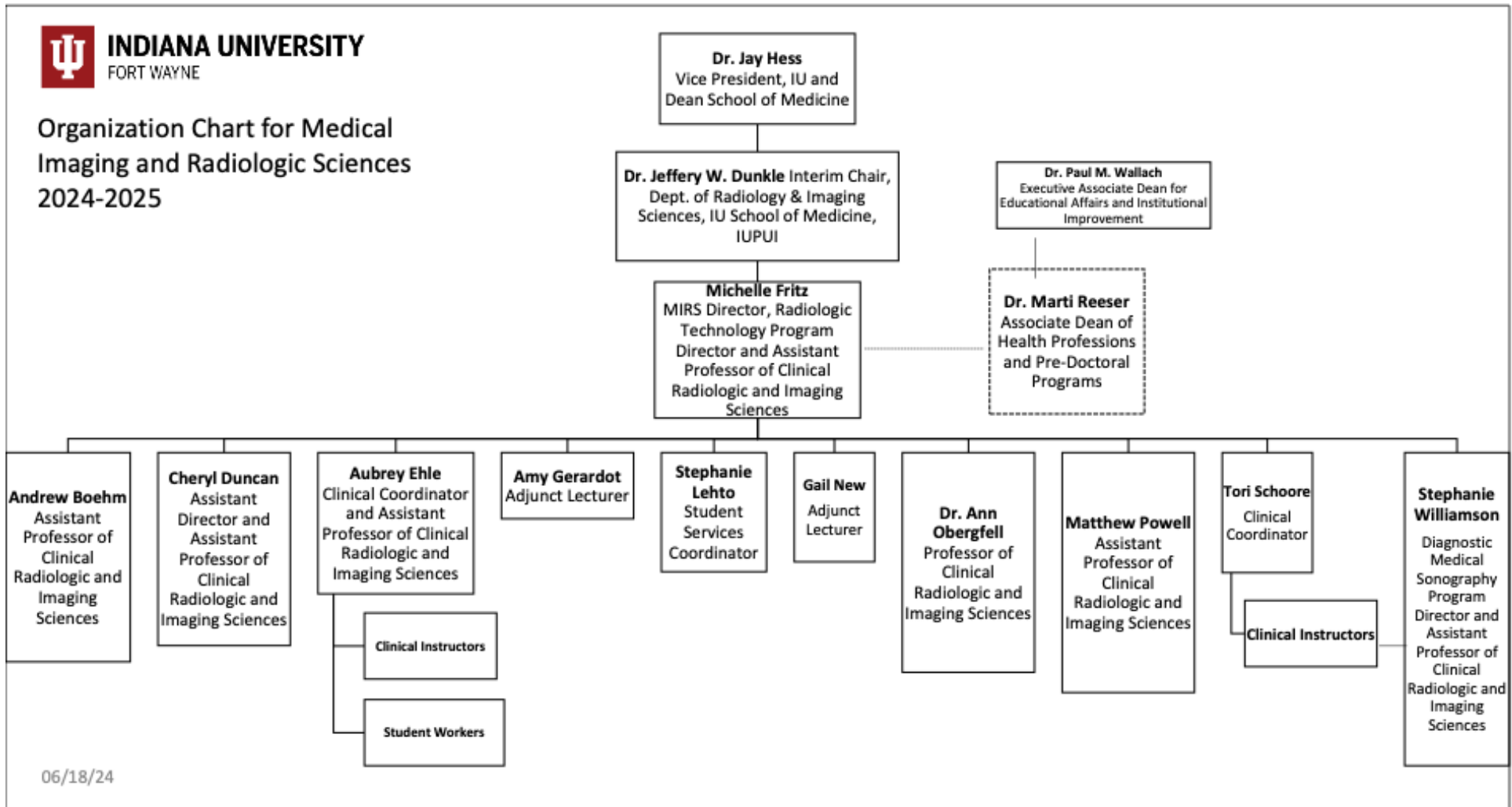
### I. IUFW Organizational Chart

December 15, 2021





## II. Medical Imaging and Radiologic Sciences Organizational Chart



## Appendix B

### Practice Standards

The Society of Diagnostic Medical Sonography Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer may be found at:

<https://www.sdms.org/about/who-we-are/scope-of-practice>

The American Society of Radiologic Technologists Practice Standards for Sonography may be found at: [https://www.asrt.org/docs/default-source/practice-standards/ps\\_sonography.pdf?sfvrsn=1ce176d0\\_32](https://www.asrt.org/docs/default-source/practice-standards/ps_sonography.pdf?sfvrsn=1ce176d0_32)

# Appendix C

## Ethics

### I. Code of Ethics

MIRS upholds the Code of Ethics adopted by the Society of Diagnostic Medical Sonography (SDMS). The following segment of the Society of Diagnostic Medical Sonography (SDMS) Standards of Ethics is reprinted from the SDMS code of ethics website. The complete document may be found at: <https://www.sdms.org/about/who-we-are/code-of-ethics>

The faculty may evaluate the student's professional conduct related to patients, colleagues, other members of the allied health professions and health care consumers based on these stated principles:

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

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

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

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

- I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

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

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

II. SDMS Code of Ethics for the Profession of Diagnostic Medical Sonography

The Society of Diagnostic Medical Sonography (SDMS) Standards of Ethics may be found at:

<https://www.sdms.org/about/who-we-are/code-of-ethics>

## **Appendix D**

### **Forms**

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## Academic Program Concerns

IU Fort Wayne Medical Imaging and Radiologic Sciences is committed to offering high quality academic programs and student-centered services. To ensure that students are treated fairly and have the opportunity to share their concerns about their experience, we have created this online form to file a concern. Students who wish to file a formal concern to the Medical Imaging and Radiologic Sciences department should complete all the required fields and click Submit.

If you encounter any difficulties while completing the form, please call 260-257-6773 for assistance.

Email address\*: \_\_\_\_\_

Date: \_\_\_\_\_

Last 4 digits of student ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please indicate type of concern:

- Customer Service Concern
- Concern about an instructor
- Concern about an advisor
- Concern about a non-instructional employee
- Concern about a decision for which there is no formal appeal process
- Concern about an administrative process
- Concern about another student
- Concern about a student organization
- Other

Description of concern. Please include names, dates and locations where applicable.

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Action you desire to resolve the concern. Please keep in mind that we may not be able to resolve your concern exactly as you desire, but your response will give us a better sense of your situation.

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## Sample Clinical Assignment Schedule

### IUFW SONOGRAPHY PROGRAM | SEMESTER

		<b>Monday, Wednesday, Friday</b>
<b>Class of</b>		
Student 1		Site 1
Student 2		Site 2
Student 3		Site 3
Student 4		Site 4
Student 5		Site 5
Student 6		Site 6
Student 7		Site 7
Student 8		Site 8

		<b>Tuesday and Thursday</b>
<b>Class of</b>		
Student 1		Site 1
Student 2		Site 2
Student 3		Site 3
Student 4		Site 4
Student 5		Site 5
Student 6		Site 6
Student 7		Site 7
Student 8		Site 8

		<b>Monday and Friday</b>
<b>Class of</b>		
Student 1		Site 1
Student 2		Site 2
Student 3		Site 3
Student 4		Site 4
Student 5		Site 5
Student 6		Site 6
Student 7		Site 7
Student 8		Site 8



## Sample Clinical Assignment Evaluation

<b>Subject:</b> <b>Evaluator:</b> <b>Site:</b> <b>Period:</b> <b>Dates of Course:</b> <b>Course:</b> Sonography - Clinical Education I <b>Form:</b> Sonography Track Clinical Evaluation							
(Question 1 of 5 - Mandatory)							
		N/A	Exemplary	-----	Progressing	-----	Unacceptable
1	<b>When reporting to clinic/communicating when leaving area the student:</b> Is in assigned area on time, communicates reasons for leaving clinical area, returns in a reasonable time-frame.	0	5.0	4.0	3.0	2.0	1.0
2	<b>The student's personal appearance:</b> Maintains IUFW dress code, clean and neat uniform, leather uniform shoes, hair neat and tied back if below shoulders, appropriate personal hygiene, proper identification badge.	0	5.0	4.0	3.0	2.0	1.0
3	<b>The student works as a TEAM member:</b> Works collaboratively with institutional staff and/or students, builds and maintains rapport, facilitates shared workload with peers, acknowledges others' skill, experience, creativity, and contributions.	0	5.0	4.0	3.0	2.0	1.0
4	<b>The student is respectful and considerate:</b> demonstrates nonjudgmental attitudes, is considerate of emotional, physical and cultural needs of the patient, treats patients and staff with respect at all times, is professional.	0	5.0	4.0	3.0	2.0	1.0
5	<b>When communicating with personnel outside of imaging (Nurses, Doctors, PAs, Respiratory, Lab, etc) the student:</b> communicates politely and assertively, contributes to efficiency of operations and positive patient outcomes, applies engaged listening skills.	0	5.0	4.0	3.0	2.0	1.0
6	<b>When not occupied in assigned clinical area the student:</b> Eagerly seeks and initiates additional imaging work or duties.	0	5.0	4.0	3.0	2.0	1.0
7	<b>When faced with familiar tasks and procedures the student:</b> begins some part of the exam, displays confidence in their skills.	0	5.0	4.0	3.0	2.0	1.0
8	<b>When faced with unfamiliar procedures, special views, or alternate method the student:</b> is able to critically think through the exam, able to problem solve and implement logical procedural variations.	0	5.0	4.0	3.0	2.0	1.0
9	<b>When assisting with a routine exam the student:</b> attempts to optimize images, is familiar with protocols, works with confidence.	0	5.0	4.0	3.0	2.0	1.0
10	<b>When working with patients the student:</b> explains the procedure, obtains full patient history for all patient populations, communicates with patient throughout the procedure.	0	5.0	4.0	3.0	2.0	1.0
11	<b>The student practices appropriate safety:</b> utilizes ALARA principles, patient identifiers, collects patient history before exam, etc.	0	5.0	4.0	3.0	2.0	1.0
12	<b>When asked to obtain additional images after completing a scan, the student:</b> is able to recognize the need for additional images, explains the needed correction, correctly puts the changes into action.	0	5.0	4.0	3.0	2.0	1.0

## Sample Clinical Assignment Evaluation - Continued

(Question 2 of 5 - Mandatory)

Students are supervised by a technologist according to the clinical supervision policy, Please initial

**Overall Progress:**

Compare the students imaging skill with his/her current level of knowledge. (Question 3 of 5 - Mandatory)

N/A	Exceptional	Excellent	Appropriate	Fair	Inadequate
0	5	4	3	2	1

**Please list student's strengths:**

(Question 4 of 5)

**Please list any areas for improvement:** (Question 5 of 5)

# Sample Observed/Assisted/Performed Evaluation

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course:**  
**Course:** Sonography - Clinical Education I  
**Form:** Sonography - Observed/Assisted/Performed

Observed / Assisted / Performed (Question 1 of 3 - Mandatory)

Did you agree with the level of participation the student selected for this exam (see gray box above)?

General overview of Observed, Assisted, & Performed:

- **Observed:** Student enters room and watches technologist perform the exam.
- **Assisted:** Student helps with any part of the exam, including, but not limited to, preparing the room/equipment/supplies, scans any part of the patient, runs the equipment while the tech manipulates transducer, etc..
- **Performed:** Student obtains all required protocol images to high quality while satisfactorily manipulating the equipment. (The tech may take additional images, or the student may only do one side of a bilateral exam. However, if the student didn't complete the images required per protocol it would be considered as 'assisted' instead of 'performed'.)

Yes	No
2	1

Please list student's strengths:  
(Question 2 of 3)

Please list any areas for improvement: (Question 3 of 3)

# Sample Proficiency Evaluation

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course:**  
**Course:** Sonography - Clinical Education II  
**Form:** Sonography Proficiency Evaluation

Has the student completed ALL didactic/theory content prior to proficiency attempt? *(Question 1 of 4 - Mandatory)*

Yes	No
2	1

## Sonography Competency Evaluation

*(Question 2 of 4 - Mandatory)*

	A Acceptable	B Required Minor Improvement	C Required Major Improvement
Use of Proper Ergonomics and Proper Patient Positioning	1.0	2.0	3.0
Safety and Infection Control	1.0	2.0	3.0
Obtain Clinical History and Utilize Information Appropriately	1.0	2.0	3.0
Oral and Written Communication (Age Specific)	1.0	2.0	3.0
Knowledge and Application of ALARA	1.0	2.0	3.0
Professionalism	1.0	2.0	3.0
Identification of Anatomical and Relational Structures	1.0	2.0	3.0
Differentiation of Normal from Pathological/Disease Process	1.0	2.0	3.0
Image Optimization Technique – Grayscale, Color Doppler, Spectral Doppler, and M-mode (As Applicable)	1.0	2.0	3.0
Measurement Technique (As Applicable)	1.0	2.0	3.0
Documentation of Sonographic Findings for Communication with Interpreting Physician and Finalize Exam for Permanent Storage	1.0	2.0	3.0
Follows Process for Reporting of Critical Findings (Whether Present or Not)	1.0	2.0	3.0

*(Question 3 of 4)*

Please use this field to explain any category marked "C":

Proficiency/Post Proficiency: Do you feel that this student is capable of performing this examination with indirect supervision? *(Question 4 of 4 - Mandatory)*

Yes	No
2	1

# Sample Clinical Competency Evaluation

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Course:**  
**Course:** Sonography - Clinical Education I  
**Form:** Sonography Competency Evaluation

## Sonography Competency Evaluation

*(Question 1 of 3 - Mandatory)*

	A Acceptable	B Required Minor Improvement	C Required Major Improvement
Use of Proper Ergonomics and Proper Patient Positioning	1.0	2.0	3.0
Safety and Infection Control	1.0	2.0	3.0
Obtain Clinical History and Utilize Information Appropriately	1.0	2.0	3.0
Oral and Written Communication (Age Specific)	1.0	2.0	3.0
Knowledge and Application of ALARA	1.0	2.0	3.0
Professionalism	1.0	2.0	3.0
Identification of Anatomical and Relational Structures	1.0	2.0	3.0
Differentiation of Normal from Pathological/Disease Process	1.0	2.0	3.0
Image Optimization Technique – Grayscale, Color Doppler, Spectral Doppler, and M-mode (As Applicable)	1.0	2.0	3.0
Measurement Technique (As Applicable)	1.0	2.0	3.0
Documentation of Sonographic Findings for Communication with Interpreting Physician and Finalize Exam for Permanent Storage	1.0	2.0	3.0
Follows Process for Reporting of Critical Findings (Whether Present or Not)	1.0	2.0	3.0

*(Question 2 of 3)*

Please use this field to explain any category marked "C":

**Comp/Post Comp:** Do you feel that this student is capable of performing this examination with indirect supervision? *(Question 3 of 3 - Mandatory)*

Yes	No
2	1

# Clinical Competency List

## Sonography Clinical Competencies

Abdominal (Mandatory)		Date Completed	s/p
UB1	RUQ/Abdomen Limited		
UB2	Abdomen Complete		
UB3	Renal/Bladder		
UJ1	Gastrointestinal Tract (e.g. bowel, appy)		
Superficial Structures (Mandatory)		Date Completed	s/p
UC1	Scrotum and Testes		
UC3	Thyroid		
UK3	Non-cardiac Chest (e.g. pleural space)		
Gynecology (Mandatory)		Date Completed	s/p
UD1	Uterus (Transabdominal)		
UD2	Uterus (Transvaginal)		
Obstetrics (Mandatory)		Date Completed	s/p
UF1	First Trimester (transabdominal)		
UF2	First Trimester (transvaginal)		
UF3	Anatomical Survey (<24 weeks)		
UF5	Growth Scan (>28 weeks)		
UF6	Biophysical Profile		
UF7	Cervix (transvaginal)		
Vascular (Mandatory)		Date Completed	s/p
UH1	Upper Extremity Venous		
UH2	Lower Extremity Venous		
UH3	Upper Extremity Arterial		
UH4	Lower Extremity Arterial		
UH5	Carotid		
UH6	Renal Doppler		
UH7	Liver Doppler		
UH11	Mesenteric Doppler		
UH12	Aorta		
UM1	Vein Mapping		
UM5	Splenic Doppler		
Interventional (Mandatory)		Date Completed	s/p
UI1	Drainage Procedures (e.g. Paracentesis, thoracentesis)		
UI2	Biopsy (e.g. Thyroid, Breast)		
Anatomical Survey (<24 weeks) - If Completed in Full		Date Completed	s/p
UE1	Fetal Position, Placenta, Umbilical Cord/Placental Insertion, Amniotic Fluid, Ovaries/Adnexa)		
UE2	Fetal Head/Brain		
UE3	Fetal Extremities		
UE4	Fetal Abdomen/Pelvis		
UE5	Fetal Heart		
UE6	Face		
UE7	Fetal Spine		

Pediatrics (Elective)		Date Completed	s/p
UG1	Head		
UG2	Spine		
UL1	Hips		
UL2	Pylorus		
Abdominal (Elective)		Date Completed	s/p
UJ2	Lymph Nodes		
Superficial Structures (Elective)		Date Completed	s/p
UC2	Breast and Axilla		
UK1	Superficial Masses		
UK2	Musculoskeletal		
Obstetrics (Elective)		Date Completed	s/p
UF4	Anatomy Scan (24+ weeks)		
Vascular (Elective)		Date Completed	s/p
UM2	Reflux Assessment		
UM3	Renal Transplant		
UM4	Liver Transplant		
UM6	Transcranial Doppler		
UM7	PVR Upper Extremity (e.g. Thoracic Outlet Testing)		
UH8	PVR Lower Extremity (e.g. w/wo exercise)		
UH9	Palmer Arch		
UH10	ABI		
Interventional (Elective)		Date Completed	s/p
UN2	Aspiration		
Patient Care Skills		Date Completed	Completed By
	CPR – Year 1		
	CPR – Year 2		
	VITAL SIGNS – Blood Pressure		
	VITAL SIGNS – Temperature		
	VITAL SIGNS – Pulse		
	VITAL SIGNS – Respiration		
	VITAL SIGNS – Pulse Oximetry		
	CARE OF MEDICAL EQUIPMENT (e.g., Oxygen tank, IV tubing)		
	STERILE & MEDICAL ASEPTIC TECHNIQUE		
	PATIENT TRANSFER		
	Mandatory Scanning Techniques (gray scale 2D, Color Doppler, Power Doppler, Spectral Doppler)		
	Mandatory Equipment Care (Clean and Disinfect transducer)		

<b>Current Mandatory Total (must have all 28):</b>	0
<b>Current Elective Total (must have 3):</b>	0

### Mandatory Proficiencies (simulated in lab)

COMPETENCY: Requirements Per Semester		
	Comps/Profs Total	Performed Total
1ST YEAR FALL:	0	0
1ST YEAR SPRING:	0	3
2ND YEAR SUMMER:	0	8
2ND YEAR FALL:	0/1	23
2ND YEAR SPRING:	2/1	48
3RD YEAR SUMMER:	7/7	78
3RD YEAR FALL:	15/7	118
3RD YEAR SPRING:	24/7	170

<b>31 Total</b>	<b>170 Total</b>
-----------------	------------------

# Sample Clinical Self-Evaluation Form

## IUFW MEDICAL IMAGING AND RADIOLOGIC SCIENCES STUDENT CLINICAL SELF-EVALUATION FORM

**STUDENT'S NAME:** \_\_\_\_\_ **MID-SEMESTER / SEMESTER:** \_\_\_\_\_

Please indicate how often you performed in the following behaviors in the clinic:

**A = ALMOST ALWAYS, U = USUALLY, S = SOMETIMES, R = RARELY, N = NEVER**

BEHAVIOR CATEGORIES	A	U	S	R	N
1. I treated patients with respect, meeting their physical and emotional needs.					
2. I used therapeutic communication when giving or asking for information from my patients utilizing active listening to respond to their needs.					
3. I practiced good ergonomics when possible.					
4. I performed needed tasks without being told.					
5. When not busy, I practiced procedures or assisted with departmental needs.					
6. I attempted procedures on my own and willingly took advice.					
7. I arrived in my assigned area on time and prepared to work.					
8. When an error was pointed out to me, I recognized and corrected my mistake.					
9. My technologist and I communicated well and worked as a team.					
10. I worked with my technologist.					
11. I accurately performed procedures.					
12. I utilized the correct principles in obtaining sonograms.					
13. I attempted many procedures.					
14. When a procedure became difficult, I did not give up.					
15. My appearance is neat, clean, and in dress code.					

**RATE YOUR OVERALL PROGRESS (CIRCLE):**

**OUTSTANDING    5    4    3    2    1    NEEDS IMPROVEMENT**

**Goals for next time:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Sample Semester Grade Report

FIRST YEAR - SPRING SEMESTER  
END-OF- SEMESTER GRADE REPORT

NAME OF STUDENT: STUDENT NAME Semester: SPRING 1st YEAR

**I. INTRO TO CLINICAL EDUCATION**

**A. CLINICAL ASSIGNMENT EVALUATION AVERAGE:**

**CLINICAL EVALUATION**

Average: \_\_\_\_\_ = 0.000 (wt. 100%)

Conversion: 0.00%

**B. INTRO TO CLINICAL EDUCATION GRADE CRITERIA:**

a. 20% Clinical Assign. Eval. Avg.: 0.00%

b. 20% Clinical Documentation: 0.00%

c. 60% Course Assignments: 0.00%

**TOTAL:** 0.00%

**C. OTHER REQUIREMENTS:**

a. Clinical Personal Days: 

Days Alloted:		Days Missed:		Days Left:	0	Tardies:	
---------------	--	--------------	--	------------	---	----------	--

  
(Exceeded allotted personal days and/or >3 tardies, overall grade lowered by one letter grade)

b. Number of PERFORMED Evals. Completed: 

PERFORMED:	
SCORE:	0.00%

  
(# Needed by end of semester: 3; Score not to exceed 100%)

c. Number of Competency Evals. Completed: 

MANDATORY:		ELECTIVE:		TOTAL:	0
				SCORE:	N/A

  
(# Needed by end of semester: 0 M, 0E, Total: 0; Score not to exceed 100%)

d. Number of Clinical Assignment Evals: 

Submitted:		Needed:		SCORE:	#DIV/0!
------------	--	---------	--	--------	---------

  
(Failure to send an evaluation for each clinical rotation will result in a grade reduction proportional to the number of weeks of needed.)  
(For example: A student sent 12 out of 13 weekly evaluations, so that student's grade would be 12/13 = 92.3%)

e. Program Violations: NA  
(If given a Written Warning, overall grade is lowered by one letter grade)

**II. DIDACTIC COURSE GRADES:**

- A. Obstetric & Gynecologic Sonography I (3 cr) F
- B. Vascular Sonography I(3 cr) F
- C. Sonography Physics and Instrumentation II (3 cr) F
- D. Intro to Clinical Education (3 cr) 0.00% F

**COMMENTS:**

FACULTY SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
STUDENT SIGNATURE: \_\_\_\_\_





**IUFW Medical Imaging and Radiologic Sciences**  
**Faculty Conference - Clinical Incident Report**

To be Completed by the Student:

1. Explain three ways your behavior or actions may have influenced or contributed to the incident.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

2. List 5 goals that will help modify your behavior in the future.

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments:

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Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IUFW Medical Imaging and Radiologic Sciences  
Declaration of Pregnancy for Student Technologists**

I, \_\_\_\_\_, voluntarily declare by means of this written notice to Medical Imaging and Radiologic Sciences that I am pregnant; the estimated date of conception is \_\_\_\_\_ and anticipated due date \_\_\_\_\_.

I will work with Program faculty to determine which option for Program modification, outlined in the Program pregnancy policy, I will elect to follow during the pregnancy.

I understand that I have the right to revoke this declaration at any time during the pregnancy and that the revocation must be in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

Program Director: \_\_\_\_\_

Date: \_\_\_\_\_

Form Modified July 2023

**IUFW Medical Imaging and Radiologic Sciences**  
**Bloodborne Pathogens Exposure Incident Form**

In the event of an exposure incident, this form must be completed. This form is intended to evaluate the control methods used to prevent employee/student exposure.

Name of Person Exposed: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Exposure Type (please check)

- **Sharps injury**
- **Needle stick**
- **Splash to mucous membranes**
- **Broken skin contact**
- **Other:** \_\_\_\_\_

Identification of Potentially Infectious Material(s): \_\_\_\_\_

Description of Incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses to Incident: \_\_\_\_\_

Describe engineering and work practice controls in use: \_\_\_\_\_

Describe protective equipment in use: \_\_\_\_\_

Who/What is responsible for the failure of these controls? \_\_\_\_\_

What changes need to be made to prevent reoccurrence? \_\_\_\_\_

**Has the exposed individual been advised to seek medical attention?** \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

**Exposed individual's signature to indicate concurrence with report:** \_\_\_\_\_

**Copies to:**

1. Program Representative
2. Exposed Individual
3. IUFW Associate Vice Chancellor of Academics and Operations

## IUFW ULTRASOUND LAB INFORMATION AND CONSENT

You are invited to participate as a student volunteer scanning model for the purposes of ultrasound education. Ultrasound is a medical procedure that uses high-frequency sound waves to produce images of the human body.

A student will be performing ultrasound imaging on some portion of your body. This consent form provides you information about the procedure to help you decide whether you would like to participate. Please read this form and ask any questions you have before agreeing to be a volunteer model.

The purpose of the ultrasound procedure to be performed on you is to better educate learners in the use of ultrasound. The purpose of this ultrasound procedure is **not** to provide medical care or diagnose medical conditions. The examination is for educational use only and is **not** diagnostic. There are no risks/ side effects of participating as a volunteer model. Your participation benefits the medical society in helping learners acquire and practice ultrasound skills.

In the event that the scanning individual(s) believe they have found an abnormality, they will follow up by advising you to speak with your physician. However, because the purpose of this ultrasound procedure is **not** to provide medical care or look for any abnormalities, it is possible that abnormalities/medical conditions would not be detected. The faculty, students, or any other entities of Indiana University are not responsible for any outcomes involved with the ultrasound procedure. If you suspect that you have a medical disease or condition that needs diagnosis, you should see your physician. Since this is an educational activity and not a healthcare procedure, HIPPA laws are not applicable.

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Your age and gender will be recorded with the scan, but no name or other identifying factors.

### VOLUNTEER CONSENT

I agree to participate as a volunteer to be scanned by medical students and other learners in an educational setting, where students are acquiring skills in conducting ultrasound at the bedside. I recognize that by participating in this activity, no medical care is being provided and that individuals scanning are learning skills and their interpretations of ultrasound imaging in either finding abnormal conditions, or not finding abnormal conditions, should not be considered factual and/or a medical diagnosis in anyway.

I understand that the ultrasound procedure performed on me is purely for educational purposes to teach learners the skills of conducting point of care ultrasound. The purpose of the ultrasound procedure is **not** to locate or diagnose medical conditions and is **not** diagnostic.

Please select one of the following options to indicate your decision to volunteer as an ultrasound scanning model for the 2024-2025 academic year. Serving as a lab volunteer to be scanned is voluntary, and choosing not to be scanned will not affect your grades or evaluations.

In consideration of all of the above,

- I agree to volunteer as a model for ultrasound scan
- I decline to volunteer as a model for ultrasound scan

Participant's Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

06/12/2024