



# Widener University

## The Diagnostic Medical Sonography Student Handbook 2025-2027



*“Feel the **POWER** of a Community that  
takes  
**PRIDE**  
in You and  
Celebrates Your Success”*



**Widener University**  
One University Place  
Chester, PA 19013

We take great pride in being a welcoming, diverse, and inclusive community that values and celebrates every individual regardless of race, ethnicity, national origin, gender, gender identity, sexual identity, socioeconomic status, veteran's status, ability, religion, or political affiliation.

# The Diagnostic Medical Sonography

Faculty and Administration

Megan Stone, BBA, RDMS  
Program Director  
mmstone@widener.edu  
610-499-4288

Cindy Hillen, BS, RDMS, RVT  
Clinical Coordinator  
cmhillen@widener.edu  
610-499-1232

Sharmane Walker, EdD  
Executive Director,  
Continuing Studies  
sswalker@widener.edu  
610-499-4394

The sonography students are expected to display a high standard of conduct, in both the didactic and clinical environments. The Program Director and Advisory Board will review any violation of this expected conduct.

Each student is required to document an understanding of the enclosed information and to maintain the standards of the handbook.

*Instructors reserve the right to modify course content and evaluation procedures, as they deem necessary. Likewise, they reserve the right to alter, amend, or otherwise modify program policies or guidelines. The student will be given a copy of the revised policy/guideline after adequate notification of the change.*



Greetings!

We're thrilled to welcome you to the start of an exciting journey here in the Diagnostic Medical Sonography Program. As a new member of our student body, you are joining a diverse community driven by curiosity, collaboration, and a shared commitment to excellence.

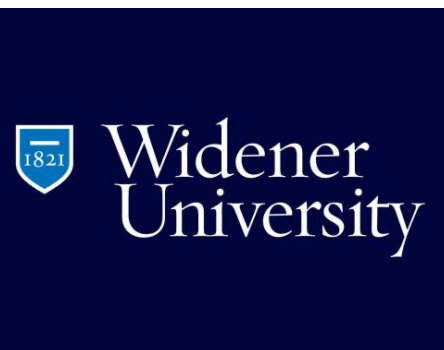
Our goal is to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the following concentration(s): Abdomen extended sonography and Obstetrics and Gynecology sonography.

Here, we celebrate individuality while holding ourselves to the highest standards of professionalism, integrity, teamwork and respect. Our expectation is that every student embraces these values, not just within the classroom, but in the clinical setting, as well. Your time here will be filled with opportunities to learn, grow, and lead, and we believe your contributions will help shape the vibrant culture we're so proud of. So, bring your best self forward. We're here to support you, challenge you, and cheer you on every step of the way.

Our advice is to read through this handbook, make sure you understand it and can abide by the policies. Please do not hesitate to ask questions. Best wishes on behalf of all the staff and faculty at Widener University. Let's make this an extraordinary chapter!

Best Wishes,

**Megan Stone**  
DMS Program Director



**Widener University**  
**DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**  
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# THE DMS HANDBOOK

This handbook is designed to acquaint you with these policies and procedures of the **Diagnostic Medical Sonography Program at Widener University**. Your review of the Handbook is part of your orientation to the Sonography Program. You will be held responsible for all of the contents; therefore, it should always be readily available for reference.

- Read the Student Handbook
- Request clarification, amplification or verification as needed
- Sign the required forms (Appendix) as instructed by the DMS faculty

## **SIGN: “Student Handbook Understanding” page 51**

### **Program Goals and Learning Outcomes**

The **DMS** program is committed to prepare competent entry-level sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for the following concentration(s): Abdomen Sonography – Extended and Obstetrics and Gynecology Sonography. By completion of the program, graduates will be able to perform the following, but not limited to:

1. Demonstrate the skills necessary to become competent entry-level general sonographers.
  - a. Students will perform diagnostic quality ultrasound examinations of the abdomen and small parts.
  - b. Students will perform diagnostic quality ultrasound examination of the female pelvis.
  - c. Students will perform diagnostic quality obstetric ultrasound examinations.
2. Demonstrate proper scanning techniques, ultrasound physics, efficient use of the ultrasound machine, and quality patient care skills.
  - a. Students will identify and properly engage machine controls for image optimization.
  - b. Students will demonstrate appropriate patient care skills consistent with clinical standards of practice.
  - c. Students will complete ultrasound examinations in a timely manner consistent with ALARA principles.
3. Demonstrate knowledge and application of ergonomic techniques.
  - a. Students will adhere to Industry standards and OSHA guidelines.
  - b. Students will recognize work-related musculoskeletal disorders and preventions.
4. Apply critical thinking skills and abilities to adapt to non-routine cases and abnormal clinical findings.
  - a. Students will adapt standard procedures to non-routine cases.
  - b. Students will differentiate normal and abnormal clinical findings.

- c. Students will integrate medical history, clinical presentation, and ultrasound findings to determine types of pathology and differentials.
  - d. Students will demonstrate knowledge of disease process with application to sonographic Doppler patterns.
- 5. Communicate effectively with patients, coworkers, interpreting physicians, and other health care professionals.
  - a. Students will demonstrate effective oral communication skills.
  - b. Students will demonstrate effective written communication skills.
  - c. Students will demonstrate effective technical communication skills.
  - d. Students will demonstrate knowledge of medical and sonography terminology
- 6. Obtain and analyze images for diagnostic quality.
  - a. Students will identify artifacts appearing on ultrasound images
  - b. Students will analyze ultrasound images for diagnostic purposes.
  - c. Students will demonstrate proper image acquisition, storage, and documentation of diagnostic ultrasound exams.
- 7. Employ practice standards to display professionalism, demonstrate on-the-job responsibility, and to comply with ethical and legal guidelines.
  - a. Students will exhibit ethical decision making, team development and conflict resolution
  - b. Students will demonstrate patient's right to privacy and adhere to [HIPAA](#) standards and regulations.
  - c. Students will demonstrate professionalism in accordance with practice standards.
  - d. Students will recognize the importance of professional organizations and continuing education.
  - e. Students will be adaptable to the environment to maintain and demonstrate knowledge and application of types and methods of infection control.

Establishing high standards that result in our students and graduates becoming valued members of the health care team. These objectives collectively aim to produce competent, confident, and compassionate sonographers ready to enter the healthcare field.

## Program Description and Overview

The Diagnostic Medical Sonography (DMS) Program is a Bachelor of Science Degree program that consists of both general education and core curriculum courses. The DMS core courses consist of five semesters over a 20-month time span. Program course descriptions are included in this handbook. In addition, students are required to complete a supervised clinical educational experience, which may require travel.

The teaching-learning process is a shared responsibility between the faculty and the students. The faculty facilitates the process by defined content, establishing critical criteria, role modeling, providing opportunities for learning activities, and evaluating



performance. The process is further facilitated with a movement from general to specific and simple to complex. The teaching learning process utilizes critical thinking, research findings, effective interpersonal communication, and a variety of instructional methodologies relevant to a changing society. Learning is a life-long experiential process, which involves the acquisition and synthesis of knowledge, skills and understanding. The learner must be an active participant to attain success.

Students will be eligible to sit for their SPI (physics) examination upon successful completion of DMS Physics UALH 272. Then with the completion of the DMS curriculum and obtain all graduation requirements, students will be eligible for the ARDMS Abdomen and OB registry national examination to obtain RDMS credentials.

### **DMS Mission Statement**

Rooted in Widener University's commitment to academic excellence, inclusive community, and transformative learning, the Diagnostic Medical Sonography Program prepares compassionate, skilled professionals to deliver high-quality, patient-centered care. Through rigorous instruction, immersive clinical experiences, and a culture that celebrates diverse perspectives, we empower students to become ethical leaders and lifelong learners in the evolving field of medical sonography. Emphasizing leadership development as a cornerstone of the Widener experience, our program fosters confidence, integrity, collaboration, and critical thinking essential to navigate and shape healthcare environments. We advance healthcare outcomes in our local and global communities by nurturing professionals who lead with a dedication to service.

### **Widener University Mission Statement**

Empowering our community of learners to discover and create better futures

### **Widener University Values**

Widener University is committed to the core values of respect, integrity, and excellence. They unite us as we hold ourselves and others accountable to support them through our actions.

- **Respect**  
We care for and honor the dignity of all in our community.
- **Integrity**  
We stand courageously, in thought and action for what is ethical.
- **Excellence**  
We hold ourselves to the highest standards and support others in our community to achieve excellence in all they do

### **A Unique Approach to Strategy**

Building on a bold vision and significant institutional momentum, Widener launched a transformative strategic initiative to think about the future of everything we do and to reimagine student support services to meet the demands of a radically shifting world. Using innovative scenario planning, the university's most creative and open-minded thinkers developed a suite of forward-thinking strategic narratives to ensure the university remains both proactive and poised to respond with agility to emerging changes.

A clear strategy emerged from this work: a focus on institutional nimbleness and the enhancement of the student experience we call “Agility Experienced.” Like its development, the implementation of our strategy is dynamic and bold, with a focus on leveraging the tenets of design thinking and user experience. Implementation teams of students, faculty, and staff from across the university are now using this strategy, as well as market research to put our vision in motion. A metaphor that illustrates their work is that the people of Widener build with “LEGO blocks” rather than “poured concrete.”

In short, through clear-eyed assessment and flexible thinking, we will maximize agility and continuous improvement. Our work did not result in a published plan. Rather, as intended, it resulted in a strategy that is constantly enlarged and reinforced as we enact it everywhere and invite ideas and input from across the university. As the people and departments of Widener embody the power, reach, and extendibility of Agility Experienced, we’ll increase our capacity to adapt to rapid change and best position the university for continued success.

### **Statement of Non-Discriminatory Policy**

Widener University affirms its commitment to promote the goals of fairness and equity in all aspects of the educational enterprise. [Link](#)

### **Diversity Resource & Support**

While at Widener, our students, faculty and staff will have access to a variety of resources and support to help encourage growth.

We take great pride in being a welcoming, diverse, and inclusive community that values and celebrates every individual regardless of race, ethnicity, national origin, gender, gender identity, sexual identity, socioeconomic status, veteran's status, ability, religion, or political affiliation. [Support Services](#)

### **Technical Standards / Essential Skills / Expectations**

The technical standards reflect reasonable expectations of DMS students for functions in the clinical setting. Each student must possess the following abilities and be able to perform the following skills. Qualified people with a disability who can meet these technical standards/essential functions with reasonable accommodations will not be denied admission to the program. A college counselor must be contacted to best determine reasonable accommodations needed to be successful in the Widener DMS program. These needs will be determined on an individual basis. Clinical affiliates have the option of overriding decisions based on their ability to provide certain accommodations.

Technical standards are minimum expectations as recommended by the [Society of Diagnostic Medical Sonography](#). These expectations are set forth so that the DMS student can perform these duties in a professional setting. The DMS Program Director may require a student to submit a board-certified practitioners verification of the student’s ability to meet these technical standards.

### Physical Requirements:

- Be in good physical health with the stamina that is essential to carry out all required procedures. Students must be physically capable of successfully performing activities in both the classroom lab and clinical site.
- Must be able to move with full manual dexterity of both upper and lower extremities, have unrestricted movement of hands, neck, shoulder, back and hips in order to assess, observe and perform emergency patient care, assist with all aspects of patient care, and be able to touch the floor for removal of environmental hazards.
- Extensive / prolonged walking and standing daily (approximately 80% of the day).
- Ability to reach, and/or lift, carry and move heavy equipment (apprx 50lbs)
- Ability to keep arm and hand steady while manipulating hand-held transducer.
- Demonstrate fine motor abilities sufficient to provide safe and effective patient care.
- Visual acuity allows the sonographer to detect physical changes, hearing that allows responding to physical and verbal clues, and a sense of touch that allows for assessment and palpation.
- Ability to observe, assess, and evaluate patients effectively in low-light rooms, while speaking and hearing clearly with a mask on.
- Color perception is a necessity to perform this profession

### Cognitive Requirements:

- Utilize appropriate verbal, non-verbal, and written communication with patients, families, and all members of the health care team in a timely manner.
- Must be able to complete assigned tasks in a reasonable and acceptable timeframe.
- Employ technology in the workplace, including database user interfaces, email, medical software applications, and office software.
- Understand and interpret the verbal, non-verbal, and written communications of others and respond appropriately and professionally.
- Read, speak, and write in English.
- Comprehend and integrate information from coursework into clinical experiences.
- Demonstrate effective emotional coping and stress management skills.

### Affective Requirements:

- Practice in a safe, ethical, and legal manner
- Demonstrate the ability to interact respectfully with individuals, families, groups, and communities from a variety of emotional, religious, socio-cultural, ethnic, and intellectual backgrounds.
- Work effectively in a group.
- Exhibit sensitivity to patient needs and concerns must be demonstrated in the classroom, laboratory, and clinical area

### Sensory Requirements:

- Possess the visual ability to observe and respond to a patient close at hand.
- Possess the auditory ability to hear and respond to soft voices, equipment timers, and alarms, as well as blood pressure cuffs and breath sounds.
- Use auditory, tactile, and visual senses to assess the physiological status of a patient.

### Critical Thinking Requirements:

- Possess the ability to prioritize multiple tasks and make sound decisions.
- Demonstrate the ability to use judgment and critical thinking to assimilate, integrate, apply, synthesize, and evaluate information to solve problems.

If at any point in time these Technical Standards cannot be met, the student must inform the DMS Program Director or other DMS Faculty. This is the student's responsibility. Reasonable accommodations will be considered and may require board-certified practitioners' documentation. If reasonable and timely accommodations are unable or unsuccessful for the fast pace of this program and dismissal may/can occur.

## **SIGN: "Technical Standards / Essentials Skills" page**

### **Sonography Code of Ethics ([SDMS](#))**

#### **Preamble**

This Code of Ethics aims to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers, thereby maintaining and elevating the integrity of the profession. It serves as a guide and framework for addressing ethical issues in clinical settings, business practices, education, and research.

#### **Objectives**

1. Foster and encourage an environment where ethical issues are discussed, evaluated, and addressed.
2. Help the individual diagnostic medical sonographer identify ethical issues.
3. Provide ethical behavior guidelines for individual diagnostic medical sonographers and their employers.

#### **Principles**

**Principle I: To promote patient well-being, diagnostic medical sonographers shall:**

A.	Provide information to the patient about role, credentials, and expertise.
B.	Provide information to the patient about the purpose of the sonography examination, procedure, or associated task within the <a href="#">scope of practice</a> .
C.	Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure, or associated task according to the <a href="#">scope of practice</a> .

D.	Ensure patient safety when the patient is in the sonographer's care.
E.	Respect the patient's autonomy and the right to refuse the examination, procedure, or associated task.
F.	Recognize the patient's individuality and provide care in a non-judgmental, non-discriminatory, and equitable manner.
G.	Promote the patient's privacy, dignity, and well-being to ensure the highest level of patient care.
H.	Maintain confidentiality of acquired patient information per national patient privacy regulations and facility protocols and policies.

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 certifications/credentials. Sonography certifications/credentials must be awarded by a national sonography certifications/credentialing body that is accredited by a national organization that accredits certifications/credentialing bodies (i.e., <a href="#">Institute for Credentialing Excellence (ICE)</a> / <a href="#">National Commission for Certifying Agencies (NCCA)</a> or the <a href="#">American National Standards Institute (ANSI)</a> / <a href="#">ANSI National Accreditation Board (ANAB)</a> ).
C.	Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review and institutional research.
D.	Maintain continued competence through lifelong learning, which includes ongoing education and acquisition of specialty-specific credentials.
E.	Perform medically indicated sonography examinations, procedures, and associated tasks ordered by a licensed physician or their designated healthcare professional per the supervising physician, facility policies and protocols, or other requirements of the jurisdiction where performed.
F.	Protect patients and study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

G.	Maintain professional accountability and standards by committing to self-regulation through adherence to professional conduct, self-assessment, and peer review, ensuring the highest patient care and safety standards.
H.	Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for actions.
I.	Be accountable and participate in regular assessments of sonography protocols, equipment, examinations, procedures, and results. Note: This may be accomplished through facility accreditation.

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

A.	Be truthful and promote appropriate communications with patients, colleagues, healthcare professionals, and students.
B.	Respect the rights of patients, colleagues, students, and yourself.
C.	Avoid conflicts of interest and situations that exploit others or misrepresent information.
D.	Accurately represent experience, education, and credentialing.
E.	Promote equitable access to care for the patient.
F.	Communicate and collaborate with fellow sonographers and healthcare professionals to create an environment that promotes communication, respect, and ethical practice.
G.	Understand and adhere to ethical billing and coding practices, if applicable.
H.	Conduct all activities and agreements legally and transparently in compliance with federal and state laws and rules/regulations, as well as facility policies and protocols.
I.	Report deviations from the Code of Ethics per facility policies and protocols, and if necessary, to the appropriate credentialing organization for compliance evaluation and possible disciplinary action

## Scope of Practice for a Sonographer

Sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac (i.e., adult, fetal, pediatric) sonography, musculoskeletal sonography, obstetrics/gynecology sonography, pediatric sonography, venous sonography, vascular

technology/sonography, and other emerging specialties and clinical areas. These diverse specialties and clinical areas all use ultrasound as the primary imaging technology.

The sonographer performs diagnostic sonographic examinations, procedures, and associated tasks. The sonographic images and other information obtained by the sonographer is provided to the interpreting or supervising physician. In addition, the sonographer may assist a physician or other legally authorized healthcare provider who is performing interventional, invasive, or therapeutic procedures. The sonographer does not practice independently but rather functions as a delegated agent and under the supervision of a physician. The sonographer functions in accordance with the written supervising physician or facility policies, procedures, protocols, or other requirements of the jurisdiction where performed. Specialty clinical practice or accreditation standards, guidelines, or recommendations may also impact the sonographer's performance of an examination, procedure, or task. For additional information visit [SDMS](http://www.sdms.org).

## Professional Organizations

Students are required to join the Society of Diagnostic Medical Sonographers (SDMS). Student membership fees are available, and the application will be provided by the Program Director. The SDMS membership will afford you professional journals, which will be part of the mandatory reading requirements.

**Scholarship information is available from** [www.sdms.org](http://www.sdms.org).

The SDMS Educational Foundation  
2745 N. Dallas Parkway, Suite 350  
Plano, TX 75093-8730  
1-800-229-9506

## CAAHEP and JRC-DMS

The accrediting agency for the program is **CAAHEP**.

### CAAHEP

9355 - 113th St. N, #7709  
Seminole, FL 33775  
Phone: 727-210-2350  
Additional information: [www.caahep.org](http://www.caahep.org)

### JRC-DMS

6021 University Boulevard Suite 500  
Ellicott City, MD 21043  
Phone: 443-973-3251  
[www.jrcdms@intersocietal.org](mailto:www.jrcdms@intersocietal.org)

## Advisory Committee

The committee is a composition of clinical instructors, graduate (s), current student (s) and stakeholders. The advisory committee is responsible for but not limited to annually monitoring the assessment plan to evaluate feedback, program goal outcomes data, and curricular issues. Minutes will be maintained and documented.

## Degree Plan and Credit Hours

In addition to the DMS courses, students must successfully complete all non-DMS course that are part of the degree requirements. Students must earn an 82 (B) or higher in all required degree course to progress in the program, students are required to take the ARDMS Sonography Principles and Instrumentation registry examination after successfully completing Semester I. Students will be eligible to apply for the ARDMS specialty (abdomen and obstetrics/gynecologic) registry examination 60 days before graduation and are required to take one of the two specialty examinations. [Catalog Link](#)

## Prerequisites Course Requirements

		Credit Hours
USC 102	Intro to Undergrad Civic Engagement	1
UENG 101	Reading, Writing, and Thinking	3
UENG 115 or ENGL 127	Literature	3
UPSY/ PSY 105 or USOC/SOC 105	Intro to Psychology or Intro to Sociology	3
FLEX COURSE	Social Science, Math, Science or Humanities Elective	27
UPWR 215	Effective Communication	3
UALH 220	Health Care & Law	3
Humanities	3 Courses of any Humanities	9
Social Science	2 Courses of Social Science (1 must be 200 + level)	6
UMAT/MATH 117	Math: Elementary Functions	3
UBIO 121 or BIO 123	Anatomy & Physiology I	4
UBIO 122 or BIO 124	Anatomy & Physiology II	4
PHYS 141 or PHYS 121	College Physics	4
Free Electives	Any Courses	<u>9</u>
		<b>61</b>

Students can either complete the general education requirements at Widener prior to entering the program or transfer up to 61 credits toward the Bachelor of Science in Allied Health.

### Semester I

UALH 270	Introduction to Ultrasound	2
UALH 271	Abdomen I	3
UALH 272	Sonographic Physics & Instrumentation	3
UALH 273	Scan Lab I	3
UALH 274	Clinical Practicum I	<u>1</u>
		<b>12</b>

### Semester II

UALH 275	Abdomen II	3
UALH 276	Ob/Gyn I	3
UALH 277	Scan Lab II	2
UALH 301	Small Parts Sonography	1.5
UALH 278	Clinical Practicum II	<u>3</u>
		<b>12.5</b>

### Semester III

UALH 300	Ob/Gyn II	3
UALH 302	Pediatric Sonography	1.5
UALH 303	Vascular I Sonography	3
UALH 304	Clinical Practicum III	<u>4</u>
		<b>11.5</b>

### Semester IV



UALH 305	Vascular II Sonography	2.5
UALH 306	Seminars in Sonographic Physics	2.5
UALH 307	Clinical Practicum IV	<u>4</u>
		9
<b>Semester V</b>		
UALH 308	Clinical Practicum V	<u>6</u>
		51
	<b>DMS Only</b>	
	<b>Total</b>	<b>121</b>

**For degree-seeking students: (9)**

Semester IV: take one Capstone course (one day off to allow for 1 course)

Semester V : take two Capstone courses (one day off to allow for 2 courses)

***The Program Director reserves the right to adjust the courses, as needed, to enhance the educational process.***

## Academic Integrity

To prepare students for the high ethical standards of the Healthcare Professions, Widener University and the DMS Program instructors expect absolute academic integrity both in the classroom and in clinical practice.

**Any form of academic dishonesty is a serious offense in an academic community.**

The success of the policies related to student academic integrity requires the active commitment and participation of our entire college community. Therefore, acts of cheating (including e-cheating), attempted cheating, plagiarism, lying, stealing of papers purchased or written by others, the failure to report an occurrence of academic dishonesty or any violation of policies pertaining to student academic integrity may subject you to college disciplinary procedures as defined in the Widener Student Rights and Responsibilities, Code of Conduct and the DMS Student Handbook.

**SIGN: “Academic Integrity/ Dismissal” page 53**

## Classroom and Laboratory Expectations / LMS Canvas

The Diagnostic Medical Sonography professional program prepares toward registry certification. The courses are arranged sequentially over the span of five (5) semesters. The length of the program is designed so that the students can achieve the program goals and outcomes. The curriculum is comprised of 51 credits. In addition, a variety of teaching strategies & learning experiences may be utilized, including lecture, slide show presentations, group work, role play, written assignments, self-directed learning, case studies, computer-assisted instruction, quizzes, exams, clinical laboratory simulations, online courses, hybrid courses and clinical experiences in a variety of settings. **Canvas** is the LMS for the DMS program.

## Lab Cleanliness and Infection Control

Students will be provided with a lab orientation that includes information about infection control and safety procedures. Lab instructors are responsible for ensuring sufficient time for infection control before and after student activities and may establish a cleaning schedule for students. Students are required to wash their hands or use hand sanitizer upon entering and exiting the DMS classroom and lab spaces and before scanning any model or training phantom/simulator. Anyone performing scanning on live models must wear a latex free glove on their scanning hand and a face mask that

covers their nose and mouth. Students are expected to keep the laboratory clean and disinfected using appropriate cleansers provided for each piece of equipment and furniture. The lab must be left in a clean and organized manner after each use with all machines and gel warmers turned off, trash properly disposed, bed wheels locked for safety, equipment and furniture wiped down, probes securely stored with cords properly hanging on hooks and not on the floor, and gel bottles wiped down and refilled if necessary.

Students experiencing any signs or symptoms of possible communicable disease may not attend in-person classes or labs and must contact their instructors for further guidance. All known exposures are required to be reported according to college and program policies. Failure to adhere to or participate in infection control and lab cleanliness procedures will result in disciplinary action.

### **Incidental Findings**

All scan models that arrive at the DMS lab must be introduced to the supervising instructor. All scan models, whether being scanned on campus or off campus **MUST** sign a Scan Model Waiver Form before being scanned by DMS students or instructors. Scan models must be informed that scans are subject to instructor supervision, are not diagnostic, are not performed under supervision of a physician, and that they are for educational purposes only. Scan Models will be scanned only for the duration of the student host's allotted scan time and with adequate, but not excessive, power settings in keeping with ALARA principles. When scanning on campus, student hosts may be required to stay for instructional or practice labs after they finish with their scan model.

**Inconsistent Findings:** Inconsistent findings may occur when students scan each other or outside scan models. Students **MUST** inform the lab instructor immediately if they are unsure of anything displayed while scanning on campus or off campus. If the scan is completed on campus, before the person being scanned leaves the DMS lab, the incidental finding(s) **MUST** be documented and signed using the DMS Incidental Finding Form. The person who was scanned must be given a copy of the Incidental Finding Form and must be informed that it is their decision whether or not to consult with a medical professional regarding the finding(s). The DMS faculty will notify the DMS Medical Advisor.

**SIGN: "Incidental Finding Report" page 52**

### **Attendance**

The purpose of this attendance policy is to ensure that students understand the importance of consistent attendance for their academic success and professional development. The policy applies to all students enrolled in the DMS program. Attendance is mandatory for all classes, including didactic, labs and clinical rotations. Under no circumstances is it permissible for another student or person to log in or out for another student. A student found guilty of this will be subject to a probation, and or dismissal from the program.

**Excused Absences:** Illness, emergencies, sitting for boards or other reasons approved by the program director. Documentation may be required.

**Clinical Absence:** the student is required to contact the clinical instructor/preceptor or supervisor as well as the DMS Clinical Coordinator 1 hour prior to scheduled arrival (via email).  
**Didactic/Lab:** the student is to contact the instructor 1 hour prior to class and or lab time (via email). Either clinical or didactic/lab instructor may exercise the option to refuse to accept students who are late.

**Unexcused Absences:**

Absences without prior notification or approval. Students taking free hours at undesignated times is considered unacceptable. Any time missed under these circumstances MUST be made up before graduation. Disciplinary action may ensue.

**Tardy & Early Departures**

Three (3) tardies per semester and/or three (3) unexcused early departures per semester will be equivalent to one unexcused absence. Late is defined as clocking in more than 7 minutes after the expected arrival time.

Any pattern of abuse will be addressed by the Program Director and may result in disciplinary action according to the Progressive Discipline Policy. The Program Director will determine what is considered a pattern of abuse. Full time attendance is expected. No "unexcused absences" are allowed. The student will be responsible for all the class work covered during any absence from class. The student is allowed the following absences:

<b><u>Semester</u></b>	<b><u>Personal Days</u></b>
I	2 days
II	2 days
III	3 days
IV	2 days
V	2 days

If a student leaves early from lecture and does not stay for that afternoon lab, the student is deducted half (.5) personal day. Complete and prompt attendance is required. If the student misses a didactic class, it is the student's responsibility to contact the instructor **prior** to the class time. If the student does not contact the instructor before class, it will be up to the discretion of the instructor as to when and if the work required on that day will be allowed to be completed. A minimum of 10 points will be deducted from the daily work; again, this is at the discretion of the instructor. A student may be put on probation, and/or dismissed for infraction of the above policy.

With more than allowed absences from either class or clinical the final grade will be dropped by one (1) letter grade. More than allowed absences or excessive tardy from either class or clinical may result in immediate probation with recommendation of dismissal from the program.

Excessive time lost may result in disciplinary action and/or the decision that the time MUST be made up prior to graduation. The Program Director reserves the right to evaluate each student/incident, individually.

## Sick Days / Illness

Students are to notify the DMS faculty via email 1 hour prior to beginning of the class, lab or clinical day. If the student is absent for three days, a doctor's note **MUST** be presented upon return to campus and or clinical site. Students will not be permitted to return without a note. Students are responsible for obtaining class material missed due to absence.

## Long Term Illness

In the event of a long-term illness, it is the student's responsibility to contact the program chair to be advised on proceeding with didactic, lab and clinical rotations. The program chair may ask for supporting documents from a medical practitioner. Students may be required to complete remedial work or extend the length of their stay in the program in the event the injury or illness results in excessive loss of time. This is the discretion of the program chair.

## Incident Report / Clinical Injury

For injuries occurring in the clinical setting, an incident report should be completed with the assistance of the department supervisor; otherwise, a clinical instructor or the program director will assist the student in completing the report. Any injury requiring a visit to the doctor **MUST** be followed with a "clearance note" from the doctor permitting the student's return. Notification of the DMS faculty is the student's responsibility.

All students are required to carry their own medical insurance. Proof of insurance is required. Falsification of proof of medical insurance coverage may result in dismissal from the program.

## Dress Code

DMS I.D. Badges must be worn at eye level, at all times. Personal hygiene must be maintained, and students are responsible for wearing clothing that is neat, clean, and well-fitting at all times. Tattoos must be covered, at all times.

The following are acceptable attire for uniforms: "PLAIN" scrub tops and pants as follows (solid):

- All DMS students are required to wear NAVY Scrubs and a Widener University DMS patch.
- White or gray solid-colored tops may be worn under the scrub top
- White lab coats, if desired to keep warm (sweaters/hoodies are not allowed)
- No midriffs or cleavage should be exposed
- Neat, clean and wrinkle free appropriate clothing (pants should not drag the ground)
- Neat
- White or black shoes. Sneakers must be clean and not "worn out". No open toe shoes/sandals allowed (no crocs of any style)
- No hats, head scarf
- Neatly trimmed and cleaned natural nails. Neutral polish. No artificial nails of any type (acrylic, gel, dip, powder, tips or press-on)

- No excessive jewelry (no large hanging earrings or hoops/gauge holes must be flesh-colored solid plugs)
- No facial jewelry or excessive make-up
- Body art/tattoos should be covered (per clinical policy)
- Hair neatly groomed, clean-shaven mustache and/or beard

*Exceptions to the DMS clinical dress code/professional appearance may be made for religious, cultural, or medical reasons. During unexpected circumstances may be added such as N-95 mask, goggles or face shield.*

## Fair Practices

**The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.**

Therefore, students scan each other during assigned on-campus labs. All students are required to scan an individual for a daily lab grade. **Please Note:** Participation as a scanning model is voluntary. Participation or non-participation will not have an effect on your grade. Grades are based on the criteria published in the syllabi.

## Ergonomics

In sonography this refers to the science of designing the sonographer's work environment, tools, and procedures to fit the user's physical needs and limitations, with the goal of reducing strain and preventing injury. Sonographers often perform repetitive movements, maintain awkward postures, and apply sustained pressure during scanning, which can lead to work-related musculoskeletal disorders (WRMSDs), especially in the neck, shoulders, arms, and wrists. Ergonomic practices in sonography include adjusting exam tables and chairs, using supportive equipment like arm rests and adjustable monitors, positioning patients properly, and taking regular breaks to stretch. Training in proper body mechanics and ergonomically efficient scanning techniques is essential to ensure long-term career health and safety and the DMS program encourages self-care to prevent WRMSDs, and the scanning labs reflect appropriate equipment

**SIGN: "Fair Practice Document" page 44**

## CPR

An update CPR Certification is required for the DMS program. A clinical site may refuse a student to attend clinical without a current CPR certification. Any missed work from clinical will not be allowed to make up and a letter grade drop will occur in clinical rotation for that semester. Link to the certification [CPR](#)

## Pregnancy Policy

The student has the right to declare pregnancy and remain in the program with no modifications. However, pregnancy during the program may involve circumstances that could delay completion of program requirements and may result in delayed graduation. If the student continues to attend both didactic and clinical courses as scheduled during her pregnancy, minimal disruption will occur. A student who has difficulty maintaining the routine schedule of the program may affect her progression toward program completion. The DMS Program Director and faculty will be supportive to pregnant students and will

endeavor to help such students complete all program requirements within a reasonable timeframe.

The stress and physical demands of the program requirements may affect both pregnant students and unborn fetuses, especially during the first trimester. Thus, the student is *encouraged* but not required to inform the Program Director, Clinical Coordinator, and Clinical Instructor at their assigned clinical site when the pregnancy is confirmed. If the student declares a pregnancy, she must work with the DMS Program Director and Clinical Coordinator to develop a plan that may include strategies and timings for completion of course or program requirements. The final plan must be signed by the student, the DMS Program Director, and a DMS Clinical Coordinator.

The student has the option to inform program officials of the pregnancy. It is both policy and practice of the program and the clinical education setting to offer the utmost protection to student. The program will NOT assume liability in any case of pregnancy. Should a pregnant student choose to remain in the program, the program members will provide support for the student's completion of the program. However, students must be aware that clinical sites reserve the right to limit liability and may choose to limit or not permit student participation in a clinical setting. If a pregnant student's assigned clinical site decides not to permit the student a rotation, the DMS Program Director and Clinical Coordinator(s) will make every effort to find another suitable site that will permit the student to continue their clinical education with limited disruption. If no clinical site is willing to take on the liability of having a pregnant student, the student may experience a delay in their ability to complete their clinical education and will be supported with a site placement during the same course offering the academic year after the pregnancy.

Once a student informs DMS program officials of their pregnancy through written notification, the student will choose from the following three options:

**Option I: Remain in the DMS Program Without Disruption**

It is possible for a pregnant student to continue and successfully complete the DMS academic courses with little disruption. The college will not assume any liability for students who choose to continue with all didactic and clinical requirements without interruption. The student may remain in the program under the following conditions:

1. The student may choose to complete all rotations with approval of their physician (official letter required).
2. The student must sign a form releasing the college and its affiliates of any liability associated with the possibility of fetal damage.
3. The student will adhere to all DMS program requirements including but not limited to standards for satisfactory progress and attendance for classes and clinical rotation.
4. If a student misses clinical days, they will have to make the missed hours up within 3 months after the pregnancy.
5. If a student cannot complete a course, they will be required to retake the course the next time it is offered according to the DMS course sequence.

**Option II: Leave of Absence in Good Standing**

A pregnant DMS student may choose to take a leave of absence until after the pregnancy. The terms for this are as follows:

1. The leave of absence may be granted for a period up to one year from the agreed upon effective date. At the end of the year, the student must re-enter the program as a full-time student or relinquish their position in the program.
2. Students who request a leave of absence for more than 10 months up to one year will be required to show satisfactory retention of knowledge and skills expected in the semester in which they left. As conditions of re-entry, students may be required to complete tasks and/or assessments and to meet evaluation benchmarks (passing grade of "C") for DMS courses they have completed to ensure retention of requisite knowledge and/or skills. These scheduled examinations must be completed within a month prior to the student resuming the DMS program. Students who fail to meet benchmark scores on re-entry evaluations may be required to repeat corresponding program courses.
3. Students who are permitted to return to the program will be deemed capable of proceeding in the program. The student will be responsible for the content of all course work required in the remaining courses. No accommodations will be made in reference to the volume, or the expected level of proficiency required to complete the program.

#### **Option III: Voluntary Withdrawal in Good Standing**

At any point, a pregnant student who is in good academic and behavioral standing with the DMS program may elect to withdraw voluntarily from the program. The terms for this are as follows:

1. Students in good standing with DMS program requirements who wish to self-withdraw due to pregnancy and who are interested in readmission, may submit a request to the DMS Program Director to be eligible for non-competitive readmission as part of the next academic year cohort.
2. As conditions of re-entry, students may be required to complete tasks and/or assessments and to meet evaluation benchmarks (passing grade of "C") for DMS courses they have completed to ensure retention of requisite knowledge and/or skills. These scheduled examinations must be completed within a month prior to the student resuming the DMS program. Students who fail to meet benchmark scores on re-entry evaluations may be required to repeat corresponding program courses.
3. Such students must indicate their readiness to return to the program by completing an application during the next open application period.

### **SIGN: "Pregnancy Declaration Form" page 54**

#### **Bloodborne Pathogens / Communicable Diseases**

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. Review the [AIUM](#) website for more detailed information regarding the above.

**Potential Needle (Sharps) Stick:** Use and disposal of needles and other sharps are potentially hazardous procedures for health care personnel. Needle stick injuries pose a serious risk for infection with Hepatitis B virus, human immunodeficiency virus (HIV), and many other pathogens. OSHA has set standards to prevent such injuries including, but not limited to, use of appropriate puncture-proof disposal containers to dispose of



uncapped sharps, never bending or breaking needles before disposal, and never recapping used needles except under specified circumstances.

If a needle stick injury occurs during a clinical rotation, the DMS student MUST report the incident immediately to the clinical instructor and follow the specific steps outlined by the facility. The DMS Program Director or Clinical Coordinator should also be made aware of this injury in a timely manner. Steps could include referral for health care testing and/or administration of medications to minimize the risk for infection. Costs incurred as a result of testing and/or other healthcare services are at the expense of the student.

In the event of exposure to any blood and or body fluids the protocol is as follows:

- Wash needlestick and cuts with soap and water immediately
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline or sterile eyewash
- Report the incident to a DMS faculty and or Clinical Instructor
- Immediately seek medical treatment
- 

## Universal Precautions

Students are required to follow the clinical affiliates protocol. Always act as though all patients with whom you have contact have a potentially contagious blood borne disease. Avoid direct contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, and lesions. Wear proper PPE when indicated. Use gloves to prevent contact with blood, or body fluids, contaminated surfaces or instruments. Wear face protection when droplets may be generated during a procedure. Dispose of all contaminated articles and materials in a safe manner prescribed by law. Dispose of sharps promptly in the appropriate, puncture resistant containers

**SIGN: “Bloodborne Pathogen Form” page 47**

## Substance Abuse / Impaired / Alcohol & Drugs

Intoxicating beverages or drugs are not permitted on school clinical affiliates grounds. Any abuse or presence of alcohol or drugs (prescription or non-prescription, including being hungover), while present in school or the clinical areas will warrant immediate dismissal from the program. **Re-admission to the program will not be an option.** It is the policy of Widener Medical Center to maintain a drug-free environment. **Random testing of employees and students will be done if abuse is suspected. No notification is necessary.** Widener offers referral support use this link for additional information: [Support](#)

## Background Check / ARDMS Registry Examinations

Certain criminal history may prohibit an applicant from applying to the ARDMS for national registry boards, which means the student will not be considered employable. If this is a concern, the compliance department should be contacted prior to start of the program. [Compliance@ardms.org](mailto:Compliance@ardms.org)



## Student Employment Statement

It is the responsibility of the student to ensure that personal employment commitments do not conflict with his/her education. In the ultrasound department, students may not be used as a replacement for a staff sonographer and be without either “direct” or “indirect” supervision. Students cannot be paid during any clinical rotation hours.

Students who are employed by a clinical affiliate must clearly separate their employment responsibilities from their educational clinical hours. Educational clinical hours must not overlap with paid employment. Students are not permitted to receive compensation for time spent in their role as a student. Similarly, students may not perform paid job duties while clocked in for clinical education. Violating this policy may result in disciplinary action and/or invalidation of clinical hours.

## Grading Policy

Students will complete all academic and clinical evaluations with a minimum average of 82. Students will be evaluated on an on-going basis. Students who do not achieve minimum requirements at mid-semester may be placed on probation and or dismissal. Tutoring sessions and/or remedial work will be required. Students are expected to reach out the instructor and or program chair to scheduling tutoring. This is the responsibility of the student.

Students already on probation, who do not achieve minimum grades at either mid or end-semester, will be dismissed from the program.

Classroom and clinical attendance are mandatory. All assignments are expected on time. **Five points per day will be deducted for any quiz, or test that is submitted late.** Please refer to each class syllabus for assignment deductions. In the case of absence, an instructor may choose to waive a make-up test but rather assign a short project to replace the test grade. If the clinical instructor is suspicious of the legitimacy of the absence, no project or test may be permitted, the student will receive a zero, and disciplinary action may ensue. This matter is up to the discretion of the instructor. Quizzes and tests may be given through Canvas.

Any type of plagiarism or cheating will result in a zero grade, disciplinary action and/or dismissal. Grade points are assigned as follows and follow the Widener University grading policy. [LINK](#)

A	4.0	93-100	
A-	3.7	90-92	
B+	3.3	87-89	
B	3.0	83-86	
<b>B-</b>	<b>2.7</b>	<b>80-82</b>	Students are required to receive an <b>82 (B-)</b> or higher for a passing grade in the DMS program
C+	2.3	77-79	
C	2.0	73-76	
C-	1.7	70-72	
F	0.0	<70	

All final course grades will be rounded to the nearest whole number (i.e. 69.5 would be rounded to a 70, but 69.49 would be a 69).

Components to evaluate clinical education may include:

- Clinical competency evaluations by clinical preceptors

- Clinical “testing” by school faculty or clinical preceptors
- Case and/or article reviews
- Clinical evaluations
- Clinical log sheets
- Progression of levels of supervision

## **Clinical Affiliate Professionalism**

As a student, you are expected to always cooperate with hospital/clinic personnel. While in the facility, you must observe all regulations imposed by that facility regarding patient safety and welfare, infection control, and personal cleanliness and appearance.

Remember we are guests in the facility. If any problems arise about the performance of a task that seems unreasonable, you are encouraged to report the incident to your Clinical Coordinator or Clinical Instructor who will assist you in handling the matter.

It is important for students to maintain a professional working relationship with all clinical site personnel. While it is acceptable and encouraged for students to be friendly and courteous when working in the clinical setting; inappropriate fraternizing and/or romantic interactions while at the clinical site, after hours, or online is unacceptable and considered a violation of DMS program standards for professionalism.

## **Clinical Preceptor**

The clinical preceptor is responsible for providing education and supervision for sonography students in the clinical education setting, consistent with the established standards of medical care in the field of ultrasound.

Clinical preceptors are able to perform “competency” evaluation and “testing” on students. The clinical preceptor must be credentialed in the area for which they are performing the competency or test. The school faculty will perform abdomen and pelvis “tests” in scan lab. School faculty may be available to assist in the clinical setting with performing “comps” and “tests.” The Program Director reserves the right to make changes to this policy, as needed.

## **Clinical Affiliate Policy**

Students enrolled in the DMS program will be responsible for observing rules and regulations as stated in the DMS program student handbook. In addition, the clinical affiliates used by the program each have their own rules and regulations that the student is expected to follow. Clinical affiliates are considered an integral part of the program for student clinical assignments. Each student will rotate through various clinical affiliates during their time in the Diagnostic Medical Sonography Program. The policies and guidelines stated in this handbook represent a contractual agreement between Widener University and the sonography student for the duration the student is enrolled in the Diagnostic Medical Sonography Program. Failure to comply with the policies and guidelines in this handbook may result in dismissal from the Diagnostic Medical Sonography Program.

## **Clinical Placement**

There are a limited number of clinical sites and student rotation slots. Sites may be located at significant distances from the college and students must be prepared for such commutes. The DMS Program will not guarantee student preferences regarding clinical

site placements. Site assignment decisions are at the sole discretion of the DMS Clinical Coordinator and DMS Program Director. Several factors are used to determine student placement at a clinical site including, but not limited to, student experience and skills, previous clinical performance, competency requirements, work pace, clinical environment, site location, potential for employment after graduation, etc. Student work schedules and other personal commitments will NOT be factors in deciding clinical site assignments. **IF a student is barred from a clinical site, probation and or dismissal may occur.**

To provide students with access to a variety of clinical settings, students will be assigned to a variety of clinical site rotations during their time in the DMS program. Unless otherwise noted, students are not permitted to be assigned to a clinical site if the student works in the department where ultrasound is performed. Transportation and parking are the student's responsibility.

Clinical sites may refuse placements for students who do not satisfy site requirements for pre-rotation vaccinations, documents, training, or other requirements. Vaccination exemptions determined by Widener University may not be accepted at all clinical sites. Students must adhere to site exemption policies for vaccination. Students who are unable to be placed at clinical sites may be unable to accomplish clinical requirements needed for program completion. DMS clinical affiliates reserve the right to dismiss or limit students' access to assigned clinical sites. The DMS program cannot guarantee alternative clinical site placements to students who are unable or unwilling to comply with site requirements. If a student is dismissed from a clinical site or requested to not return due to a disciplinary issue, probation and or dismissal from the DMS program may occur.

The limited number of affiliated medical facilities restricts the number of clinical rotation slots available to students in the DMS program. Attendance at a clinical education site is at the invitation of each affiliate and is subject to site availability.

## Clinical Competency and Test Requirements

Students are expected to complete competencies (Comps) and detailed competencies (Tests) by the time of graduation. These will be evaluated within Trajecsyst by clinical preceptors and will count toward the clinical grade. Successfully completing both sets of competencies demonstrates that students are prepared to work independently in the clinical setting. The student will demonstrate achievement of clinical competency through the performance of sonographic examinations but not limited to the abdomen, obstetrics/gynecologic and superficial structures. This is according to the practice parameters established by the DMS program and the protocols of the clinical affiliate. Clinical competencies must include evaluation, documentation and demonstration by either clinical comp tests and or clinical competencies. Reference to each syllabus for additional detailed information.

## Clinical Evaluations

Clinical Education is an integral part of the academic preparation that requires the dedication and cooperation of many parties including the academic faculty, the clinical instructors, the clinical coordinators, and other clinicians who interact with the student in their quest to learn how to do this profession on a day-to-day basis. Each student will

have the opportunity to work with clinical instructors in a variety of clinical settings after passing skill assessment tests to prove competency in lab.

Clinical evaluations will be available on Trajecsyst for the clinical instructor to complete, accordingly. Clinical evaluations include but not limited to objectives that satisfy each of the following areas of learning domains:

- **Affective** - an acquisition of behaviors guided by feelings and emotions that are influenced by one's attitudes, values, beliefs and interests.
- **Cognitive** - includes behaviors guided by various levels of thought, such as knowledge, understanding, reason and judgment.
- **Psychomotor** - includes behaviors involving physical actions, coordination and neuromuscular manipulations.

**A minimum score of 82 is expected per evaluation. If less then <82, intervention by the DMS faculty will occur with appropriate action plan.**

### Communication Clinical Worksheets

The purpose of the communication worksheet is to give clinical staff knowledge of how far along the student is in the program, what they are currently scanning and what the student's goals for the week are.

Communication worksheets must be used for all clinical sites, each week. There is a specific worksheet for general and vascular and another for maternal fetal medicine. This is a paper document, not done through Trajecsyst. Before entering clinical, the student should set two goals for the week. These goals will be written on the communication worksheet and communicated to clinical staff.

This worksheet should be shown to a preceptor and signed, first thing in the morning, on the first day, and then hung in the designated area in the department, so all staff can reference it. Failure to do this may result in disciplinary action.

### Clinical Log Sheets

It is the sole responsibility of the student to document clinical exams performed and or observed at the clinical site. Deduction will occur if the data is not entered into Trajecsyst in a timely manner. Note: A grade of zero "0" will be issued if clinical exams are not entered into Trajecsyst after 1 week.

### Trajecsyst Clinical Time Logs

Each day, students are required to report to their assigned clinical site, students must clock in and clock out using the Trajecsyst Clinical Tracking System. Students will be graded on the accuracy of their time log entries. Time logs may include GPS location information that will be visible to the DMS Clinical Coordinator and DMS Program Director to ensure students report to their assigned locations. If a student forgets to clock in or out or in cases of technical issues that prevent the student from clocking in or out, the student must submit a Time Exception to seek approval for the time log to be corrected. Time logs will be checked regularly by the DMS Clinical Coordinator and will be confirmed with the site CI during site visits.

## Student Supervision

All students will be under either “**direct**” or “**indirect**” supervision of a **registered** sonographer. This will be determined by either successful or unsuccessful completion of competencies for each exam specialty. (Refer to the Summary of Desired Clinical Activities per Semester for further details).

### Direct Supervision

Direct supervision is required whenever students are performing tasks for the first time or before students have passed a competency exam. Direct supervision means the site CI or other sonographer is present while the student is performing the task, monitors the patient condition while the student is interacting with the patient, and reviews and provides formal or informal feedback on the student’s performance. **All graded competencies must be performed under the direct supervision of a site sonographer who is certified in the specialty area of the exam being performed.**

Competencies graded by sonographers who do not hold the appropriate credential will not be counted as part of any clinical course grade.

A credential sonographer in the modality the student is scanning

The following scans are under direct supervisions:

- Invasive procedures
- Transvaginal exams
- Gyn procedures (male students requires a chaperone)
- All OB patients

### Indirect Supervision

Students are required to complete several competency scan exams during a clinical course. Practice and graded competency exams should be performed under direct supervision of site sonographers that are credentialed in the specialty area being performed. Once a student successfully passes a graded competency exam for a given ultrasound study, the student may perform that same study on other patients under indirect supervision of the site sonographer. \*Indirect supervision means a site sonographer is in the immediate vicinity of where the student is scanning to be able to aid as needed and is available to review student images for diagnostic quality.

A credential sonographer in the modality student is scanning will be immediately available to assist the student. Immediately available is defined as: The presence of a registered sonographer within the department while the exam is being performed.

#### Levels of Supervision:

- O - Observe
- BS - Back Scan (after observation)
- S - Direct Supervision – begin scan – do as much as possible
- IS - Indirect Supervision – \*see above description

## Transportation

Students may be required to come to campus for classes, meetings, events, and labs and must report to assigned clinical sites on scheduled days. DMS faculty assign clinical rotations that will best help students accomplish program requirements. Reliable transportation is important for clinical success as some sites may require significant

travel. Additional information on clinical assignments and transportation will be presented during the DMS Orientation, in mandatory clinical meetings, and may be found in the **DMS Clinical Syllabus**

## **Student Conferences and Evaluations**

Student conferences and evaluations will be held every Mid-Semester grading period. These will be held more often if a situation warrants. There will be a complete set of records and data kept on each student. It is at this time that the student will be told of his/her weak and strong points. All conferences and evaluations will be signed by both the faculty and the student. These conferences will be for both the clinical and academic areas. It is the responsibility of the student to arrange meeting and or conference times with the department chair and instructors.

**NOTE:** Conferences and evaluations are held between the student and the DMS faculty only. Widener will follow [FERPA](#) regulations.

## **Counseling / Student Support Services**

Each student will meet with the Program Director, or Instructor, mid and end semester. This will provide an opportunity to discuss the student's progress. Any concerns or suggestions of either the student or Program Director should be addressed at this time. Any instructor may be approached for individual counseling by a student. After multiple attempts to learn a subject, the instructor may determine to counsel the student on their ability to succeed. Counseling for a personal crisis will be directed to Widener University Counseling and Psychological Services (CAPS). [Student Support Services](#)  
Widener University's Counseling Center will be available during semesters where students take 12 credits. Resources can be found at this link: [Mental Health Services](#)

## **Civil Treatment**

All students should expect to be treated fairly and without harassment or any form of intimidation or extortion while a DMS student. It is reasonable to expect instructors, classmates, co-workers and hospital personnel to stop offensive behavior when asked to do so without the fear of retaliation. The student's first line of defense is to ask the person to stop an offensive behavior (preferably and almost essential in the presence of a witness), document the event and report to your immediate supervisor, clinical instructor, instructor, DMS faculty, etc. In all cases, the clinical coordinator and/or the department chair must be made aware of the situation. The DMS faculty is always willing to listen to any concerns about this, perceived or actual.

## **Disciplinary Actions**

Various forms of student misconduct either on campus or in the clinical site are subject to disciplinary action. DMS students are expected to familiarize themselves with the college and program policies related to these offenses. The DMS program has established disciplinary and program dismissal criteria based on specific forms of misconduct. These are presented below.

### **Serious offenses may result in immediate probation:**

1. Verbal warning - documented for future reference.
2. Written warning.



3. Conference with the department chair or practicum instructor; at this time, immediate suspension and/or dismissal from the program.

## Probation

If it appears that a student is having difficulty with theory or clinical education, the student will be placed on probation. Any probationary period will be assigned by the department chair or clinical coordinator after conferring with the clinical instructor of that student. *Student can be conference weekly while on probation. It is the responsibility of the student to arrange meeting times with the department chair/instructor.*

After one situation in which the student is put on probation, the student may be put on immediate suspension and dismissal from the program for the second situation.

The student may be placed on probation for the following (but not limited to):

- At any time during a semester with a failing average grade in didactic, lab and or clinical
- Failure to complete required remedial work
- Probationary periods will be determined by the DMS faculty
- Students who are already on probation and fail any portion of the program will be dismissed from the program.
- Dismissal for failure of any part of the didactic or clinical components of the program may be appealed through Widener University.

## Disciplinary Due Process / Grievance

It is the policy of the Diagnostic Medical Sonography Program to foster good student relations by allowing students to follow an established problem resolution procedure when complaints or disputes arise. This opportunity to discuss their concerns regarding disciplinary action and other matters. It is important the student follows the hierarchy of the standards set forth in this handbook and at Widener University:

1. DMS Instructor
2. DMS Program Chair
3. Executive Director of Continuing Studies
4. [Widener Grievance Policy](#)

In order to treat the students fairly and to exercise its authority judiciously, the Diagnostic Medical Sonography Program wishes to promote an environment in which students can present complaints to the Program Director of the school without fear of reprisal or loss of personal dignity.

The Program Director is responsible for:

- Advising and assisting students in submitting appropriate documentation
- Liaison between faculty and students
- Maintaining records of all documentation and the final decisions

The student must submit his/her request for problem resolution within five calendar days of the occurrence of the problem. Every attempt will be made to schedule a meeting in a timely manner and to resolve the situation at this level. The Program Director will notify the student, as to a decision, within ten calendar days of the meeting. Requests to take

problems to subsequent steps in the process must be submitted within five calendar days of notification of the decision from the prior level.

## Dismissal Policy

Students not acting in accordance with the policies and procedures of the Widener University DMS program can and will be dismissed. Certain circumstances dictate that a student will receive disciplinary action. A due process is in place. When a dismissal occurs, the student will also follow the DMS process in a timely manner. It is the responsibility that the student reads and understand all portions of the course syllabi, course schedules and the Student Handbook. Upon this, the student agrees to comply with all rules, regulations and requirements contained in the course syllabi and course schedules, and with any additional rules as communicated to me by the instructors during courses. The student is also responsible for knowing and following the rules of all practicum sites where rotations during courses. Offenses which may and can result in immediate dismissal include the following, but limited to:

I can and will be dropped from the Program with a grade of 'F' in all DMS courses for:

- breach of confidentiality or HIPAA guidelines.
- stealing information or tangible goods.
- misrepresenting any fact.
- lying about any fact.
- being barred (asked not to return) from **any** clinical site (see scope practice).
- failing to complete clinical/didactic/lab requirements on time.
- behavior would pose a risk to self or others, potential safety risk during class or during any practicum rotation assignment.
- representing that I hold a level of certification or licensure I do not hold.
- practicing beyond the scope of practicum objectives (Scope of Practice).
- committing a criminal act at any time while enrolled in the program.
- failure to maintain current CPR certification.
- failure to pass **any** of the DMS curriculum courses; or failure to pass the practicum scanning final (**any** of the required scanning protocols)
- disruption of classes (**demeanor**), making it difficult for other students to acquire the material presented. This can be observed by the faculty or reported by a fellow student.
- willful damage to school, hospital, or private property.
- documented evidence of lack of proper patient care.
- leaving the practicum area without permission from an instructor.
- failure to comply with uniform code at clinicals or in lab.
- failure to follow radiation protection rules and regulations.
- falsifying for self or another student, or any DMS documentation.
- one incidence of being put on probation
- cheating, lying, collaborating, plagiarizing or falsifying any documentation verbally or in print.
- use of any form of abusing, disrespectful, threatening or harassing language and/or behavior to classmates, instructors, hospital personnel or patients.
- unprofessional conduct at clinical site or in the classroom.
- violating or failing to comply with any provision of the rules, regulations or policies set forth, or any policy stated in the 'DIAGNOSTIC MEDICAL SONOGRAPHY Student Handbook'.
- sleeping while assigned in the clinical site



- failing to adhere to the Duties and Responsibilities
- sexual harassment
- unheeded reprimands

## SIGN: “Dismissal Policy Form” page 53

### **Student Withdrawal Process**

When a student chooses to withdraw from the DMS program for personal reasons; seeking the guidance of the DMS program chair is highly recommended. This decision is at the discretion of the student.

### **Academic Calendar**

Note: DMS program dates differ slightly from the [Widener Academic Calendar](#); please refer to the syllabus for specific dates/changes that reflect the DMS program.

### **Academic Appeals Committee**

Every attempt will be made to settle the complaint prior to this level. Requests to take problems to this step in the process must be submitted within five calendar days of notification of the decision from the prior level. The following link will guide the student through this due process. [Academic Policy and Procedures](#)

### **Bereavement Leave**

Students will be allowed one (1) bereavement day.

A written request, through email, must be submitted to the Program Director and Clinical Coordinator. Students are responsible for informing clinical sites of any absence.

- Students are responsible for obtaining class material missed during any absence
- The final approval for funeral days will be determined by the Program Director
- The Program Director reserves the right to investigate any suspicion of abuse
- Discretion for additional days will be the program chair

### **Holidays**

Students are committed to 20 months of consecutive full-time education. Holidays include Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Thanksgiving Day and Black Friday. Breaks from the program include a winter break, the week of Fourth of July, and a spring holiday. Vacation for the DMS differs from the Widener Schedule calendar time should not be scheduled during the academic semesters but rather during semester breaks. Follow the Widener website for updates on holidays. [Widener Calendar](#)

### **Religious or Military Exemption**

Students, including student workers, anticipating schedule conflicts due to religious observances shall notify their instructor and/or supervisor at least 10 college business days in advance of the anticipated absence and make appropriate arrangements for makeup examinations, assignments, and work. Any absence for religious observances

shall not relieve the student from responsibility for completing required coursework and examinations. For active-duty military service member enrolled in the DMS program, please visit the Military & Veteran's Affairs for guidance and understanding of the due process for deployment. [Link](#)

## Smoking Free Campus

Widener University is a non-smoking campus. This includes e-cigarettes, vaping of any sort, whether juice, liquid or herbs or any other form of ingestion and/or expulsion. Smoking is not permitted anywhere on the campus, including the exterior grounds. The clinical site has a policy that will be upheld by all DMS students which has established a "zero tolerance" policy toward smoking.

Students who violate this policy are subject to both "school and clinical" disciplinary action.

## Attendance & Inclement Weather / School Closing

In the event of **inclement weather**, the program will follow Widener's decision. Students should check Widener's website for information about school closings or late openings. If student is leaving clinical early due to inclement weather; the student must notify the DMS faculty prior to logging out in Trajecsys. Unless the facility is closed due to weather, student is expected to report to clinicals every day regardless of weather, unless there is a state of emergency declared. Personal days must be used for clinical absences if college close for weather.

## Virtual Class Policy

It is at the discretion of the instructor if and when a class will be held virtually. If students are ill on a class day, the instructor may permit the student to attend class virtually. Students must have a reliable internet connection, a functioning webcam, microphone, and speakers/headphone. Required software (e.g., Microsoft teams, Zoom) should be installed and tested before the first class. Virtual attendance of a class must be approved by the instructor and program director at least one day (24 hours) before class. The instructor and program director reserve the right to limit virtual class attendance.

Students must be in an environment conducive to learning and with minimal distractions. Webcams must be kept on and active participation in discussions and activities is mandatory. Students must avoid distractions or engaging in other activities during virtual class time. This policy ensures a structured and respectful environment that enhances the learning experience for all participants.

## Jury Duty

Jury duty selection is a civic responsibility. Any clinical time missed in excess of one day, while performing jury duty, will be made up by the end of the semester. Proper documentation of jury duty is required. This must be presented to the school faculty, before returning to class or clinical.

## Parking

Students are responsible for parking fees at their clinical sites.

## Library & Computer Resources

The Widener University Library is available to students during their free time, or periods when clinical schedules may not be busy enough to benefit students. Additionally, faculty have multiple resources that students may utilize. Students have access to Widener University's library and computer facilities. Additional resources may be found at [Library Resource](#):

## Personal Cell Phones / Social Media

Personal phone calls are not permitted during clinical at all times. On campus, phones must be placed on silent during didactic and lab. Extenuating circumstances should be brought to the clinical instructor and or DMS faculty attention. Students are not allowed to post on social media any pictures of patients and or volunteers scanned without written permission. HIPAA applies to anyone person being scanned. Dismissal will occur if this is violated.

## Tuition and Financial Aid

The following link will direct the student for tuition and financial aid assistance. [LINK](#)  
The student is responsible for the acquisition of books, stationary supplies, and uniforms, in accordance with the school dress code. Information about book purchases and uniforms will be sent at least one month prior to the start date of the program. If you have any questions regarding financing your education reach out to us by calling 610-499-4161 or emailing us at [finaidmc@widener.edu](mailto:finaidmc@widener.edu).

## Student Housing

We at Widener are available to assist you and answer your questions for housing. Please use the link for additional information. [Housing](#).

## Student Advising

With dedicated advisors, robust resources, and access to cutting-edge facilities, you'll find everything you need to thrive academically and prepare for a successful future. Start your journey with confidence, knowing that Widener is committed to helping you unlock your full potential. [Advising](#)

## Student Records

Student records are maintained in a secure locked cabinet in the DMS program chairs office. Records are used for accreditation purposes as well as other programmatic need.

**Foreign Students / Transfer Students** must contact the Admission office at Widener University. [International Admission link](#). All applicants that require an International transcript evaluation

## Class Representative

The students in each cohort elect a class representative. This election will take place by the end of the first semester. The class representative will attend the Advisory Committee meeting.

## DMS Course Descriptions

### **UALH 270C Introduction to Ultrasound - 2 credits**

This is a hybrid course that serves as a welcome to the medical field, the policies of Crozer Health, and the ultrasound department. It will also serve as an introduction to the field of ultrasound, by reviewing the basic concepts and ergonomics, knobology, patient care, research, and medical terminology. This course will equip the student with the basic scanning technique principles. **Prerequisites: Acceptance into the DMS program**

### **UALH 271C Abdomen 1 – 3 credits**

This is a course of normal abdominal anatomy/cross-section, physiology, variants, embryology, and sonographic findings. Laboratory values and other related tests will also be discussed.

**Prerequisites: Acceptance into the DMS program**

### **UALH 272C Sonographic Physics and Instrumentation - 3 credits**

This course that presents general acoustic principles to include the physics of energy transfer through wave propagation, surface reflection processes, transducer construction, beam profile consideration and Doppler, A-mode, B-mode, M-mode and real-time instrumentation. In addition, the applied principles of instrumentation, knobology, and quality control are emphasized. It is designed as the first of two courses.

**Prerequisites: Acceptance into the DMS program**

### **UALH 273C Scan Lab I - 3 credits**

This lab involves explanation and operations of equipment, ergonomics, scanning planes, and protocols for abdominal organs. The students scan each other as patients. The abdominal organs are taught in sections, starting with scanning of the sagittal liver, then transverse liver, gallbladder, aorta, pancreas, renal, bladder, spleen, superficial abdominal musculature, chest, and gastrointestinal tract. The required scanning tests will be completed by the school faculty, in the scan lab. Once the students pass the test for sagittal liver, which is three to four weeks after the start of the program, they will be promoted from observe (O) to back scan (BS) status in clinical. **Prerequisites: Acceptance into the DMS program**

### **UALH 274C Clinical Practicum I - 1 credit**

This course encompasses clinical rotations throughout the Crozer Health System and affiliates. The student will be able to put into practice the knowledge learned in the classroom. The students will begin to scan each other during the scheduled scanning labs, as well as “observing” and “backscanning” patients with the staff sonographers in the department. The student will become accustomed to and contribute to the daily operations of the department. The clinical staff will evaluate each student for his or her contribution to the department and patient-care skills. **Prerequisites: Acceptance into the DMS program**

### **UALH 275C Abdomen II - 3 credits**

This course encompasses abdominal pathology, sonographic findings, laboratory values, and other related tests. This course elaborates on the abdominal organs covered in Abdomen I. **Prerequisites:**

**UALH 271C Abdomen I**

### **UALH 276C OB/Gyn I - 3 credits**

This course encompasses the non-pregnant, normal female pelvic anatomy/cross-section, including pediatric gynecologic sonography through menopause. The obstetrical portion of the course will encompass fertilization through the third trimester of a normal pregnancy. The scanning protocols and procedures will be explained during the course.

**Prerequisites: Completion of Semester I**

### **UALH277C Scan Lab II - 2 credits**

This lab involves applying information learned in Scan Lab I and working on performing a complete abdominal exam. Once the student is able to satisfactorily demonstrate that he or she can perform a complete abdomen, the student is promoted from back scan (BS) to begin scan or scan (S) status in clinical for abdominal organs. At this point, the student is still under direct supervision for all procedures. Pelvic scanning is then taught, transvaginal being an option, if there are class volunteers. Thyroid,

carotids, venous duplex for legs, and musculoskeletal are presented. If the class feels that the objectives are completed early, the students will be directed to report to clinical for the remainder of the scheduled hours.

**Prerequisites:** UALH 273C Scan Lab I

#### **UALH 278C Clinical Practicum II - 3 credits**

This course includes clinical rotations. The student will be expected to scan patients under the direct supervision of the staff sonographers. The students will be expected to apply knowledge from the classroom and scan labs to the clinical setting. The required competencies and tests will demonstrate a progression of scanning abilities. The required competencies will be completed under the supervision of the designated clinical preceptors and/or school faculty. The clinical staff will evaluate each student for his or her contribution to the department and patient-care skills.

**Prerequisites:** UALH 274C Clinical Practicum I

#### **UALH 300C Ob/Gyn II – 3 credits**

This course encompasses abnormal gynecology and obstetrics. The gynecology portion of this course will include pediatric to menopausal sonography and the pathological processes that can occur at each stage. The obstetrical portion will range from the first to the third trimester. Major structural and congenital abnormalities will be discussed, as well as some major chromosomal abnormalities. **Prerequisites:**

**UALH 276C OB/Gyn I**

#### **UALH 301C Small Parts Sonography – 1.5 credits**

This course is a lecture presentation. Specific categories to be discussed include the thyroid gland, parathyroid gland, neck masses, breast, scrotum, prostate, and musculoskeletal. The course will include normal physiology and anatomy as well as the most common pathological processes for each section.

The sonographic appearance, protocols and scanning techniques will be covered. **Prerequisites:**

**Completion of Semester I**

#### **UALH 302C Pediatric Sonography – 1.5 credits**

This course is a lecture presentation of normal anatomy, variants, embryology, and sonographic findings associated with neurosonography, pyloric stenosis, neonatal spine and neonatal hips. Other pertinent related tests will be discussed.

**Prerequisites:** UALH 301C Small Parts Sonography

#### **UALH 303C Vascular I Sonography– 3 credits**

This course encompasses anatomy of the cerebrovascular system, upper and lower extremity vasculature, vascular testing for these systems, pathophysiology and hemodynamics. This course also elaborates on technical terms associated with imaging of these systems and machine optimization.

**Prerequisites:** Completion of Semester II

#### **UALH 304C Clinical Practicum III – 4 credits**

The student is introduced to additional clinical sites. These will include but may not be limited to Maternal Fetal Medicine and Nemours Hospital for Children. The student will be expected to broaden his or her knowledge and scanning abilities. Each student will be expected to achieve “indirect” supervision for abdominal studies early in the semester and be evaluated for “indirect” scanning for transabdominal pelvis. “Indirect” scanning status can only be awarded after the entire didactic course content for a specialty area has been successfully completed. The students will be individually evaluated for this level of supervision change. The required competencies and testing will demonstrate progression of improved scanning capabilities. Minimal competency in OB scanning will be required, according to the Clinical Practicum III syllabus. The required competencies will be completed under the supervision of the designated, clinical preceptors and/or school faculty. The clinical staff will evaluate each student for his or her contribution to the department and patient-care skills.

**Prerequisites:** UALH 278C Clinical Practicum II

#### **UALH 305C Vascular II Sonography– 2.5 credits**

This course encompasses the study of arterial and venous hemodynamics, arterial and venous testing, medical therapies, invasive tests, surgical therapies, non-surgical intervention, pathophysiology, test validation and statistics, and technical aspects of selected tests and case studies. **Prerequisites:** UALH 303C Vascular I Sonography

**UALH 306C Seminar in Sonographic Physics –2.5 credits**

This course encompasses the study of advanced ultrasound physical principles. It is designed as the second of two courses. Seniors will gain a deeper understanding of the physical principles of diagnostic medical sonography at a level that is required for success at the nationally administered registry examinations in ultrasound and for entry level practice in the field. **Prerequisites:** UALH 272C Sonographic Physics and Instrumentation

**UALH 307C Clinical Practicum IV - 4 credits**

The student will be expected to be at the level of “indirect” supervision for abdominal and transabdominal pelvic exams to begin this course. The student will be expected to demonstrate competency by adding the level of indirect supervision to further procedures. Scanning abilities should be broadened in all aspects of ultrasound. The required competencies and testing will show progression of improved scanning abilities. The required competencies will be completed under the supervision of the designated clinical preceptors and/or school faculty. The clinical staff will evaluate each student for his or her contribution to the department and patient-care skills. Refer to Clinical Practicum IV syllabus for further competency requirements.

**Prerequisites:** UALH 304C Clinical Practicum III

**UALH 308C Clinical Practicum V – 6 credits**

The student will be expected to demonstrate competency in almost all aspects of diagnostic ultrasound. The student may request to rotate to a specialty area, as long as this does not negatively impact on the student's ability to complete required competencies. Approval of this request will be at the discretion of the Program Director. The required competencies and testing will show progression of improved scanning abilities. The required competencies will be completed under the supervision of the designated clinical preceptors and/or school faculty. The clinical staff will evaluate each student for his or her contribution to the department and patient-care skills. **Prerequisites:** UALH 307C Clinical Practicum IV

## **FERPA Federal Family Educational Rights and Privacy**

### **FERPA Act of 1974 - Buckley Amendment**

The Buckley Amendment is designed to permit parents and students to have access to certain student records maintained by educational institutions and to restrict the access of such records to third parties. The amendment applies to all educational institutions, including private schools, which receive funds under programs administered by the U.S. Commissioner of Education.

The Buckley Amendment affords certain rights to parents of students or to “eligible” students. An eligible student is one who has attained 18 years of age, or who is attending an “institution of post-secondary education,” such as the Crozer School of Diagnostic Medical Sonography. Since the amendment provides that when a student becomes an ineligible student, his or her parents no longer retain the right granted to them in this amendment. The Diagnostic Medical Sonography Program will normally be concerned with the rights of the students rather than the parents, in complying with the amendment.

Three types of information are referred to in the amendment: “education records,” “directory information,” and “personally identifiable” data or information. Generally, education records include all written material which contains information directly related to the student, except the private notes of teachers, law enforcement records, employee records, and physician and psychiatric records. Directory information includes certain types of statistical information about a student, such as the student's name, address, and birth date. Personally identifiable information includes data, such as the student's name or social security number, which would make it possible to identify the student with reasonable certainty.



## Differently Abled Students

The Office of Student Accessibility Services provides services to students with learning disabilities, physical disabilities, and psychological disabilities. The office serves as a campus advocate to ensure that all have equal access to academic programs and other aspects of campus life. Any student has the right to request reasonable accommodation of a disability under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973. Student Accessibility Services reviews documentation and student requests for accommodations. [TITLE IX](#)

## **HIPAA**

HIPAA, the Health Insurance Portability and Accountability Act of 1996, is a U.S. federal law designed to protect individuals' medical records and other personal health information. It sets national standards for the privacy and security of health data, particularly when handled by healthcare providers, insurers, and their business associates. HIPAA ensures that sensitive patient information is not disclosed without the patient's consent or knowledge, while also allowing for the flow of health information needed to provide high-quality healthcare. Additionally, it gives patient's rights over their health information, including the ability to access and request corrections to their records. As a role and member of the medical professional students will be compliant with all policies and rules of the Health System. [HIPAA Link](#)

**SIGN: HIPAA page 46**

## **Graduation Requirements**

Completion of all academics, clinical and programmatic requirements with a "82" or better; the student will be awarded appropriate degree or certificate, accordingly by the Admission office at Widener University.

To ensure graduates are clinically competent and ready for professional practice, students must meet the listed key benchmarks prior to graduation. These goals are designed to support student growth, validate hands-on experience, and promote confidence in transitioning to independent clinical practice.

All Competencies and Tests have been completed with an <b>82 or above</b>		
Performed minimum of 300 Abdomen scans		
Performed minimum of 100 OB scans		
Performed minimum of 200 Pelvic scans		
Performed minimum of 900 total scans (not observed cases)		
Obtained a minimum of 1500 clinical hours		
Proof/Verification of taking Boards prior to graduation:		
<b>Physics</b>		
<b>AB</b>		
<b>OB</b>		

# Minimal Competency for Graduation Requirements

## Abdomen (but not limited to)

***Demonstrate achievement of clinical competency through the performance of sonographic examinations of the abdomen and superficial structures, according to practice parameters established by national professional organizations and the protocol of the clinical affiliate. Clinical competencies must include evaluation and documentation of:***

- Identification of anatomical and relational structures
- Differentiation of normal from pathological/disease process
- Image optimization techniques in gray scale
- Image optimization techniques in Doppler (where applicable)
- Measurement techniques

## Abdominal competencies

- Complete and Limited Abdominal Examination:
- Aorta/IVA
- Biliary System
- Liver
- Pancreas
- Spleen
- Kidneys
- Obtain clinical history and utilize information appropriately
- Oral and written communication
- Image optimization techniques
- ALARA
- Professionalism
- Document sonographic findings for communication with interpreting physician
- Finalize examination for permanent storage
- Process for reporting of critical findings

## Obstetrics / Gynecology (but not limited to)

***Demonstrate achievement of clinical competency through the performance of sonographic examinations of the gravid***

- Bladder
- Pleural Space
- Sonographic guided procedures (assistance)
- Hepatic, Mesenteric, Renal (Doppler assessment)
- GI Tract assessment

## Superficial Structures (not limited to)

- Thyroid
- Scrotum

## General Education Competencies (but not limited to)

***Demonstrate achievement of clinical competency through the performance of the requirements to provide quality patient care and optimal examination outcome. Clinical competencies must include evaluation and documentation of:***

- Use of proper ergonomics
- Safety and infection control

***and non-gravid pelvis with both transabdominal and endocavitary transducers, and Doppler/M-mode display modes, according to practice***



***parameters established by national professional organizations and the protocol of the clinical affiliate. Clinical competencies must include evaluation and documentation of:***

- Identification of anatomical and related structures
- Differentiation of normal from pathological/disease process
- Image optimization techniques in grayscale
- Image optimization techniques in Doppler and M-mode (where applicable)
- Knowledge and application of ALARA
- Measurements as applicable

**Gynecology competencies (not limited to)**

- Complete pelvic sonogram
- Vagina/cervix/uterus
- Posterior and anterior cul-de-sac
- Adnexa, including ovaries and fallopian tubes

**Obstetrical competencies (not limited to)**

First-trimester obstetric structures:

- Gestational sac

- Embryonic pole
- Yolk sac
- Fetal cardiac activity
- Placenta
- Uterus
- Cervix
- Adnexa
- Pelvic spaces

Second- and third-trimester fetal and maternal structures

- Intracranial anatomy
- Face
- Thoracic cavity
- Heart
- Position and size
- Four-chamber view
- LVOT and RVOT views
- Three-vessel and three-vessel tracheal views
- Abdomen
- Abdominal wall
- Spine
- Extremities
- Amniotic fluid
- Placenta
- Umbilical cord
- Fetal cardiac activity
- Maternal adnexa
- Biophysical profile

**The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. The following is from the [AIUM](#) website.**

The potential benefits and risks of each examination should be considered. The as low as reasonably achievable (ALARA) principle should be observed when adjusting controls that affect the acoustic output and by considering both the transducer dwell time and overall scanning time.

**Live Scanning For Educational Purpose Using Nonpregnant Participants** *(Approved 05/19/2020)*

**Background.** The American Institute of Ultrasound in Medicine has long advocated the prudent use of medical ultrasound and has developed safety recommendation statements. These include the following: (1) ultrasound should be used by qualified health professionals to provide medical benefit to patients; (2) ultrasound exposures should be as low as reasonably achievable (ALARA) within the goals of the study; (3) the participant should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice; (4) repetitive and prolonged exposures on a single participant should be justified and consistent with prudent and conservative use; and (5) infection control policies and procedures must be followed.

**Statement.** Ultrasound examinations conducted for the purpose of education and training require adherence to prudent and conservative use guidelines. Specifically, the guidelines below should be followed:

1. Demonstration scans on live, nonpregnant participants should be performed in a manner consistent with the ALARA principle, including limiting the thermal index (TI;  $\leq 0.7$  for neonatal transcranial and neonatal spinal examinations,  $\leq 1.0$  for ophthalmic examinations, or  $\leq 1.5$  for all other examinations) and mechanical index (MI;  $\leq 0.23$  for ophthalmic examinations,  $< 0.4$  specifically for contrast-aided and lung examinations,  $\leq 1.4$  for intestine examinations, and  $\leq 1.9$  for other examinations such as liver ultrasound).
2. If higher exposure conditions or contrast agents are needed for the training, then either (a) a tissue-mimicking phantom should be used, or (b) the live participant should only be scanned once per day similar to the exposures experienced during clinical practice. The use of contrast agents should be in accordance with the product label and recommendations of relevant professional organizations, and dosage should be the minimum required to produce diagnostic-quality images. In some cases, this might be considerably less than the dose specified in the product label.
3. All participants should provide appropriate informed consent for the ultrasound study after a discussion of the risks and benefits, including safety and potential biological effects. If an injectable contrast agent is used, the discussion and consent should also include details about vascular access, possible adverse reactions such as cardiopulmonary reactions consistent with labeling, and possible bioeffects of contrast imaging. Female participants should provide a statement to the best of their knowledge that they are not pregnant.
4. All equipment must be used in a manner consistent with its US Food and Drug Administration (FDA)-cleared indications for use. In particular, only equipment that has

been FDA-cleared for ophthalmic indications should be used to scan the eye during training due to the sensitivity of the eye to heating, as reflected by lower FDA-recommended maximum output levels (MI  $\leq 0.23$  and TI  $\leq 1.0$ ).

**Live Scanning For Educational Purpose Using Nonpregnant Participants** (Approved: 06/22/2005; Reapproved: 03/27/2010, 03/21/2016, 10/30/2016, 08/12/2019)

**Background.** The American Institute of Ultrasound in Medicine has long advocated the prudent use of medical ultrasound and has developed safety recommendation statements. These include the following: (1) ultrasound should be used by qualified health professionals to provide medical benefit to patients; (2) when examinations are carried out for purposes of research, ultrasound exposures should be as low as reasonably achievable (ALARA) within the goals of the study; (3) the patient should be informed of the anticipated exposure conditions and how these compare with normal diagnostic practice; and (4) repetitive and prolonged exposures on a single patient should be justified and consistent with prudent and conservative use.

**Statement.** Therefore, prudent and conservative use should also be extended to ultrasound examinations conducted for the purpose of training. Specifically, the following guidelines should be followed:

1. Patient participation should require appropriate informed consent. The primary obstetrician providing prenatal care should be informed of his or her patient's participation.
2. The patients should be afebrile and prescreened to attempt to avoid unexpected findings.
3. There should be a plan to address unexpected findings should they be observed during the educational activity.
4. There should be no unsupervised first-trimester examinations.
5. Examinations should be performed in a manner consistent with the ALARA principle, including limiting the thermal index ( $\leq 0.7$ ) and mechanical index ( $< 1.0$ ) as necessary for educational purposes. The dwell time should be considered and limited.
6. The exposure time, ie, the duration of "hands-on" teaching sessions, should not exceed 1 hour per pregnancy.
7. Exposure to pulsed Doppler ultrasound should be restricted to instructor scanning for short durations only.

I have been given the opportunity to clarify any information that I do not understand. The Undersigned does waive all liability of the Widener Diagnostic Medical Ultrasound Program of the Undersigned resulting from either physical damage to the community in the event information regarding a condition of the Undersigned becomes known to any person outside the Faculty and Students. This Waiver does include any acts or failure to act by a faculty or student in rendering the Procedure, including a failure of the equipment used in the procedure, which results in injury to the Undersigned.

Print Name: \_\_\_\_\_

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

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



## Diagnostic Medical Sonography Fair Practices

**The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.**

Therefore, students scan each other during assigned on-campus labs. All students are required to scan an individual for a daily lab grade. **Please Note:** Participation as a scanning model is voluntary. Participation or non-participation will not have an effect on your grade. Grades are based on the criteria published in the syllabi.

☐ I agree to be a model for scanning: there will be no effect on my grades

☐ I opt out of being a model for scanning; there will be no effect on my grades

I have been given the opportunity to clarify any information that I do not understand.

Print Name: \_\_\_\_\_

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

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

## Diagnostic Medical Sonography Notice to Persons Who Wish to Serve as Subjects

Widener University DMS program is for the benefit of its students and the community it serves, operates a Diagnostic Medical Sonography Program (the "Program"), in which students ("Students") are trained to perform ultrasounds. As part of the Program, Students obtain experience in performing **all DMS course** (each "Sonogram") on volunteer subjects (each a "Subject"). The undersigned participant (the "Participant") has expressed an interest in assisting Students to obtain needed experience by serving as a Subject. As a condition of the Participant's participation as a Subject, the Participant must carefully review this Notice, and must review and execute the corresponding Release and Waiver of Liability. Should the Participant have any questions about this form, he or she should question DMS personnel before signing it. Expectations for the Participant You will need to **remove any jewelry or clothing that will interfere with the test**. You will be given a towel or paper covering to use during the test.

An ultrasound (**Sonogram**) is a medical procedure that provides a picture of abdominal, gynecological, or obstetric anatomy. During the procedure, gel is applied to the Subject's **body part**, and a handheld device is moved across the Subject's **body part**. Sound waves, produced by the ultrasound system, pass through the Subject's **body**, and are reflected off the **anatomy**, producing an image of the Subject's **structures** on a monitor.

### Safety in Training and Research

Diagnostic ultrasound has been in use since the late 1950s. No confirmed biological effects on patients resulting from this usage have ever been reported. Although no hazard has been identified that would preclude the prudent and conservative use of diagnostic ultrasound in education and research, experience from normal diagnostic practice may or may not be relevant to extended exposure times and altered exposure conditions. It is therefore considered appropriate to make the following recommendation: In those special situations in which examinations are to be carried out for purposes other than direct medical benefit to the individual being examined, the subject should be informed of the anticipated exposure conditions, and of how these compare with conditions for normal diagnostic practice.

Accordingly, it is important to note that the exposure conditions that the **Sonogram** Participant receives as a Subject may vary from those of similar **Sonograms** administered as part of normal diagnostic practice, and thus may pose unique risks. A typical diagnostic **Sonogram** takes an average of 45 to 60 minutes and uses ultrasound waves at frequencies of 2.00 to 10.00 MHz. MATC anticipates that the **Sonogram** Participant receives as a Subject may take as long as 45 to 60 minutes during hands-on teaching session and will use ultrasound waves at frequencies of 2.00 to 10.00 MHz.

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## **Diagnostic Medical Sonography HIPAA Agreement**

One of the student's major responsibilities is to preserve the confidentiality of all medical and personal information concerning patients, as well as all confidential information concerning activities of the Clinical Education Affiliates and their staff. I have reviewed this handbook and have a clear understanding of HIPAA violation.

**I understand that a breach of this confidentiality at any time during my enrollment in the Widener University Diagnostic Medical Sonography Program will result in dismissal from the program.**

Print Name: \_\_\_\_\_

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

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



**Diagnostic Medical Sonography**  
**Bloodborne Pathogen / Needle Stick**

All students will receive instructional material on **BLOODBORNE PATHOGENS / NEEDLE STICK**

When a student is identified as being infected with any of the following blood borne pathogens, certain steps are to be taken to ensure the health of the community and of the patients with whom the student would be in contact. This policy is also designated to protect the student who is infected. The list below is not necessarily all inclusive:

Hepatitis B and HIV Viruses

I have read, I understand, and I agree to comply with the Bloodborne Pathogens policy as stated in the DMS Student Handbook.

Print Name: \_\_\_\_\_

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

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





## **Diagnostic Medical Sonography Student Handbook** **Student Release / Infection Disease Acknowledgment**

I, \_\_\_\_\_ (print name), am a student at Widener University who is enrolled in the Diagnostic Medical Sonography (DMS) Program. I acknowledge that I have been informed of the following and that I understand the following:

1. That the program I have enrolled in may involve exposure to human body fluids that may carry infections such as HIV (Human Immunodeficiency Virus) and Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).
2. That exposure to infectious blood and other body fluids by contact through eye, mouth, blood, non-intact skin, or other methods may put me at risk of contracting a blood borne infection.
3. That to protect myself from exposure to blood and other body fluid and cultures I will wear protective apparel according to OSHA (Occupational Safety and Health Administration) standards and comply with applicable policies of the College and clinical affiliation that I am attending.
4. That if I should become exposed by eye, mouth, blood, non-intact skin or other method to blood or other human fluids or cultures, I will immediately report such incident to the program manager or clinical instructor.
5. That if such exposure should occur, I hereby authorize the college or clinical affiliation to administer such immediate first aid as is deemed appropriate until medical help can be obtained.
6. That I hereby release and hold harmless Widener University, its employees, officers, agents and representatives including all clinical affiliates, from any liability for any and all injury, illness, disability, or death, including all costs for medical care, resulting from my exposure to infectious blood or other human fluids or the administration of emergency first aid after such exposure during the course of my participation in the DMS program, whether caused by negligence of the College or otherwise, except that which is the result of gross negligence or wanton misconduct by the College.

Name Print: \_\_\_\_\_

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

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



## Diagnostic Medical Sonography Volunteer Consent Form

**Instructions:** Review each statement for the consent portion and sign the release and waiver of liability. Valid entire length of the program.

I hereby volunteer myself to be scanned as a model for the Diagnostic Medical Sonography (DMS) Program Widener University. The purpose of these scans is to provide students with an opportunity to obtain practical scanning experience under direct supervision. I understand that the scanning procedure that I will experience is **not** for diagnostic purposes.

Images are used for educational purposes only. If any abnormalities are detected during the scanning process, I will seek medical attention for formal diagnostic studies or counseling with a practitioner. There is no assurance or guarantee that, should any abnormalities exist, they will be detected during the scanning process. If an abnormality exists and/or is detected, neither Widener University, nor its employees or agents, shall be responsible for disclosure, non-disclosure or accuracy or completeness of disclosure.

Diagnostic ultrasound is a low-risk procedure that uses low-power sound waves. CDC ALARA principles will be followed.

I acknowledge and understand that there are certain dangers, hazards and risks inherent in participation in the Program and that such participation involves risks of injury, including death. I understand that the risks involved in this program expressly and voluntarily assumed those risks. I hereby agree to **RELEASE, INDEMNIFY and HOLD HARMLESS** the University, and all of its trustees, officers, agents, servants, employees, representatives, and insurers, and all of their respective heirs, administrators, successors and assigns (Collectively, the "University Parties") from any and all claims that I and/or my family, administrators, heirs, executors and assignees may have against them for injuries or death arising directly or indirectly from my participation in the Program unless caused solely by the willful misconduct or gross negligence of the University Parties.

Volunteer Name (printed) \_\_\_\_\_

Volunteer Name (signed) \_\_\_\_\_ Date \_\_\_\_\_

DMS Student Name (printed) \_\_\_\_\_

DMS Student Name (signed) \_\_\_\_\_ Date \_\_\_\_\_

DMS Faculty Name (printed) \_\_\_\_\_

DMS Faculty Name (signed) \_\_\_\_\_ Date \_\_\_\_\_



## Diagnostic Medical Sonography Obstetric / Model Release and Waiver of Liability

I, the undersigned **Participant**, hereby agree to participate as a Subject (Model) for the Diagnostic Medical Sonography Program at Widener University. The purpose of these scans is to provide students with an opportunity to obtain practical scanning experience under direct supervision. I understand that the scanning procedure that I will experience is not for diagnostic purposes.

Although studies have been conducted to assess the health risks from ultrasound energy, a common scientific conclusion reached was that the studies necessary to support a definitive assessment of risk have not yet been determined. However, clinical experience to date shows that ultrasound is a safe, useful means of conducting diagnostic examinations, and there is no compelling reason to believe that adverse delayed effects will be apparent in the future. ALARA principles will be followed.

I acknowledge that I have read the above Notice and understand and assume the risks and dangers associated with serving as a Subject. I **voluntarily** choose to participate as a Subject despite these risks and dangers. I further understand that MATC does not warrant or guarantee my fitness to participate as a Subject.

The primary obstetrician providing prenatal care should be informed of his or her patient's participation. Participant will provide a copy of their results from their 20-week Fetal Anatomical Survey including Physician contact information.

I, as an obstetrical volunteer and participant, agree to the following:

I attest that I have been seen by a physician prior to scan. \_\_\_\_\_(Initial)

I attest that I have notified my primary obstetrician prior to scan. \_\_\_\_\_(initial)

I attest that I have a 20-week Fetal Anatomical Survey and documented  
Practitioner contact information prior to scan. \_\_\_\_\_(initial)

I hereby allow myself to be scanned as a model for the DMS program at Widener. If any **unexpected findings** are detected during the scanning process, I will seek professional advice for formal diagnostic studies or counseling with a practitioner.

\_\_\_\_\_(initial)

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (printed): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Diagnostic Medical Sonography  
**Student Handbook Acknowledgement**  
**Technical Standards and Essential Skills**

The sonography students are expected to display a high standard of conduct, in both the didactic and clinical environments.

Each student is required to document an understanding of the enclosed information and to maintain the standards of this DMS handbook.

I have read the DMS Student Handbook and by signing below, my signature implies I have received a copy of the of the DMS Student Handbook and have had the opportunity to clarify content.

**I also attest that I am capable of adhering to all the Technical Standards and Essentials Skills denoted on page 10 of this handbook.**

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Student Signature

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Date

---

Student Printed Name

---

Witness Printed Name

---

Witness Signature

---

Date



Diagnostic Medical Sonography  
**Incidental Finding  
Lab**

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

Instructor / Sonographer: \_\_\_\_\_

Model / Volunteer Name: \_\_\_\_\_

Sonography exams findings

Organ / body area / sonographic procedure	Comments

The DMS Sonographer has disclosed to the model / volunteer that an incidental finding has been discovered. The model / volunteer has been advised to see their personal practitioner.

The Widener University of Diagnostic Medical Sonography is not responsible or liable for any costs or results associated with a model / volunteer seeking medical evaluation or care based on the referral.

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Model / Volunteer Signature

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Instructor / Sonographer Signature

## Diagnostic Medical Sonography **Academic Integrity / Dismissal**

Students not acting in accordance with the policies and procedures of the Widener University DMS program can and will be dismissed. Certain circumstances dictate that a student will receive disciplinary action. A due process is in place. When a dismissal occurs, the student will also follow the DMS process in a timely manner. It is the responsibility that the student reads and understand all portions of the course syllabi, course schedules and the Student Handbook. Upon this, the student agrees to comply with all rules, regulations and requirements contained in the course syllabi and course schedules, and with any additional rules as communicated to me by the instructors during courses. The student is also responsible for knowing and following the rules of all clinical sites where rotations during courses. Offenses which may and can result in immediate dismissal as stated on page 17 of this DMS Student Handbook

It is the policy at Widener University to uphold academic honesty. Academic dishonesty is defined as the attempt to mislead, deceive, or influence the grading system or process.

If I violate or fail to abide and conform in any way to this document, I agree that I may be dropped from all courses in the Diagnostic Medical Sonography Program in which I am enrolled, or that I may be given a failing grade in such courses, subject only to the rules of due process and to the procedures set forth in the Widener University catalog and student handbook.

All matters involving academic dishonesty are serious violations of the Student Code of Conduct.

Student Name (printed) \_\_\_\_\_

Student Name (signature) \_\_\_\_\_

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



## Diagnostic Medical Sonography Pregnancy Declaration

To Whom It May Concern:

I wish to declare that I am pregnant. My estimated delivery date is:

\_\_\_\_\_.

In making this declaration I wish to accept the following option as denoted in the Widener DMS Student Handbook, please initial one only.

Initials

\_\_\_\_\_ Option I: Remain in the DMS Program Without Disruption

\_\_\_\_\_ Option II: Leave of Absence in Good Standing

\_\_\_\_\_ Option III: Voluntary Withdrawal in Good Standing

\_\_\_\_\_ Date of Declaration

\_\_\_\_\_ Name of DMS Student (Printed)

\_\_\_\_\_ Signature of Student

### Receipt of Declaration Acknowledged

\_\_\_\_\_ DMS Program Director Signature

\_\_\_\_\_ Date





# Widener University

## Diagnostic Medical Sonography Student Profile

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_  
City State Zip

Contact Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Date Year

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please list any medications that could affect your care in the event a medical emergency arises:**

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**I attest the information provided is accurate:**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Widener University

## Faculty Hierarchy

### **President**

Dr. Stacy M. Robertson

### **Interim Provost**

Dr. Mark A. Nicosia

### **Executive Director Of Continuing Studies**

Dr. Sharmane S. Walker

### **DMS Program Chair**

Megan M. Stone



"Feel the POWER of a Community that takes  
PRIDE in You  
and Celebrates Your Success"