Tacoma Community College

Diagnostic Medical Sonography

Program Policy and Procedure Manual

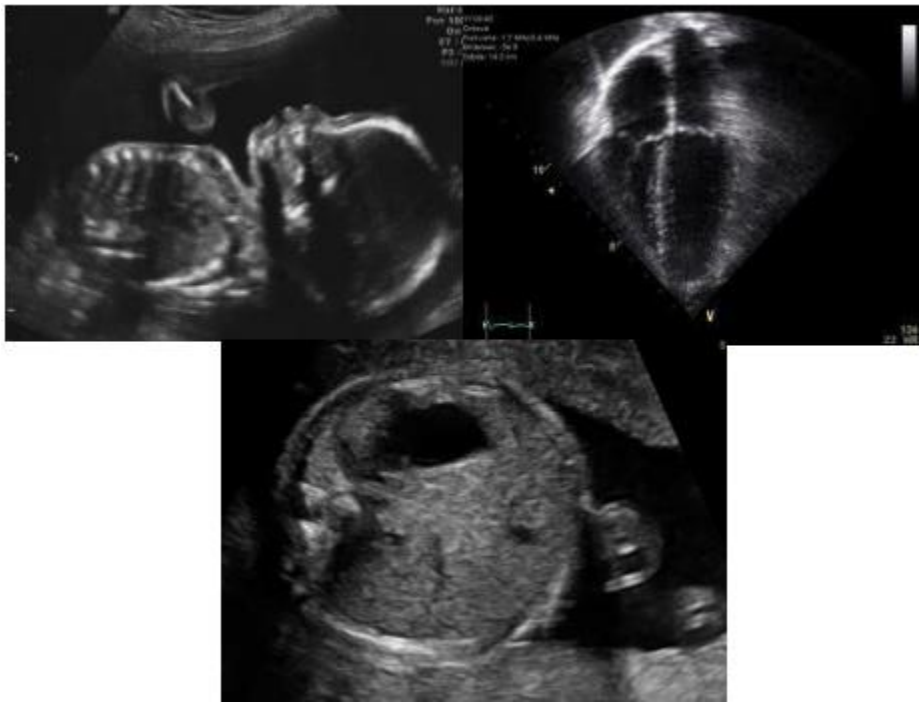

Image Decorative

2025-2027 Edition

Tacoma Community College

Diagnostic Medical Sonography (DMS) Program

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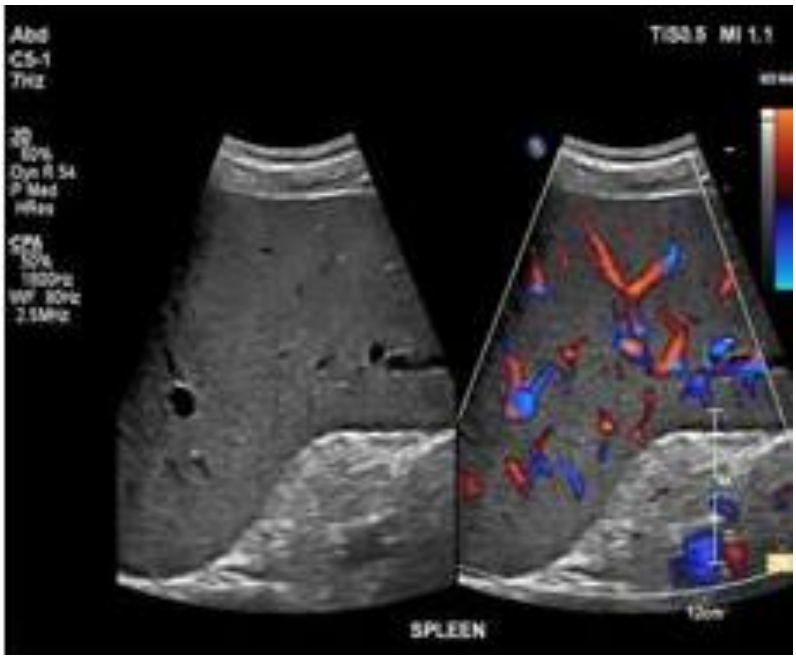
Section 1

TCC DMS Program

General Principles and Policies



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Description of the Profession

Diagnostic medical sonography is a multi-specialty profession comprised of abdominal sonography, breast sonography, cardiac sonography, musculoskeletal sonography, obstetrics and gynecology sonography, vascular sonography, and other emerging clinical areas. These diverse areas all use ultrasound as a primary technology in their daily work.

The diagnostic medical sonographer is an individual who provides patient care services using ultrasound and related diagnostic procedures. The diagnostic medical sonographer must be educationally prepared and clinically competent as a prerequisite to professional practice. Demonstration and maintenance of competency through certification by a nationally recognized sonography credentialing organization is the standard of practice in sonography, and maintenance of certification in all areas of practice is endorsed.

The diagnostic medical sonographer functions as a delegated agent of the physician and does not practice independently.

Diagnostic medical sonographers are committed to enhanced patient care and continuous quality improvement that increases knowledge and technical competence.

Diagnostic medical sonographers use critical thinking and independent, professional and ethical judgment to safely perform diagnostic sonographic procedures.

The diagnostic medical sonographer performs the following:

• Obtains, reviews, and integrates pertinent patient history and supporting clinical data to facilitate optimum diagnostic results.

• Performs appropriate procedures and records anatomic, pathologic, and/or physiologic data for interpretation by a physician.

• Records, analyzes, and processes diagnostic data and other pertinent observations made during the procedure for presentation to the interpreting physician.

• Exercises discretion and judgment in the performance of sonographic and/or related diagnostic services.

• Demonstrates appropriate communication skills with patients and colleagues.

• Acts in a professional and ethical manner.

• Facilitates communication and education to elicit patient cooperation and understanding of expectations and responds to questions regarding the sonographic examination.

Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography URL: https://www.jrcdms.org/pdf/DMSStandards9-2021.pdf

Code of Ethics for the Profession of Diagnostic Medical Sonography From SDMS Directly https://www.sdms.org/about/who-we-are/code-of-ethics

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 scope of practice.

C. Respond to the patient's questions, concerns, and expectations about the sonography examination, procedure, or associated task according to the scope of practice.

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., Institute for Credentialing Excellence (ICE)/National Commission for Certifying Agencies (NCCA) or the American National Standards Institute (ANSI)/ANSI National Accreditation Board (ANAB)).

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."

Code of Ethics for the Profession of Diagnostic Medical Sonography
URL: https://www.sdms.org/about/who-we-are/code-of-ethics

Scope of Practice From SDMS

"Preamble:

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

Diagnostic Ultrasound Professionals:

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

Definition of the Profession:

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.

A fundamental approach to the safe use of ultrasound is to apply elements of the *As Low As Reasonably Achievable* ("ALARA") *Principle* including lowest output power, the shortest scan time, and the shortest dwell time (where appropriate), consistent with acquiring the required diagnostic images and related information. The sonographer uses proper patient positioning, tools, devices, equipment adjustment, and ergonomically correct scanning

techniques to promote patient comfort, prevent compromised acquisition of examination or procedure images, findings, or results, and prevent musculoskeletal injury to the sonographer.

Sonographers must be committed to increasing knowledge and technical competence (e.g., through continuing medical education and staying abreast of emerging trends, technologies, and advancements in the profession). Sonographers use independent, professional, and ethical judgment and critical thinking to safely perform diagnostic sonographic examinations, procedures, and associated tasks. Despite the commonality of ultrasound technology across the field of sonography, the bodies of knowledge, technical skills, and competencies of sonographers vary by sonography specialty areas. The sonographer should demonstrate competence through appropriate education, training, and experience in all diagnostic sonographic examinations, procedures, and associated tasks performed.

Demonstration and maintenance of competency through certification by a sonography certification/ credentialing organization that is accredited by the National Commission of Certifying Agencies (NCCA) or American National Standards Institute – International Organization for Standardization (ANSI – ISO) is the standard of practice in sonography, and maintenance of certification in all areas of clinical practice is endorsed. States, employers, and accrediting organizations should require maintenance of sonographer certification, if available, in all areas of clinical practice.

Scope of Practice of the Profession:

The sonographer's scope of practice is defined by four components: professional, jurisdictional, institutional, and personal.

1. The **professional** component is grounded in the diagnostic medical sonography ("sonography") profession's unique body of knowledge, supported by educational preparation, based on a

body of evidence, and linked to existing or emerging medical practice frameworks (including specialty clinical practice or accreditation standards, guidelines, or recommendations).
2. The **jurisdictional** (i.e., legal) component is established by any applicable federal or state laws and regulations/rules (e.g., medical imaging licensure, medical practice acts, privacy laws, abuse reporting laws, and legal opinions).
3. The **facility** component defines the sonographer's operational functions and responsibilities and is approved by the supervising physician or facility's credentialing process (e.g., through written job descriptions and written supervising physician or facility policies, procedures, and protocols).
4. The **personal** component consists of the examinations, procedures, and associated tasks for which the sonographer is educated, trained, competent, and certified to perform."

Scope of Practice and Clinical Standards for the Diagnostic Medical Sonographer URL: https://www.sdms.org/about/who-we-are/scope-of-practice

DMS Mission

The mission of the Diagnostic Medical Sonography Program is to provide a comprehensive, student-centered education that prepares individuals to excel as skilled, compassionate, and ethical healthcare professionals. We are committed to fostering an environment of academic excellence, critical thinking, and hands-on learning. Our program emphasizes the development of technical proficiency, strong communication skills, and a deep understanding of anatomy and pathology to ensure the highest standards of patient care and diagnostic accuracy. We strive to provide students with the skills and confidence to become empowered, competent sonographers,

dedicated to lifelong learning and advancing the field of diagnostic imaging. When we empower others, we maintain that power. When others feel as though they are self-empowered, then they truly hold that power.

DMS Vision

The vision of the Diagnostic Medical Sonography Program is to be a leading institution in the education and training of diagnostic medical sonographers, recognized for excellence in academic achievement, clinical practice, and patient-centered care. We aim to inspire and prepare the next generation of sonographers to embrace innovation, adapt to evolving healthcare technologies, and contribute to improving patient outcomes. Through a commitment to ongoing professional development and the promotion of ethical standards, we aspire to enhance the quality of diagnostic imaging services and positively impact the healthcare community both locally and globally.

DMS Core Values

Integrity

Diagnostic medical sonographers uphold the highest ethical standards, ensuring honesty, accountability, and professionalism in all aspects of patient care and diagnostic practice.

Compassion

We demonstrate empathy and kindness toward all patients, recognizing the importance of comfort and emotional support throughout the diagnostic process.

Excellence

We are committed to delivering the highest quality of care by continually improving our technical skills, knowledge, and clinical practice to achieve optimal diagnostic outcomes.

Respect

We respect the dignity, rights, and privacy of every patient, fostering an environment where patients feel safe and valued.

Collaboration

We embrace teamwork and work closely with healthcare professionals, ensuring effective communication and coordinated care for the benefit of the patient.

Continuous Learning

We value lifelong learning and remain dedicated to staying informed about advancements in diagnostic imaging technology, medical research, and clinical practices to provide the most current and effective care.

Patient-Centered Care

The well-being of the patient is at the heart of every decision and action, ensuring that their needs, concerns, and comfort are always prioritized.

Innovation

We strive to be at the forefront of technological advancements, utilizing the latest tools and techniques to improve diagnostic accuracy and enhance patient care.

Cultural Competence

We value cultural competence as essential to delivering respectful, inclusive, and equitable care, and is committed to preparing students to

serve diverse populations with humility, awareness, and a dedication to health equity.

DMS Philosophy

The Diagnostic Medical Sonography Program at Tacoma Community College was created to address a recognized need in the community. As such, the surrounding healthcare community has played an integral role in shaping the program. Area sonographers, physicians, and healthcare administrators helped write and review curriculum and provided resources such as equipment and clinical education sites. As a result of this commitment, the program has a responsibility to provide competent sonographers for this community.

The program is based on the philosophy that sonography is learned through active, hands-on participation. This approach allows the students to gain a firm understanding of the theoretical knowledge as well as basic scanning skill before applying this knowledge & skill clinically. The ultimate goal of the program is to support student academic challenges, encourage autonomous learning and to prepare outstanding entry-level staff sonographers. Students graduating from this program will also be prepared to take the American Registry of Diagnostic Medical Sonographers examinations in Abdomen, Obstetrical and Gynecology, and Scientific Principals and Instrumentation.

DMS Program Goals

The Program will:

1. To prepare competent, entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior)

learning domains: Abdominal Sonography – Extended and Obstetrics and Gynecology Sonography concentrations

2. Utilize support services provided by the college to assist in overall course/program retention rate.

3. Provide a curriculum designed to meet the requirements of professional bodies.

4. Prepare students to take the ARDMS examinations appropriate for a general concentration program.

5. Track success of graduates in obtaining employment as sonographers upon successful completion of program.

6. Survey graduates and employers within one year of graduation to input on DMS program strengths and areas for improvement.

7. Provide educational opportunities for re-careering and professional renewal consistent with the mission of the college.

8. Evaluate the appropriateness of the curriculum against the changing environment and clinical partner input and assess progress towards achieving its goals.

Standards and Guidelines

for the Accreditation of Educational Programs in

Diagnostic Medical Sonography URL
https://www.jrcdms.org/pdf/DMSStandards9-2021.pdf

Program Learning Outcomes

Upon completion of the Diagnostic Medical Sonography Program, the student will be able to:

1. Demonstrate the required technical and critical thinking skills to perform as an ARDMS-certified entry-level sonographer, providing accurate and efficient general diagnostic sonographic examinations/procedures.

2. Obtain, review and integrate pertinent patient history and supporting clinical information/data to optimize diagnostic results. Philosophy Program Goals Program Learning Outcomes 9

3. Record sonographic diagnostic, pathologic and/or physiologic information for interpretation by a physician.

4. Interact effectively, professionally and ethically in oral and written communications with patients, their families, physicians, and other health care professionals adhering to the recognized SDMS scope of practice.

5. Provide basic patient care and comfort, anticipating and responding to patient needs.

6. Provide patient education related to medical ultrasound and promote principles of good health.

Program Accreditation and Licensure

Accreditation & Licensing

Programmatic Accreditation

The Diagnostic Medical Sonography (DMS) program at Tacoma Community College is accredited by the **Commission on Accreditation**

of Allied Health Education Programs (CAAHEP) upon the recommendation of the **Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS)**. It holds accreditation specifically in the **Abdominal Sonography–Extended** and **Obstetrics & Gynecology Sonography** concentrations.

Tacoma Community College also maintains **institutional accreditation** through the **Northwest Commission on Colleges and Universities (NWCCU)**.

Licensing & Certification

- Students who complete the DMS program and pass the appropriate credentialing exams **meet minimum requirements to practice in every U.S. state**.
- **Washington State** does **not require state licensure** to practice as an ultrasound technologist, though most employers prefer or require certification through national bodies such as the **American Registry for Diagnostic Medical Sonography (ARDMS)**.
- The program prepares graduates to sit for examinations offered by **ARDMS**, which awards credentials like **RDMS** (Registered Diagnostic Medical Sonographer) across specialties including Abdomen and Obstetrics/Gynecology.

Out-of-State Considerations

- In accordance with federal regulation (34 CFR 668.43), TCC provides **profession-specific licensure and certification disclosure statements** to ensure transparency for students.
- While the DMS program meets educational requirements for credentialing, students residing **outside Washington State** are encouraged to **consult their home state's licensing or**

certification board to confirm that the program satisfies local requirements.

Program Effectiveness Data (Updated January 2025)

The DMS Program regularly publishes data aligned with **JRC-DMS/CAAHEP** benchmarks, including:

Student Retention (enrolled → graduated):

2021: ~95%

2022: ~88%

2023: ~74%

3-year average: ~85%

Job Placement Rate (within 6 months of graduation):

2021 & 2022: 100%

2023: 86%

3-year average: ~95%

Credentialing Exam Metrics (Test-takers and Success Rates):

Abdomen-Extended (RDMS AB):

A 100% success rate for all test-takers from 2021-2023.

OB/GYN (RDMS OB/GYN):

3-year average success rate: ~95%.

This information is captured in the DMS Program's dedicated effectiveness data PDF: https://www.tacomacc.edu/_attachments/academics-programs/health_careers/DMS-program-effectiveness-data.pdf

Technical Statement

The following statements identify the physical, mental, and emotional capabilities appropriate to the profession of Diagnostic Medical Sonography and the students enrolled in the clinical phase of the Diagnostic Medical Sonography Program. These guidelines are considered the standard for employer position description.

A. Physical Requirements

The Diagnostic Medical Sonographer must possess sufficient strength, motor coordination and manual dexterity to:

1. Work standing on their feet 80% of the time.

2. Use both hands, wrists, and shoulders to maintain prolonged arm positions necessary for scanning and perform fine motor skills.

3. Lift more than 50 pounds routinely.

4. Transport, move, and/or lift patients from a wheelchair or stretcher to the examination table or patient bed, and physically assist patients into proper positions for examination.

5. Push, pull, bend and stoop routinely to move and adjust sonographic equipment and perform studies.

6. Use senses (vision, hearing, touch) to adequately view sonograms, including color distinctions; distinguish audible sounds; perform eye/hand coordination skills required in sonographic examinations; and recognize changes in patients' condition and needs.

7. Work in a semi-darkened room for prolonged periods of time.

8. Be physically capable of carrying out all assigned duties.

B. Mental and Intellectual Requirements

The Diagnostic Medical Sonographer must be able to:

1. Communicate effectively, verbally and non-verbally, with patients and other healthcare professionals to explain procedures, give instructions, and give and obtain information.

2. Organize and accurately perform the individual steps in a sonographic procedure in the proper sequence according to established standards.

3. Understand and react quickly to verbal instructions and patient needs.

4. Follow directions effectively and work closely with members of the health care community.

5. View and evaluate recorded images for the purpose of identifying proper protocol, procedural sequencing, technical qualities and identification of pathophysiology.

6. Apply problem solving skills to help optimize patient care and produce the best diagnostic information possible.

C. Emotional Requirements

The Diagnostic Medical Sonographer must be able to:

1. Provide physical and emotional support to the patient during sonographic procedures.

2. Interact compassionately and effectively with patients, including the sick and/or injured.

3. Handle stressful situations related to technical and procedural standards and patient care situations.

4. Adapt to changing environments and be able to prioritize tasks.

5. Project an image of professionalism.

6. Demonstrate a high level of compassion for others, a motivation to serve, integrity, and a consciousness of social values.

7. Interact positively with people from all levels of society and all ethnic, social and religious backgrounds.

Program and Graduate Evaluations

Throughout the course of the DMS program, students will be asked to participate in the evaluation process of program faculty, curriculum, and clinical affiliates. The fall quarter following graduation, DMS program graduates will be mailed through a graduate survey to assess the overall effectiveness of the education they received while in the DMS program at TCC. Employers of TCC DMS graduates will also receive a survey designed to give feedback on program effectiveness in preparing entry-level sonographers.

Governance Policies

To promote excellence in the professional and ethical conduct of students, and to provide the highest quality medical care for patients, the following policies are in effect for students in the Diagnostic Medical Sonography Program at Tacoma Community College. Students are required to comply with all school regulations as outlined by Washington State law and the Tacoma Community College Student

URL: https://www.tacomacc.edu/about/policies/code-of-student-conduct Code of Conduct. Students are required to behave in a manner that will reflect their most honorable attributes as well as those of the school profession of Diagnostic Medical Sonography. Failure to adhere to the policies of the Diagnostic Medical Sonography program may be grounds for immediate dismissal from the program.

Conduct and Policies Standards

Students enrolled in the **Tacoma Community College Diagnostic Medical Sonography Program** are expected to maintain the highest standards of **professional, ethical, and responsible behavior** in all clinical settings. The following rules and expectations must be always followed while at clinical affiliate sites. These behaviors are subject to disciplinary action, up to and including dismissal from the program.

Prohibited Behaviors (including but not limited to):

1. Mistreatment of patients in any form—physical, verbal, emotional—including patient abandonment.
2. Excessive absenteeism (> 10%) or tardiness, especially failure to notify the clinical instructor, clinical coordinator, and/or program chair of any absence or delay.
3. Loitering or unauthorized presence on clinical premises outside of scheduled clinical hours.
4. Falsification or misuse of confidential records, documents, or patient information.
5. Insubordination toward clinical or academic faculty or staff.
6. Indecent, disrespectful, or disruptive behavior.
7. Destruction or defamation of institutional property or personnel.
8. Unauthorized possession or use of hospital or affiliate property.

9. Contribution to unsanitary or unsafe conditions in clinical spaces (exam areas, workstations, restrooms, etc.).
10. Verbal, physical, or psychological intimidation or threats toward peers, staff, faculty or patients.
11. Soliciting or gambling while on clinical grounds.
12. Smoking, vaping, and/or the use of narcotics (unless prescribed and disclosed) at clinics, in lab or in class.
13. Reporting to class, lab, or clinic under the influence of drugs or alcohol—including tobacco, cannabis, electronic cigarettes, or any impairing substance.
14. Possession of weapons on hospital or affiliate premises.
15. Excessive or inappropriate talking, laughing, or other disruptive behaviors—including use of strong fragrances.
16. Failure to report any accident or injury involving yourself, patients, or others on-site.
17. Leaving the clinical site without prior approval from a clinical supervisor.
18. Sleeping, unauthorized breaks, or extended "rest periods" during clinical shifts.
19. Lack of engagement or refusal to participate in assigned clinical responsibilities.
20. Failure to adhere to clinical dress code policies.
21. Failure to comply with Washington State law and the Tacoma Community College Student Code of Conduct URL: https://www.tacomacc.edu/about/policies/code-of-student-conduct

Clinical Cell Phone & Communication Device Policy

Effective Immediately:

To ensure patient safety, protect confidential information, and support a focused clinical environment, the following policy regarding **cell phone and personal device usage** is in place:

- **Cell phones and smartwatches must not be carried on your person** (in pockets, waistband, etc.) during clinical hours.
- **All personal devices must be stored** securely in a designated area (e.g., lockers, break room) and may only be accessed during **scheduled breaks or lunch periods**.
- Students may not use phones for **calls, texting, web browsing, social media, or photography** in patient care areas, including but not limited to hallways, exam rooms, and control rooms.
- Using a phone or smartwatch for any reason without instructor or supervisor approval may result in disciplinary action, including **dismissal from the clinical site or program**.
- Emergency calls must be directed through the clinical site's main number or handled during approved break times unless prior arrangements are made with the clinical instructor.

Note: Personal device usage is monitored and addressed as a **professionalism and patient safety issue**.

Additional Notes

- Student sonographers are held to the same professional standards as employed sonographers while on-site.
- Clinical sites **reserve the right** to refuse placement or dismiss students based on behavior that is unprofessional or detrimental to patient care.

- Students dismissed from a clinical site for violations of these standards may be **subject to dismissal from the DMS program**.
- The DMS program Clinical Coordinator will make every effort to place students in clinical facilities that match the student's academic needs. Student clinical placement is at the discretion of the Clinical Coordinator.

Program Requirements

The following criteria must be adhered to in all Diagnostic Medical Sonography courses in order to receive a satisfactory clinical evaluation. Failure to meet these criteria may be identified by any DMS program faculty member, either in or out of the clinical facility, and will subject the student to immediate and appropriate disciplinary consequences.

Each student will:

1. Adhere to all college policies, including the TCC Student Code of Conduct. (This can be accessed online: URL: https://www.tacomacc.edu/about/policies/code-of-student-conduct

2. Adhere to the student role, as outlined by clinical affiliate agreements.

3. Adhere to the SDMS Code of Ethics for sonographers. https://www.sdms.org/about/who-we-are/scope-of-practice

4. Dress appropriately in accordance with the DMS Dress Code (included in this document) and/or the assigned clinical affiliate.

5. Adheres to HIPAA guidelines. URL: https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

6. Demonstrate respect for patient privacy and individual rights as outlined in the Patient's Bill of Rights. URL: https://www.state.gov/patient-bill-of-rights-and-responsibilities

7. Deliver optimum care in a non-discriminatory manner.

8. Demonstrate an ability to communicate proficiently in English.

9. Document all services provided using English (verbal and written).

10. Report immediately any errors of omission/commission to the proper authorities.

11. Adhere to Washington State and OSHA regulations while in attendance at the clinical affiliate. URL: https://www.osha.gov/

12. Demonstrate physical, cognitive, and psychological competence.

13. Demonstrate a caring, empathetic, and non-selfish attitude.

14. Show respect for clinical affiliate staff and avoid the use of words or body language that could be construed as derogatory.

15. Utilize the Internet and/or sonography websites to search for information pertaining to sonography.

16. Have reliable means to transport oneself to and from any clinical affiliate site.

17. Inform the proper authorities whenever unable to attend/complete clinical assignment(s).

Diversity, Equitable Opportunity, and Sexual Harassment Policy

Tacoma Community College values diversity and is committed to being an Equal Opportunity Employer and Educator. We provide equal opportunities in education and employment and do not discriminate based on race, color, national origin, age, disability, genetic information, sex, sexual orientation, marital status, creed, religion, or veteran status.

Prohibited sex discrimination includes any form of sexual harassment, which is defined as unwelcome sexual conduct of various types. Tacoma Community College also provides reasonable accommodations for qualified students, employees, and applicants with disabilities by the Americans with Disabilities Act and the Federal Rehabilitation Act.

Title II and Title IX Contact: Stephen Smith (253) 566-5055 / ssmith@tacomacc.edu

504 Officer: Kathryn Held (253) 566-5115 / kheld@tacomacc.edu

URL: https://www.tacomacc.edu/about/policies/sexual-harassment-protection-and-title-ix

Attendance Policies

Attendance is required for all academic, laboratory, and clinical courses. Regular attendance reflects professionalism and is essential to

the development of competent diagnostic medical sonographers. Consistent presence in all learning environments is necessary for successful program completion and to meet the requirements of clinical accreditation bodies.

1. **Clinical Absences:**
   Any request for clinical leave must be directed to the **Program Director** or **Clinical Coordinator**. The request should be made in writing or email.
2. **Didactic Absences:**
   Absences from didactic classes must be requested in advance via email to the course instructor. Refer to individual course syllabi for specific attendance expectations and make-up policies.
3. **Emergency Closures:**
   If the **College President suspends operations** due to inclement weather, earthquake, natural disaster, or other emergencies, on-campus classes and clinical participation may be canceled.
4. **Scheduled Time Off:**
   Attendance expectations follow the academic and clinical calendars. Students will be advised of time off during designated non-instructional days (e.g., holidays, institutional breaks).
5. **Clinical Site Notification:**
   When a student will be absent from their assigned clinical site, they must follow this protocol:
   a. Notify the **clinical site instructor** first.
   b. Immediately notify the **Clinical Coordinator** and/or **Program Director**.

Excessive Absenteeism Policy

Attendance will be closely monitored. Any student whose absences exceed **10% of the total scheduled hours** (academic or clinical) in any given quarter may be subject to **Program Probation** or **Dismissal**, depending on the severity and context of the absences.

- Students placed on probation due to excessive absenteeism will be required to meet with program faculty to develop an improvement plan.
- Continued failure to meet attendance expectations after probation may result in **dismissal from the program**.
- Make-up time for clinical absences is not guaranteed and will be coordinated based on site availability and faculty discretion.

Leaves of Absences for Medical and Pregnancy

Medical, Military or Personal Leave

For any number of reasons, a student may request a leave of absence from the program when they hope to return at a future date. This policy is also applicable to students that have incurred an illness, injury, condition or disability that would temporarily prevent them from performing the essential functions of the didactic, lab and/or clinical education component. In the event of such, all reasonable efforts will be made to meet the student's limitations or restrictions. However, if the student is unable to participate for a period extending beyond ten didactic class days or eighty clinical hours, a Leave of Absence may be granted providing certain criteria are met. Students returning to the clinical portion of the program must undergo a didactic and scanning assessment to determine the appropriate academic quarter to return to the program. This may include didactic and/or clinical courses already

completed by the student. Students must be in good academic standing to have leave requests approved.

Pregnancy, Bereavement and Other Forms of Leave

Pregnant students wishing to continue within the program must meet the physical, mental, intellectual and emotional requirements as previously stated. A leave of absence must be requested if absences exceed ten didactic days or eighty clinical hours. Students returning to the clinical portion of the program must undergo a didactic and scanning assessment to determine the appropriate quarter to return to the program. This may result in repeating some didactic and/or clinical courses already completed by the student. Students must be in good academic standing to have leave requests approved.

Jury Duty Leave (Students)

The DMS Program will mirror Tacoma Community College's employee jury duty policy in supporting students who are summoned for jury service. Jury duty will be considered an excused absence when official documentation is provided. Students must notify their course instructor(s), Clinical Coordinator, and Program Director upon receiving a summons and follow the DMS Program's established leave notification procedures.

If jury service extends beyond **10 consecutive business days**, the student will be required to request a formal leave of absence in accordance with program policy to determine an appropriate plan for continuing in the program.

How to Request Leave of Absence?

1. The Leave of Absence must be requested in writing to the Program Director. For medical Leaves of Absence, this letter must include

documentation on letterhead from the student's physician stating the student is temporarily unable to actively participate in the didactic/lab/clinical education component of the program.

2. The student must be making satisfactory academic and/or clinical progress at the time of request.

3. The student must return within four quarters of the requested Leave of Absence for didactic/lab and clinical courses and must enroll in the first full quarter not completed.

4. If the leave is requested during the clinical portion of the program, the student must:

a. Successfully pass a comprehensive written exam to verify didactic knowledge prior to re-enrollment.

b. Successfully pass a sonographic scan evaluation by the Program Director and/or the Clinical Coordinator prior to re-enrollment.

These exams must be completed during the quarter prior to re-entry. Upon successful completion of both written and scanning exams, the student will be placed in the appropriate clinical or didactic courses. Note- that may mean a lower level academic or clinical course than the student would have progressed to prior to the Leave of Absence. Students failing one or both of the re-entry exams will be dismissed from the program and will need to reapply for the next cohort. Additionally, students currently enrolled in the program have priority in clinical site assignments over students returning from a leave of absence and clinical site availability is not guaranteed.

There is a higher retention rate when the students' didactic classes and clinical courses are completed in sequence and are uninterrupted. Transitioning back into the program can be challenging and result in poorer outcomes for the students' success rate.

The Program Director will grant Leaves of Absence in writing and will include an expected date of re-entry. The student must respond with a letter of acknowledgement of the expected re-entry date within two weeks of receipt date. Any re-entry exams and/or scan evaluations must be scheduled and completed prior to the stated re-entry date at the initiative of the student.

This policy is enacted for the purpose of:

1. Ensuring that all students meet the required clinical education objectives so that student competency achievement and registry exam eligibility can be documented.

2. Ensuring that the student's didactic education is closely coordinated with the clinical component thereby providing the student with the highest quality educational experience and learning environment.

3. Affording students who have made satisfactory academic, clinical and professional progress in the program an option for completing their education after a leave of absence.

Inclement Weather – Campus Closure

We know that many students and employees have to get up early to commute to campus. So TCC leadership makes the decision about snow closures or delays as early as possible.

We take many things into consideration in making the decision to have a delayed start or to cancel school for the day:

- Weather: We rely on the National Weather Service (NWS) and its forecasts.
- Road conditions: We review road condition reports from our own staff, who are here in the mornings and provide a report; from

NWS; and from other sources. Roads may be clear in some areas, but dangerous in others.

- Buildings, parking lots, grounds: We review our needs to determine if our Tacoma and Gig Harbor campuses are safe to be open.
- Other colleges and status reports: We look at the status of other colleges, schools, and local businesses.

There are many factors at play when making a decision. We do not make a decision to delay opening or closing the college lightly; we understand that schedules, classes, and childcare can be highly disrupted. We also realize that our students and employees live in several different school districts, and there will be times when another entity makes a different decision than affects TCC students and employees. If you're affected by such a decision, please talk to your professors or your supervisor to arrive at a solution that works for everyone.

As soon as a decision is made, we'll communicate it via the following channels:

- TCC Alerts (text & email to subscribers)
- Tacomacc.edu home page banner
- **TCC Emergency page**
- Email to current students and employees
- TCC social media (@tacomacc on Twitter and Facebook)
- **TCC Voicemail: Call 253-566-5000**
- Local News

Inclement Weather URL: https://www.tacomacc.edu/tcc-life/campus-services/tccready1/inclement_weather

Attendance at Education Meetings

Students may request time off to attend educational meetings or conferences that are considered beneficial to their learning, with approval from the Program Director. All expenses and liabilities, including transportation, are the responsibility of the student. Attendance at education meetings will not be counted as clinical hours unless specified by the Program Director or Clinical Coordinator.

Students with Disabilities

All students are responsible for meeting the requirements of the program, but the way they meet these requirements may vary. If you are a student with a disability and think you are in need of accommodations, you must self-identify to Access Services and complete an intake appointment to establish services. The intake appointment is an interactive process allowing for an in-depth conversation between the student and Access Services staff. This confidential appointment includes discussion and verification of the student's disability, barriers and challenges, and potential accommodations. The student's unique situation and classes are taken into consideration when determining and approving accommodation services. Sometimes an immediate determination cannot be made during the intake depending on the complexity of the accommodation request. For more information, please contact the Access Services office in Building 7, by email at access@tacomacc.edu, or call/text at: 360-504-6357. When this step has been completed, arrangements will be made for you to receive reasonable auxiliary aids or services on campus. The instructor must receive the Letter of Accommodation notice for the specific accommodation at least 24 hours in advance of the activity in question. A student must request and provide the

appropriate documentation for every course, each quarter while in the DMS program.

Access Services URL: https://www.tacomacc.edu/academics-programs/academic-support/access-services/access_services

Student Substance Abuse

General Policy Statement

All students are expected to abide by the Tacoma Community College Student Code of Conduct URL: https://www.tacomacc.edu/about/policies/code-of-student-conduct Students must perform their clinical activities efficiently and safely without the influence of drugs or alcohol. The following actions/conditions are prohibited:

1. Deficient clinical performance due to use of drugs and/or alcohol.

2. Reporting for a clinical session under the influence of drugs and/or alcohol.

3. Possessing any illegal narcotic, hallucinogen, stimulant, sedative or similar drug while in the DMS program.

4. Removing any drug from the institution or patient supply for any reason.

Purpose:

To protect the welfare of patients, students, instructors, Tacoma Community College, and Clinical affiliate facilities and to ensure compliance with clinical affiliate regulations.

Falsification of Records

Falsification of any program records will result in an “E” for the course and dismissal from the program following student due process.

Examples of falsification of records may include, but are not limited to:

1. Improper documentation of clinical education hours attended.

2. Improper or false documentation in a patient’s medical chart.

3. Improper documentation of completed performance evaluation.

4. Falsifying a clinical site instructor’s signature on clinical education paperwork.

5. Improper documentation of clinical exam logs.

Diagnostic Medical Sonography Program
Disciplinary Process

Program Warnings & Disciplinary Actions Procedure

Failure to adhere to the academic standards and clinical conduct policies outlined in the DMS Program Manual, Tacoma Community College (TCC) policy, Washington State law, or the TCC Student Code of Conduct may result in disciplinary action, up to and including dismissal.

1. Progress Reports

- **Mid-Quarter Progress Reporting**
  Students at risk of failing a didactic, laboratory, or clinical course will receive a written progress report. The report will specify performance concerns and required improvements.

- **Discussion and Documentation**
  A meeting will be held between the students and faculty to clarify expectations and document the timeline for improvement.
- **Timely Improvement Required**
  If improvements are not made by the date specified, the student will receive an “E” for the course and be **immediately dismissed** from the program.
- **Minimum Grade Requirement—C+ (79%)**
  A minimum grade of C+ (79%) is required to pass all program courses. Students may appeal a dismissing grade per TCC policy.

2. Initiation of Remediation

The Diagnostic Medical Sonography Program is committed to supporting student success through structured remediation when academic or clinical performance falls below program expectations. When concerns are identified, the **Program Director and Clinical Coordinator will collaborate with the student to develop a remediation plan** aimed at helping the student meet course and program objectives.

Remediation may include, but is not limited to:

Academic support and tutoring

Clinical performance improvement plans

Time management or study skill coaching

Reassignment of clinical experiences or additional lab time

A written **remediation agreement** will outline specific goals, expectations, timelines, and support resources. This agreement will be signed by the student, Program Director, and/or Clinical Coordinator.

Academic Remediation

Students earning below **79%** in any DMS course at the end of a quarter will enter academic remediation as determined by the program director.

The student will be referred to and receive **academic advising as well as extended instruction and scheduled meetings with the clinical coordinator and/or program director** and be expected to demonstrate progress toward meeting academic standards by the end of the following quarter.

If the student's course grade or cumulative GPA remains below **79% (~2.3 GPA)** after remediation, and course objectives cannot be met, **dismissal from the program** may result.

Any future quarter in which a student earns below 79%—following a previous remediation—**may result in immediate dismissal** if remediation is no longer feasible or effective.

Clinical Remediation

Students who do not meet clinical conduct, attendance, or performance standards may be placed in **clinical remediation** with a formalized improvement plan.

The Program Director and Clinical Coordinator will identify targeted strategies to support the student's growth and success in the clinical setting.

Ongoing evaluation will determine whether clinical objectives can be met within the required timeframe.

If, despite remediation efforts, a student is unable to meet clinical expectations or demonstrate safe, competent practice, **dismissal from the program** may occur.

3. Dismissal from the Program

Students may be dismissed for any of the following reasons:

1. Course failure (below 79%) on the first attempt, leading to dismissal unless readmitted and passed—note readmission following clinical failure requires both didactic and hands-on assessment.
2. GPA below 2.3 (79%) after remediation period or failure to improve.
3. Academic dishonesty as outlined by TCC code of conduct, record falsification, or HIPAA violation.
4. Failure to enroll into required courses for the quarter within the required time frame.
5. 3 or more occurrences of incomplete immunization/insurance requirements, or lapse of compliance requirements during a clinical rotation.
6. Clinical site removal or suspension.
7. Record falsification or data tampering.
8. Repeated tardiness or absences (see attendance policy).
9. Breach of any program, college, or affiliate clinical policy.
10. Insubordination (verbal or physical).
11. Possession, use, or distribution of alcohol, controlled substances, or weapons on school or clinical sites.

12. Reporting to class, lab and/or clinical sites under the influence of substances.
13. Failure to complete clinical assignments or meet behavioral expectations.
14. Commission of a critical incident (see Clinical Evaluation policy).
15. Theft or vandalism of institutional or clinical site property.

Note: Official dismissal must be enacted by TCC; clinical sites may restrict access, but final dismissal decisions reside with the College.

4. Appeals Procedure

- **Initial Appeal**
  The student has the right to appeal any program-level disciplinary action. Submit a written and signed appeal to the Program Director **within five business days** of receiving notice.
- **Program Director and Dean Review**
  Following review with the Dean of Healthcare, the Program Director will respond in writing within **5 business days** following receipt of the appeal.
- **College-Level Appeal**
  If unsatisfied, the student may initiate a formal grievance under the TCC Student Code of Conduct.

DMS Program Readmission Policy

1. Eligibility for Readmission

- **Course Failure or Withdrawal:** Students who have withdrawn or failed one DMS didactic or lab course are eligible to apply for readmission, **except** those who received a failing grade ("E") due to academic dishonesty will be **ineligible**.
- **Second Failure:** Students who fail the same didactic course **twice** are **not eligible** for readmission.
- **Multiple Failures:** Students who fail **two or more DMS courses in a single quarter** will **not be readmitted**.

2. Clinical Course Failure

- Students who fail a clinical course may be eligible to return after:
    - Passing a **didactic re-entry exam** (C+ or higher) and
    - Demonstrating technical competency through a **scan assessment** conducted by faculty.

      Re-entry will begin with the appropriate clinical or didactic sequence, depending on placement availability.

3. Policy Violations

- Students dismissed for serious violations (e.g., **Repeated** instances of academic dishonesty, falsification of records, HIPAA breaches) are **permanently ineligible** for readmission.
- Students with **3 or more instances of insurance or immunization non-compliance** and have been dismissed may reapply once all documentation is current.
- Students dismissed by TCC for Student Code of Conduct violations must complete all steps for college reentry prior to reapplying to the DMS program.

4. Readmission Limitations

- After dismissal, students may reapply **only once**. A second dismissal or failure to meet academic/professional standards after readmission will **require students to submit another application and follow all program application requirements.**
- Readmission requires successful completion of relevant DMS course(s) in the term prior to reentry, as recommended by faculty.
- Readmission is contingent upon **seat availability**.

Application Process for Readmission

1. **Intent to Reapply:**
   Students must submit a signed, typed **Letter of Intent** to the Program Director by the application deadline posted on the TCC DMS webpage, including the desired reentry quarter.
2. **DMS Application:**
   A completed DMS application must be submitted via the college system by the posted deadline on the TCC DMS webpage.
3. **Academic Statement:**
   Include in the application:
   a. Explanation for course failure or withdrawal.
   b. A concrete plan addressing obstacles previously encountered.
4. **Clinical Readmission Requirements:**
   For clinical course failures:
   a. Successfully pass the **didactic re-entry exam** with a **minimum of C+ (79%)**.
   b. Demonstrate adequate scanning skills through a faculty-graded scan evaluation.

5. **Program Decision:**
   The Program Director will respond in writing to all readmission petitions within two weeks of the application deadline.
6. **Denial and Reapplication:**
   Applicants denied due to space or unmet requirements may reapply once in the following academic year, provided they have resolved all issues and meet eligibility criteria.
7. **Time-Limited Status:**
   If DMS coursework is **more than 12 months** old, readmission consideration requires a detailed justification and may require repeating select coursework as determined by faculty.

Withdrawals

A program withdrawal must be requested if a student feels that they can no longer continue in the program, for any reason, and will not be returning within the allowed time period following a withdrawal. The withdrawal must be put in writing to the Program Director. If the student chooses to return to the program, they must reapply to the program and be accepted. The student will need to follow the procedures outlined in the **"Other Forms of Leave"** policy. As outlined in the policy, if the student fails to meet re-entry requirements, the student will have to be accepted into the next cohort and start the program over. This will result in additional financial obligations required from the student.

Before taking any such action, students considering withdrawal are strongly advised to discuss their plans with the Program Director as additional academic or student support resources may be available. Refer to the college Catalog for tuition refund information.

Transfer Students

Students who wish to transfer into the DMS program at TCC from a DMS program that is similar in nature and rigor at another institution must complete the online application and be admitted. No preference will be given to students transferring from a DMS program outside of TCC.

Advising and Counseling

Once enrolled in the DMS Program, DMS faculty will mentor all students. It is suggested that students acquaint themselves with their faculty mentors and seek guidance on all academic matters. The DMS faculty will continue to provide mentoring and guidance for the duration of each student's time in the program. Faculty office hours are listed on the current quarter syllabi for each faculty member or otherwise appointments can be made.

Students in the program will receive regular mentoring to assess their progression as well as review their grades with faculty, the Clinical Coordinator, and/or the Program Director. The students will be mentored at mid-term and at the end of each quarter if deemed necessary. At that time student status with regard to academic standings, clinical performance, professional demeanor, and attendance will be discussed and documented. The mentoring goal of the DMS faculty is to facilitate student success in their DMS courses (curriculum). Any student demonstrating difficulty in meeting the guidelines and objectives of any particular DMS course should meet with the appropriate faculty/person for that course (course instructor, clinical instructor, clinical coordinator, program chair).

The Program Director is always available to students on a formal or informal basis. Please reach out to Rachelle Moran at rmoran@tacomacc.edu

TCC Counseling Services

At Tacoma Community College, our Counseling Team is dedicated to supporting your personal growth, well-being, and academic success. TCC offers a range of services, including scheduled appointments, crisis support, workshops, classes, and group sessions to help you thrive both in and out of the classroom.

To learn more, watch TCC's **Overview of Counseling & Wellness Services** video—it's a great way to get your questions answered and explore how we can support you at TCC.

Counseling Service URL: https://www.tacomacc.edu/tcc-life/life-resources/counseling

Professional Activities and Organizations

The DMS Program encourages student participation in professional endeavors (activities, contests, organizations, etc). These activities enhance learning and retention of applicable information. In view of this, it is recommended that each student become familiar and involved with a professional ultrasound society during their Diagnostic Medical Sonography training. Related professional organizations include, but are not limited to, the following:

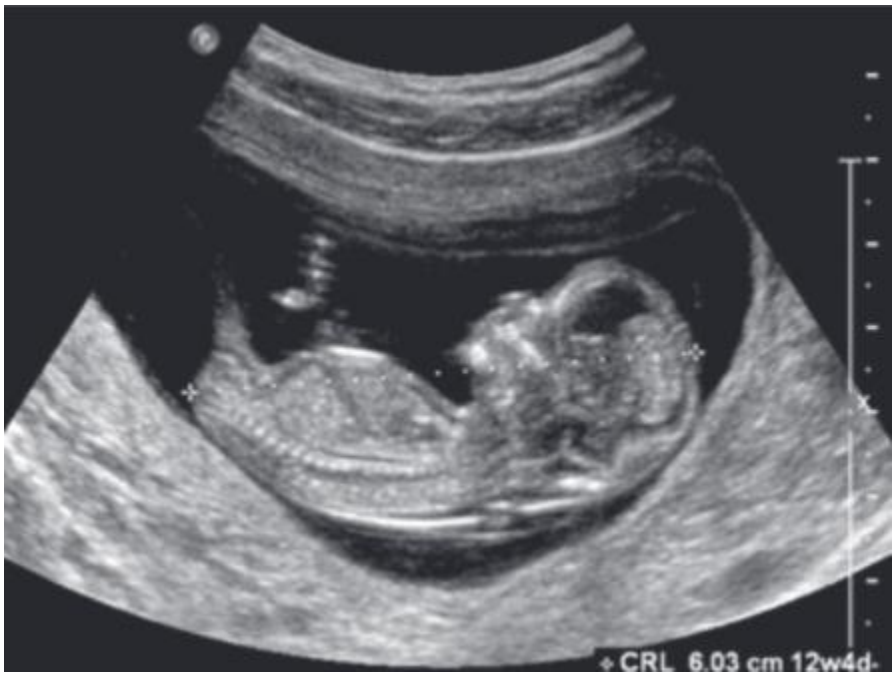
1. American Institute of Ultrasound in Medicine (AIUM)
2. Society of Diagnostic Medical Sonography (SDMS)
3. Society of Vascular Ultrasound (SVU)

For assistance on how to obtain membership information from any of the above organizations, you may contact the TCC DMS Program Director or Clinical Coordinator.

Section 2

TCC DMS Program

Academic Principles and Policies



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Academic Professionalism

As participants in a professional education program, DMS students shall conduct themselves in a professional manner during all classes, labs, seminars, and clinical rotations. Academic professionalism includes respect for the faculty and rights of other students, prompt attendance for all classes, labs, seminars, and clinical rotations and avoidance of any behavior which disrupts or interferes with academic proceedings. Professionalism also requires adherence to ethical principles such as not cheating on tests, not degrading the characters of others or spreading malicious gossip.

Students are expected to call their class and/or clinical instructor's office to report absences or late arrivals before they occur. Faculty phone extensions are listed on each syllabus. In the event of the need to immediately speak to an instructor, send a Microsoft Teams message to the clinical coordinator or program director. For non-emergent matters, the email should be utilized. Students can email the respective faculty member or the program director/clinical coordinator.

Administration of Instruction

*Program Director

The Program Director is under the immediate supervision of the Dean of Healthcare -The Program Director is responsible for the program structure-to include: program review and evaluation, meeting program accreditation standards, continuous improvement, instruction, clinical education and general effectiveness.

*Clinical Coordinator

The Clinical Coordinator is given the responsibility for assisting in the organization, supervision, and coordination of the clinical education courses in each of the affiliated clinical sites. This responsibility includes assisting in establishing procedures, guidelines, and manuals for the clinical education component of the curriculum, serving as a liaison between the academic and clinical faculty, maintaining communications between the affiliates and the college, assisting the clinical site instructors as needed, and integrating and relating the curriculum objectives for the clinical portions of the program to make the educational experience as relevant and coordinated as possible. They are also available to advise and mentor students regarding their clinical experience.

***Part-time Instructors**

In addition to the Program Director and Clinical Coordinator, TCC's DMS Program employs part-time instructors. These faculty members may instruct students in several didactic courses and assist in the laboratory setting. They also may provide support in the clinical setting with clinical site visits.

Clinical Site Instructors and Preceptors

The clinical site instructors and preceptors are the supervising sonographers that you are assigned to at your clinical education site. The clinical site instructor also participates in the clinical education experience by observing students in the clinical setting, doing clinical evaluations and performance assessments, teaching the student about the equipment and the examinations to be performed, and being available to mentor students. Most sonographers volunteer their time and expertise to assist in your education. Your appreciation and gratitude is invaluable so please be sure to give them your thanks!

Faculty Expectations for Student Performance

To assist in your success during your time in the Diagnostic Medical Sonography Program, the following recommendations have been provided as expectations of student behavior:

The student is expected to:

1. Adhere to all Washington State law and Tacoma Community College policies and procedures college and departmental policies/procedures.

2. Be on time for class sessions.

3. Complete all assignments for all courses according to the date and time scheduled.

4. **All examinations must be taken on the scheduled date and time.** If you require accommodation, please contact **TCC's Access Services** in advance. We are happy to collaborate with you and Access Services to ensure appropriate support and testing arrangements are in place to meet your needs.

5. Be prepared to participate in class by preparing assignments and answering objectives prior to the class.

6. Maintain a consistent pattern of professional and ethical behavior by:

    a. Completing your own work on tests and written exams.

    b. Not writing assignments for other students.

    c. Consulting with the instructor of record regarding any material in the course that is misunderstood.

Academic Standards

Since sonography is a profession in which less than adequate performance may cause patients to suffer harm, standards which are high enough to ensure the effectiveness and competency of our graduates must be maintained. These standards have been developed by the college, clinical affiliates and the accrediting body. Accordingly, the program grading system is somewhat different compared to other TCC courses.

Course grades are determined by a point system. The criteria for grade determination will be based on the following:

EXACT points need to be achieved to earn the grades below; points are **NOT** rounded up. You need exactly 79% to pass. Extra credit will only be applied once final grades are calculated. Students receiving less than 79% will not have extra credit applied to their final grade.

The DMS Program number and letter grading system is as follows:

Number Grade	Letter Grade
97-100%	A+
93-96%	A
90-92%	A-
87-89%	B+
83-86%	B
80-82%	B-
79%	C+

Students who receive a grade below “C+” are not permitted to progress within the DMS program.

Students must maintain a minimum of “C+” and 79% in all DMS courses and maintain an overall grade point average of 2.3 to be considered in

good standing in the program and eligible to advance to the next quarter. Students not meeting all above criteria will not be permitted to progress within the program. See program dismissal and readmission sections for complete information.

Didactic Educational Objectives

With classroom education, students will receive instruction in such areas as the physics of diagnostic ultrasound, scanning techniques, cross-sectional anatomy, and physiology and pathophysiology of specific human body systems imaged with sonography. Additionally, each student will accomplish demonstration, recognition, and interpretation of normal and abnormal sonographic patterns in each organ system. Knowledge gained in the classroom setting is directly related to clinical training and will need to be retained in order to draw and maximize direct parallels with the clinical experience. Refer to individual course syllabi for further, specific course objectives.

Diagnostic Medical Sonography Curriculum

	Course	**Credits**
	First Quarter (Fall)	
DMS 105	Fundamentals of Sonography + Lab I	5
DMS 113	Gynecology and Obstetrics I	3
DMS 114	Abdominal Sonography	3
DMS 130	Ultrasound Physics and Instrumentation I	3

	QUARTER TOTAL	**14**
	Second Quarter (Winter)	
DMS 106	Sonography Lab II	3
DMS 115	Abdominal Sonography-Extended (Small Parts and Superficial Structures)	3
DMS 116	Pathophysiology	5
DMS 131	Ultrasound Physics and Instrumentation II	3
	QUARTER TOTAL	**14**
	Third Quarter (Spring)	
DMS 107	Sonography Lab III	2
DMS 123	Gynecology and Obstetrics II	3
DMS 125	Advanced Sonography	3
DMS 140	Clinical Preparedness	4
	QUARTER TOTAL	**12**
	Fourth Quarter (Summer)	
DMS 126	Obstetrical Sonography III	3
DMS 108	Sonography Lab IV	2
DMS 151	Ultrasound Clinical I	10
	QUARTER TOTAL	**15**
	Fifth Quarter (Fall)	
DMS 160	Reflective Practicum	2

DMS 250	Ultrasound Clinical II	13
	QUARTER TOTAL	**15**
	Sixth Quarter (Winter)	
DMS 251	Ultrasound Clinical III	13
DMS 260	Reflective Practicum	2
	QUARTER TOTAL	**15**
	Seventh Quarter (Spring)	
DMS 252	Ultrasound Clinical IV	13
DMS 270	Sonography Registry Review	2
	QUARTER TOTAL	**15**
	Eighth Quarter (Summer)	
DMS 253	Ultrasound Clinical V	13
DMS 280	Sonographic Specialties	2
	QUARTER TOTAL	**15**

Campus Resources and Student Services

For a complete listing of Campus Resources and Student Services, please refer to “Campus Services” at this link: https://www.tacomacc.edu/tcc-life/campus-services/

Student Affairs

Advisory Committee Representatives

Student representatives from each class will be invited to serve on the TCC Diagnostic Medical Sonography Advisory Committee.

The DMS Advisory Committee consists of individuals from various aspects of the field (doctors, administrators, sonographers, faculty, students, etc.) who share an interest in the advancement and development of the DMS Program. Advisory meetings are held at least once a quarter. The business of the committee is to review ongoing program operations and provide recommendations for change or improvement. Since any change in the Program eventually affects the students, student representation at these meetings is important.

Class Representative

Each cohort will elect two student representatives to serve on the Diagnostic Medical Sonography Program's Advisory Committee. These representatives will participate as members of the advisory board, offering valuable insight from the student perspective. They will have the opportunity to share feedback, highlight areas for growth, and contribute to the ongoing success of the program.

In this role, student representatives will also engage directly with local ultrasound leads, clinical managers, and community stakeholders—gaining professional exposure and helping strengthen connections between the program and the broader sonography community.

DMS Lab Tours and Outreach

Students enrolled in the program have the opportunity to share their sonographic knowledge and assist in instructing a variety of exam types to students from local high schools, Radiologic Sciences students,

EMT/Paramedic students and Physicians Assistants. Participation in lab tours and outreach activities are highly encouraged and may be held at times outside of the normal course schedule.

Graduation

All students who are expecting to graduate must submit an Application for Associate of Applied Science Degree to the Registrar's office at the beginning of the quarter in which their graduation will take place, (usually spring quarter). The application procedure consists of a comprehensive review of the student's record to ensure that all requirements for graduation have been completed. Students will complete the Graduation Application via https://www.tacomacc.edu/academics-programs/academic-support/enrollmentservices/graduation/apply-to-graduate

Information about the Graduation Application can be found on the "Apply to Graduate" website. Students' failure to complete this process may delay graduation due to student ineligibility. Students are responsible for confirming completion of their degree application. Delay in the posting of the degree may impact students' ability to register for their boards examinations and ultimately delay licensure.

In order to qualify as a candidate for the degree of Associate of Applied Science in Diagnostic Medical Sonography all degree requirements per the Tacoma Community College catalog must be met.

TCC Academic Dishonesty

Academic dishonesty is inconsistent with the values and mission of Tacoma Community College. Students at TCC are expected to be honest and forthright in their academic endeavors. Cheating, plagiarism,

fabrication or other forms of academic dishonesty corrupt the learning process and demean the educational environment for all students. Students committing academic dishonesty will receive an “E” for the course and immediate dismissal from the program.

Academic dishonesty is a violation of Tacoma Community College Chapter 132V-121 WAC Code of Student Conduct:

WAC 132V-121-060

You may access the entire Code of Student Conduct at: https://www.tacomacc.edu/about/policies/administrative-procedure-for-academic-dishonesty

The purpose of this document is to:

1. Define academic dishonesty, and

2. Provide a process for implementing penalties when academic dishonesty occurs.

Definitions of academic dishonesty include, but are not limited to:

Cheating: Cheating is an act of deception by which a student misrepresents that he or she mastered information on an academic exercise.

Plagiarism: Plagiarism is the inclusion of someone else's words, ideas or data as one's own work. When a student submits work for credit that includes the words, ideas, or data of others, the source of that information must be acknowledged through complete, accurate, and specific references and, if verbatim statements are included, through quotation marks.

Fabrication: Fabrication is the intentional use of invented information or the falsification of research or other findings with the intent to deceive.

Academic Misconduct: Academic misconduct is the intentional violation of college policies (e.g. tampering with grades, taking part in obtaining or distributing any part of an exam prior to the scheduled testing time). Examples include selling or giving away test answers and changing or altering a grade on a test or in a grade book.

Sanctions

Sanctions for intentional acts of dishonesty may be academic and/or administrative. The consequences may vary with the situation and the individual instructor. All instructors include in the course syllabus a policy on and sanctions for academic dishonesty.

If an instructor determines that an intentional incident of academic dishonesty has occurred, he or she may determine what action to take. Appropriate actions include, but are not limited to, the following:

Issue a grade of "E" or "no credit" for the paper/assignment

Issue a sanction of an "E" grade for the course

As a violation of the Code of Student Conduct, academic dishonesty may result in an administrative sanction of Warning, Reprimand, Probation or Suspension from the college among others.

Student Health

1. **Insurance**

Medical/Accident Insurance

Students are required to maintain their own health insurance as it is required by the clinical agencies. The cost of injury or illness during the clinical experience is the responsibility of the individual student.

Verification of health insurance will be required to show proof of coverage with coverage period. If the name on the card does not match yours (the student), proof of coverage from the provider is required.

Liability (malpractice) Insurance

TCC students assigned to clinical sites are automatically charged a lab fee which covers liability insurance providing they work within the boundaries for which they are trained. The student may purchase additional coverage.

Other Insurance

TCC students may be assigned to clinical sites on Federal or Military bases. Proof of automobile insurance is required to enter these premises. It is the student's responsibility to purchase car insurance if they are assigned clinical placement in one of these facilities.

2. **Student health, Accidents, Incident Reporting**

Student Health Requirements per Our Clinical Affiliates

Communicable Disease/Infection Control If a student is suspected or diagnosed as having a communicable disease or has been exposed to a communicable disease, the student should notify the Program Officials and self-quarantine if necessary. The student must then obtain a written note or negative test verifying their good health standing to return to school or school functions. This note must be from the healthcare provider that the student consulted and have the student's personal information as a medical record. Examples of communicable disease include but are not limited to COVID-19, chicken pox, influenza, conjunctivitis, strep throat, and lice. Infection control manuals containing policies and procedures, regarding the infection control program,

the employee and student health, isolation procedures, and standard precautions are in the Departments of Radiology or at specific clinical education websites. Students are taught infection control practices in the Patient Care curriculum but are also reviewed at each clinical site to allow for following the site protocol.

Communicable Disease Policy Precautions

To minimize the transmission of blood-borne pathogens, **Universal Precautions** should be used in the care of **all** patients.

1. All health care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated. Gloves should be worn for touching all patients and for handling items or surfaces soiled with blood or body fluids. Gloves must be changed after contact with each patient. Hands are to be washed prior to putting gloves on and after the gloves have been removed. Masks and protective eyewear or face shields should be worn during procedures that are likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose, and eyes. Gowns and aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.
2. Hands and other skins surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.

3. All health care workers should take precautions to prevent injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning instruments; during disposal of used needles; and when handling sharp instruments after procedures to prevent needle stick injuries, needles should not be recapped, purposely bent or broken by hand. After they are used, disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture resistant containers for disposal; the puncture resistant containers should be located as close as practical to the use area.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.
5. Health care workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant health care workers are not known to be at a greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from prenatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission. Implementation of universal blood and body fluid precautions for all patients eliminates the need for use of the isolation category of “Blood and Body Fluid Precautions” previously recommended by CDC (7) for patients known or

suspected to be infected with blood-borne pathogens. Isolation precautions (e.g., enteric, “AFB” (7) should be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected.

Precautions of Invasive Procedures

In this document, an invasive procedure is defined as surgical entry into tissues, cavities, or organs or repair of major traumatic injuries 1) in an operating or delivery room, emergency department, or outpatient setting, including both physicians’ and dentists’ offices; 2) cardiac catheterization and angiographic procedures; 2) cardiac catheterization and angiographic procedures; 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or 4) the manipulation, cutting, or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists. The universal blood and body fluid precautions listed above, combined with the precautions listed below, should be the minimum precautions for <u>all</u> such invasive procedures.

All health care workers who participate in invasive procedures must routinely use appropriate barrier precautions to prevent skin and mucous membrane contact with blood and other body fluids of all patients. Gloves and surgical masks must be worn for all invasive procedures. Protective eyewear or face shields should be worn for procedures that commonly result in the generation of droplets, splashing of blood or other body fluids, or the

generation of bone chips. Gowns or aprons made of materials that provide an effective barrier should be worn during invasive procedures that are likely to result in the splashing of blood or other body fluids.

If a glove is torn or a needle stick or other injury occurs, the glove should be removed, and new gloves used as promptly as patient safety permits; the needle or instrument involved in the incident should also be removed and the sterile field replaced. The hands should be thoroughly washed. Any injuries or incidents involving a needle stick should **IMMEDIATELY** be reported to the clinical instructor **and** the program director or clinical coordinator.

Additional information may be obtained at http://www.cdc.gov

Occupational Exposure to Blood-Borne Pathogens

1. The student is required to follow the clinical sites written exposure control plan.
2. The student is required to receive the Hepatitis B vaccine and vaccination series, PPD, MMR and tetanus diphtheria prior to the start of clinical. In addition, confirmation of/or vaccination for varicella is required.
3. If the student is exposed during their clinical rotation, they must report their exposure to the clinical instructor and the clinical coordinator and complete procedures regarding post exposure evaluation and follow-up.
4. The student is required to adhere to warning labels.

Compliance of Health and Safety Requirements

Students will be required to complete the electronic assignment of Standard Precautions and COVID-19 after admission to the program. The program faculty will organize this. Students will also be assigned regulatory mandated learning modules. In the first few weeks of the program, students will be introduced to multiple safety segments to ensure proper protocols have been reviewed by the student. There may be additional mandated modules required at some clinical settings throughout the entirety of the program.

Immunization & Health Requirements Summary

Tuberculosis (TB) Testing

Initial Test: A TB Skin Test or 2-Step TB Test is required unless you've been tested in the past 12 months.

Repeat Test: Required again during the second year of the program.

New Positive TB Result: Must follow up with a healthcare provider for a chest X-ray and symptom check. A facility health questionnaire may also be required.

History of Positive TB Test:

Provide proof of a lifetime chest X-ray (unless symptomatic).

Submit a negative symptom check from the past 12 months.

No Proof of Past Positive Result: You will need to complete a 2-Step TB Test.

If You Had a BCG Vaccine: You still need a 2-Step TB Test.

Hepatitis B

You must show proof of vaccination AND a positive titer (blood test showing immunity).

If your titer is negative after two full vaccine series, you are considered a non-responder.

MMR (Measles, Mumps, Rubella)

Provide proof of 2 MMR vaccinations, OR

Submit positive titers for all three diseases.

Titers are required if you received the MMR vaccine after age 12.

Varicella (Chickenpox)

Provide proof of vaccination (2 doses) OR

Submit a positive titer showing immunity.

Students born after 1994 must show proof of 2 doses of the vaccine.

Tetanus, Diphtheria, Pertussis (Tdap)

Tdap vaccine is required if you were immunized after June 1, 2007.

Booster must be within the past 10 years.

Influenza (Flu Vaccine)

Must provide proof of flu vaccination every year while enrolled.

COVID-19 Vaccine

May be required depending on clinical site policies.

Exemptions are determined on a case-by-case basis.

CPR Certification

Must hold a current CPR certification from the American Heart Association (AHA) – Basic Life Support (BLS) for Healthcare Providers.

Other CPR certifications are not accepted.

Insurance Requirements

Health Insurance and Vehicle Insurance are required.

You must provide proof of personal health insurance, as it is required by clinical sites.

If You Have a Negative Titer

You must repeat the vaccine series.

Children on Campus

Children are welcome in most areas of Tacoma Community College and its off-campus centers. To protect children and to preserve the quality of the learning environment for all students, the college asks that adults observe the following guidelines when bringing children to the college:

• Children must be closely supervised at all times by a responsible adult except when enrolled in special programs or classes.

• Children may be allowed in classrooms at the instructor's discretion. Some course materials discussed are not appropriate for children. The instructor has the right to refrain from permitting children in the classroom. Please check with instructors before bringing children to class.

The following areas contain specific hazards to children (chemicals and equipment), or require a quiet learning atmosphere for students.

For these reasons, please do not bring children into:

✓ Science laboratories

✓ Computer laboratories

✓ Laboratories in Building 13 (Healthcare Pathway)

✓ Art studios

Section 3

TCC DMS Program

Clinical Principles and Policies

Clinical Environment

The Beginning Clinical Student

Compared to the learning activities conducted on campus in the classroom setting, the learning activities in the clinical setting are frequently much less structured. You must take a more active and responsible role in pursuing learning opportunities. The didactic and lab courses are designed to minimize the transition between the classroom and the clinic. You will be performing many of the same activities in the clinical setting but have the added elements of engaging with real patients, clinical instructors and the responsibility of functioning within an imaging department.

The clinical experience begins with students observing the activities of the sonography department. This may include scheduling, evaluating prior imaging, communicating with imaging employees and physicians. As you move through the clinical quarters, your involvement and independence will increase. You will begin greeting patients, maintaining exam room cleanliness, beginning examinations and post scanning, familiarize yourself with common pathologies and integrate within the department. As you complete the final quarters of your clinical rotations, you will be independently performing exams, advanced patient care techniques, communicating your findings to reading radiologists and immersing into the role of a sonographer within an imaging department.

Clinical Conduct Policies and Standards

Professionalism and Inclusive Practice in Clinical Education

Your clinical education is an opportunity to grow both professionally and personally as you transition into a meaningful role within the medical imaging community. A strong work ethic is built on accountability, integrity, and respect for others—qualities that reflect not only your skills, but also your commitment to equitable, patient-centered care.

Clinical sites are environments where your professionalism, initiative, communication, and technical abilities will be observed and developed. As a representative of Tacoma Community College and the Diagnostic Medical Sonography Program, you are expected to:

- Follow all clinical site and program policies, including those related to attire, punctuality, attendance, and patient rights.
- Practice cultural humility, showing courtesy and respect to every individual regardless of their role, background, identity, or lived experience.
- Understand and respect the clinical chain of communication and engage collaboratively with all members of the healthcare team.
- Approach each learning opportunity with an open mind, recognizing that diverse perspectives strengthen patient care and teamwork.
- Take initiative in your growth, while contributing to a respectful, inclusive, and supportive clinical environment.

Your journey through clinical education is not just about mastering technical skills—it's about becoming a compassionate, adaptable, and inclusive healthcare professional. Your success is not just a goal—it’s a reflection of the values you bring into the spaces where you learn and care.

Professional Conduct and Inclusive Practice in the Clinical Setting

As a student sonographer representing Tacoma Community College, you are expected to uphold the highest standards of professionalism, cultural humility, and patient-centered care. This includes respectful communication, safeguarding patient dignity, and promoting a safe, inclusive clinical environment for all.

Patient Interaction and Respect

- Treat all patients with **kindness, courtesy, and respect**, recognizing and valuing the diversity of their identities, lived experiences, and health care needs.
- When greeting a patient in the waiting area, **introduce yourself** clearly and use inclusive language to foster trust and establish rapport.
- In the exam room, **ensure privacy** by keeping the door closed and making sure patients are **properly gowned or covered** at all times.
- Address patients in accordance with **clinical site policy**. Some sites may use surnames; others may permit first names. Always ask or clarify, and when in doubt, **default to respectful formal address** until directed otherwise.
- Patients should **never be referred to by their procedure** (e.g., “the ultrasound”); always refer to patients by name and with person-first language.

Professionalism Across All Interactions

Professional behavior reflects your respect for **patients, colleagues, instructors, and yourself**, and is critical in fostering a safe, inclusive, and collaborative healthcare environment. This extends to all verbal and non-verbal communication.

Examples of unprofessional behavior include but are not limited to:

- Gossip or inappropriate personal conversations in clinical settings
- Sharing patient information with unauthorized individuals, including family members
- Smoking, vaping, or chewing gum in patient care areas
- Talking about patients or work-related matters in elevators, hallways, or public spaces
- Conversations not intended for patients or families that occur within hearing distance
- Any form of harassment or discrimination, including **sexual harassment**, bias-based comments, or inappropriate conduct toward patients, staff, students, or faculty
- Speaking negatively or disrespectfully about staff, fellow students, or instructors
- Oversharing personal matters during clinical time, which may impact focus and professionalism in a busy medical setting

Confidentiality and Privacy

- All **patient health information** is protected under **HIPAA (Health Insurance Portability and Accountability Act)**.
- **Accessing, sharing, or discussing patient records without authorization is strictly prohibited.**
- Follow your site's specific **privacy protocols**, including rules for phone use, documentation, and communication.

Phone & Device Use

- Only designated staff may answer clinic phones; do not answer unless you've been trained and approved to do so.
- **Personal calls** may be made only on breaks, outside of patient care areas, and in accordance with site policies.
- **Cell phones must be kept off your person** and may only be used during designated breaks in non-clinical areas.

Respect for Property & Equipment

- **Theft or misuse** of clinical site, employee, or patient property will result in disciplinary action.
- Use all equipment with care. If you are unfamiliar with how to operate something, **ask for assistance**—never guess or experiment.
- Help maintain a clean and organized environment by restocking supplies, cleaning workspaces, and reporting issues.

Attendance, Breaks, and Scheduling

- **Do not leave the clinical area** during scheduled hours without prior approval from your clinical instructor.

- Always arrive on time and be prepared for your assigned rotation.
- Students are expected to **arrange their own transportation** to and from clinical sites and field trips unless otherwise coordinated by program staff.

Conduct Expectations at Clinical Sites

- Always uphold the primary mission of the clinical site: **providing high-quality patient care.** Your presence should support—not interrupt—this mission.
- Follow all administrative, procedural, and documentation guidelines set by the clinical site and program.
- Ask for guidance when unsure—**never experiment on patients.**
- Ensure that all required program paperwork (evaluations, timesheets, etc.) is completed **accurately and on time**. Missing or late documentation may result in loss of credit or program standing.

Equity, Diversity & Inclusion Commitment

The DMS program values and promotes a culture of **equity, inclusion, and respect** in all clinical learning environments. Discrimination, harassment, or bias of any kind will not be tolerated. If you experience or witness conduct that compromises these values, you are encouraged to report it to the **Program Director, Clinical Coordinator, or TCC's Office of Equity, Diversity & Inclusion**. URL: https://www.tacomacc.edu/directory/departments/office-for-edi

Clinical Attendance

Attendance

Please refer to the attendance policy in this document and current course syllabi for rules and regulations regarding clinical attendance and absences.

Clinical Attendance Information

1. When a student will be absent it is their responsibility to notify the clinical site 1-hour **PRIOR** to expected time of arrival. It is also necessary to notify the Clinical Coordinator, which may be done by sending a message through Teams. An email confirming the absence must also be sent to the Program Director and/or Clinical Coordinator. Not notifying the Clinical Coordinator/Program Director or the clinical site will be counted as an unexcused absence that will be deducted from the total hours of absence allowed.

2. Tardiness is not acceptable. Tardiness is any failure to be in the clinical site work area in proper attire, ready to care for patients at the assigned time. Two clinical tardies during the same quarter will be counted as a clinical absence.

3. Make-up time due to an absence may be allowed on a case-by-case basis and must be requested in writing no more than 5 **calendar** days after the absence. The make-up day must be completed within the same quarter as the absence and must be completed on a day that is agreeable to the faculty and the clinical site.

4. Paid work time at any clinical site cannot be substituted for assigned clinical experience. The student must complete all assigned clinical time before being eligible for paid work. Clinical evaluations/performance assessments cannot be performed during paid work time.

5. Personal appointments should be scheduled outside of clinical and classroom times if possible. In the event an appointment needs to be made during clinical time, prior arrangements must be made with the Clinical Coordinator/Program Director and the clinical site. The exchange time will also need approval by the clinical site instructor.

It is the responsibility of each student to keep attendance records at their assigned clinical site. These records should accurately reflect clinical hours invested by the currently enrolled student as well as reflect time deviations that account for holidays, sick days, etc. The Clinical coordinator or program director will review them at their discretion during site visits. If there is any misrepresentation of hourly clinical investment, this would constitute falsification of records, and all appropriate disciplinary action will be taken with regard to the individual(s) responsible for such misconduct. On the day the clinical site visit the student should remain at the site within the assigned schedule. Any change in schedule must be relayed to the Clinical Site Visitor. If you are not at the site for the clinical visit and have not notified the site visitor of your absence, you will lose points from your final grade.

Clinical Education Schedules

1. Clinical rotations

a. The length and nature of clinical rotations will be determined solely by the College.

b. The College will determine the total number of clinical hours required of each student for each rotation and/or academic quarter.

c. In cases of inclement weather, the student should not attend clinical per campus guidelines. If the college is closed, then students should not report to their clinical site.

2. Scheduling

a. The clinical site instructor at each institution sets starting time for clinical education centers. A clinical shift is eight to ten (though may be up to twelve) hours typically between 7:30 AM and 12AM and may include variable hours as well as weekend or overnight shifts.

b. Day to day scheduling and room or sonographer assignments will be made by the clinical site instructor at each clinical education center as best meets the educational needs of students and the requirements of the clinical site.

c. The student clinical schedule will be made in alignment with the TCC Academic Calendar.

d. All changes in clinical schedules must be cleared with the clinical site instructor at the appropriate institution in advance and with the clinical coordinator at the college also in advance.

e. Clinical schedules will not be changed to accommodate student work schedules.

f. Students should be allowed the same time off for coffee and lunch breaks as staff sonographers in the affiliate organization.

Student Assignment to Clinical Site

The DMS program faculty shall retain complete jurisdiction over the assignment of a student to a clinical site. Under no circumstances shall any student be allowed to report to a diagnostic laboratory for purposes of official TCC DMS clinical training between quarters. Recognizing however, the role that the TCC DMS program plays in the facilitation of each student's education, **legitimate factors**, which can affect each student's success, will be considered and students will be offered and may elect to enroll in supplementary courses to afford additional clinical training during subsequent quarters on an as needed basis and at the discretion of the program director.

These **legitimate factors** consist of, but are not limited to, the following conditions:

a. Diagnostic lab availability

b. Complementary nature of clinical site to student's technical, interpersonal, etc. qualities/characteristics.

c. Rotational fairness to fellow students

d. Overall compatibility of student/mentor/site/affiliate

e. Exposure of student to inpatient and outpatient experience

f. Variety in clinical instructorship and case volume handled by the site

g. Student exposure to a variety of equipment

h. Student's technical ability as indicated by their acoustic physics grades, cross-sectional anatomy grades, lab performance, etc.

i. Clinical site assignment/rotation for each student may only be altered due to extenuating circumstances and will be based on

clinical site availability or at the discretion of the clinical coordinator/program director. While the TCC DMS program will work with each student to ensure their specific educational needs are met, individual site and schedule requests will not be accepted. Students should be aware that the DMS program is a full-time responsibility. The program should not be expected to work around the student's schedule.

All students assigned to a clinical site should refer to the corresponding course syllabus for specific hourly investment required as well as guidelines as to how clinical performance (written assignments, conduct, etc.) will directly impact their final grade.

Incidental Clinical Placement at Student's Employer

Any student employed in any capacity by and at the physical location of any TCC DMS clinical site must immediately notify the Program Director of this status so as to properly ensure the prevention of "role conflict". Moreover, under no circumstances shall any student receive monetary compensation for the delivery of care during assigned (and TCC DMS approved) clinical hours.

Clinical Rotations

Students will not be transferred from one clinical site to another due to interpersonal conflict with employees, clinical instructors or peers. Clinical site trading amongst students is not permitted.

CLINICAL SHIFTS WILL NOT BE CHANGED DUE TO OUTSIDE WORK SCHEDULES OR PERSONAL CIRCUMSTANCES.

Clinical rotation assignments are based on the type of experience the site offers in accordance with the needs of the student. All assignments are selected based on program requirements and individual student needs (i.e.: fulfillment of hospital or outpatient clinic rotations) and are not solely based on where the student lives.

Clinical Educational Objectives

At the completion of each clinical rotation, the student should be able to demonstrate by verbal, written and scanning performances, ability with the following skills, as appropriate to their level in the program (Quarters 5, 6 and 7 will be working towards these objectives):

1. Production of sonographic images of diagnostic quality.

2. Safe operation of ultrasound equipment.

3. Recognition of laboratory tests, their value and significance to the examination being performed.

4. Ability to keep accurate patient records and maintain patient privacy following HIPPA.

5. Ability to review results of previous studies relevant to the current case.

6. Appropriate knowledge of sonographic procedures including ability to describe protocol for procedure being performed.

7. Appropriate knowledge of anatomy, physiology, and pathophysiology.

8. Ability to consistently recognize and document normal and abnormal anatomy.

9. Ability to discuss common artifacts/pitfalls of sonographic exam being performed.

10. Ability to formulate appropriate questions that would draw pertinent information from the patient.

11. A working knowledge of ultrasound physics.

12. Ability to communicate effectively in standard American English with patients and other health care professionals.

13. Ability to evaluate sonographic images for clinical information.

14. Knowledge of medical/legal implications of patient interaction/management.

15. Ability to work effectively as a member of a health care team.

16. Ability to present recorded sonographic images to a radiologist/physician for evaluation.

17. Ability to present case studies on complex cases.

18. Ability to use the TCC resources including approved internet searches and/or textbooks to research certain case study topics.

19. Ability to properly identify common Doppler waveforms and determine their significance.

20. Ability to safely assist a qualified medical practitioner in surgical or non-surgical procedures that require sonographic imaging.

21. Ability to use and to safely dispose materials used in a surgical or non-surgical procedure that require sonographic imaging.

These skills may be assessed with one or more of the following: Clinical evaluation, image evaluation, clinical assignments, performance

assessments, scanning practical, and oral and written case study presentations.

Failure to demonstrate competency of the listed clinical educational objectives, may result in a failing grade for the course and dismissal from the program.

Clinical Supervision

Until a student achieves and documents technical skill in any given procedure, all clinical assignments shall be carried out under the personal supervision of qualified (i.e. certified) sonographers. The parameters of personal supervision are:

1. A qualified sonographer reviews the request for examination in relation to the student's achievement;

2. A qualified sonographer evaluates the condition of the patient in relation to the student's knowledge;

3. A qualified sonographer is present in the exam room; and

4. A qualified sonographer reviews and approves the sonographic examination.

After demonstrating technical skill in supervised exams, students may perform procedures with direct supervision. Direct supervision is defined as supervision provided by a qualified sonographer available in the department to assist students as needed regardless of the level of student achievement.

A student is never to perform a clinical examination without either the personal or direct supervision of their assigned sonographer.

All endocavity exams (i.e. transvaginal, transrectal) must be performed under personal or direct supervision from the staff sonographer.

For whatever reason, should a sudden lack of any supervision occur at a clinical education center the following policy will be followed:

1. If insufficient staff for proper student supervision should occur at any clinical education center, the student shall notify their assigned TCC Clinical Coordinator and/or Program Director at once.

2. The TCC Clinical Coordinator/Program Director will then attempt to contact one of the following:

    a. The clinical instructor

    b. The shift supervisor

    c. An on-duty staff sonographer

    d. A department receptionist

3. The TCC Clinical Coordinator will verify the supervision capacity at the time with the individual contacted.

4. If it is determined that the diagnostic sonography shift is not adequately staffed, the student(s) will be reassigned to an observational rotation for that day only.

5. This procedure shall be considered as a short-term solution.

Clinical Education & Evaluation

Clinical skills can be developed by following a systematic step-by-step approach. The following sequence of steps will generally produce outstanding sonographers:

1. Academic Preparation

2. Supervised hands-on scanning in lab

3. Observation of sonographic exams in clinical site

4. Assisting in sonographic exams in clinical site

5. Supervised Exam Performance in clinical site

Academic Preparation: Students complete this step on the TCC campus by studying and passing with a "C" or better the required didactic DMS classes.

Supervised scanning in lab: Scan labs are designed to complement didactic learning and allow development of the technical skills necessary to become a competent entry-level sonographer.

Observation: Initial activities in the clinical site will consist primarily of observing qualified sonographers performing general sonographic exams.

Assisting Qualified Sonographer: Students should begin as soon as possible or as soon as allowed in assisting the supervising sonographer in performing sonographic exams. Students should be able to begin studies and/or "post scan". (Scanning after the sonographer has completed the exam) shortly after beginning quarter four. Be assertive – ask for scanning opportunities and/or take advantage of any scanning opportunity afforded you.

Supervised Exam Performance: As you develop confidence and technical skill, students should begin performing partial and/or complete examinations under the personal supervision of a qualified sonographer. They will observe you and step in whenever the need arises either due to difficulty or exam schedule constraints.

Performance Assessment: A certain number of successful assessments are required each quarter in order to progress to the next clinical course. Each one must be verified and signed by a sonographer

credentialed in that sub-specialty. See clinical syllabus for specific information related to performance assessments.

Clinical Evaluation: The clinical grade will include DMS faculty observation of student's clinical performance as related to course expected outcomes and the clinical educational objectives listed in this document. Students must successfully complete the didactic and lab courses before they can move to the clinical quarters. Students must pass each clinical course in order to move to the next clinical course.

The clinical courses are numerically graded.

a. The student must successfully meet all clinical expected outcomes as outlined on the syllabi for each course.

b. The student will be prepared for clinical experience as outlined in the Policy & Procedure manual.

1) Adequate preparation includes:

• Performance of safe sonographer practices at the appropriate level of competency.

• Application of previously taught sonography skills and concepts.

• Obtaining pertinent information on each patient for safe performance of appropriate exam.

2) Any student not prepared for clinical may be dismissed from the clinical area for the day, and the day will be counted as an absence.

c. The student will be prepared for participation in clinical conferences/site visits. This includes making sure clinical evaluation(s) are completed by your supervising

sonographer(s)/clinical instructor by the time of your clinical site visit.

For certain critical expected outcomes (objectives), which will be found below, each student, must **maintain safe practice** at all times in order to achieve a satisfactory grade. If not, then the student will receive a grade that is less than satisfactory for continuation in the program at the end of the quarter. The critical expected outcomes (objectives) are as follows:

- Safely, accurately, and knowledgeably obtain diagnostic sonographic images
- Maintain asepsis in all appropriate procedures with each clinical experience in which the student is involved with invasive procedures.
- Maintain safe practice in patient care with each clinical experience.
- Maintain the patient's right to privacy and confidentiality.

e. A student who misses more than the allowed 32 hours of clinical experience in a given rotation (2 clinical quarters) may find it impossible to meet clinical objectives. A student who misses more than six days of clinical experience during the entire clinical portion of the DMS program may also find it impossible to meet clinical objectives. Such situations will be evaluated by the DMS faculty. The student may be required to withdraw or receive a failing grade.

g. If unable to report for clinical, the student must follow directions given by the instructor for the particular clinical affiliate. The instructor and clinical affiliate must be notified in advance if an absence is to occur. Failure to notify absences

correctly will result in a loss of policy and procedure points and possible dismissal from the clinical site.

h. Students will adhere to the clinical dress code outlined later in this document or to the dress code of their assigned clinical site.

i. Tardiness (late arrival) and early departure from the clinical area are not acceptable and will be considered as an absence. The student's record will reflect missing the entire clinical day, except in cases of extenuating circumstances. Please contact your clinical site visitor for approval of any extenuating circumstances.

j. The clinical instructor may choose to remove a student from the clinical area if that student is unable to perform the ultrasound and any patient care safely.

k. Documented dishonesty, chemical abuse, breach of patient confidentiality, inappropriate or bizarre behavior may result in a failing grade, impacting students' ability to progress in the DMS program

l. TCC will review and endeavor to place students at clinical sites. However, clinical sites determine their own respective onboarding requirements, and if those requirements are not met for any reason, the DMS program are not obligated to secure alternative clinical placements for students whose exemption requests are denied by clinical facilities. Clinical compliance is required for the duration of the rotation.

Clinical Grading

Clinical grades are based on clinical progress evaluations, adherence to clinical policies and procedures, clinical assignments, performance assessments, sonographic image evaluations, and/or scanning practical.

Refer to individual course syllabi for specific grade requirements in each clinical course.

All students are required to keep copies of their clinical paperwork in a notebook to document clinical progress. Clinical paperwork includes but may not be limited to: Clinical Progress Evaluations, Sonographic Exam Performance Assessments, Attendance logs and Patient exam/scan time logs.

Refer to individual course syllabi for specific paperwork requirements in each clinical course. Clinical paperwork will also be retained in the student's clinical file.

Number Grade	Letter Grade
97-100%	A+
93-96%	A
90-92%	A-
87-89%	B+
83-86%	B
80-82%	B-
79%	C+

Grade below a C+ (79%) will not progress within the program.

Dress Code

A Diagnostic Medical Sonographer administers to the physical and psychological welfare of patients; therefore, the student must present a well-groomed appearance with neatly cut hairstyles, evidence of acceptable hygienic practices and be willing to comply with the clinical affiliate grooming policy/dress code. Any student not adhering to this policy will be required to leave the affiliate and/or the program.

General Appearance: All students are expected to be neat and clean.

- Students having hair longer than collar length shall tie it back. Beards shall be neatly trimmed. Some clinical sites may require hair and beard bonnets/coverings in certain locations of the facility.
- Perfumes, colognes, and aftershave are not allowed at some sites.
- Due to health regulations some type of sock must be worn with shoes, no bare feet.
- Closed toe shoes must be worn.
- No dangling jewelry shall be worn. Only a small earring worn on the ear is allowed. No other body rings are to be worn, i.e. nose rings, brow rings, and lip or tongue studs.
- Some clinical affiliates do not allow artificial fingernails (silk or acrylics also).

TCC Medical Badge

Your name badge is considered part of your uniform and must be worn when you are on shift at your clinical site. This regulation is part of TCC's affiliate agreement with each clinical site. A student not wearing their TCC or clinical site name badge will be sent home to retrieve the name badge; time missed will be deducted from the clinical absences allowed. TCC medical badges can be charged to student ctcLink accounts and requested at the Campus Safety office in Building 14.

If any affiliate or any healthcare organization hires a student, that organization must provide proper identification for the employee. The employee identification is not to be worn during clinical hours, as it is a misrepresentation of the status of the student.

DMS Program Uniform Policy

To promote professionalism, ensure consistency, and maintain safety and infection control standards, all Diagnostic Medical Sonography (DMS) students are required to follow the uniform guidelines outlined below.

Scrubs

- Students are responsible for **purchasing and acquiring** their own scrub tops and bottoms in the designated color: **Caribbean Blue**.
- Scrubs must be **solid in color** with **no patterns, prints, or decorative designs**.
- Scrubs may be purchased from **any retailer**, provided they meet the above specifications.
- We **strongly recommend** that each student purchases **at least three (3) sets of scrubs** to ensure you are adequately prepared for clinic and lab.
- It is also **advised to keep an extra set of scrubs** with you—either in your vehicle or your clinical bag—in case of accidents or situations that require a change of clothing. Please note that **not all clinical sites have spare scrubs available** for student use.
- The DMS lab has a **limited supply of scrubs available at no cost** on a **first-come, first-served basis**. If you need to borrow a set, please contact the **Program Director** or **Clinical Coordinator** to make arrangements.

Lab Jackets

- Students are required to have a **solid-colored lab jacket** in **Caribbean Blue**, **White**, or **Black**.
- Lab jackets must be free of patterns, decorative elements, or logos (other than program-issued or facility-approved branding).

Undershirts

- If worn under the scrub top, undershirts must be **solid in color** and either:
    - **White**
    - **Black**
    - **Caribbean Blue**
- No logos, writing, or patterns should be visible.

Shoes

- Shoes must be:
    - **Closed-toe**
    - **Non-slip**
    - Clean and in good condition
- Athletic or clinical footwear is acceptable; open-toed shoes, sandals, or crocs with holes are **not permitted**.

Clinical Attire Expectations

- While in clinical rotations, students must wear:
    - **Caribbean Blue scrub top and bottoms**
    - Approved solid-color undershirt (if needed)
    - Approved solid-color lab coat (Caribbean Blue, White, or Black)
    - Closed-toed, non-slip shoes
- No additional outerwear (hoodies, jackets, or sweaters) may be worn over clinical uniforms during patient care activities.

On-Campus Attire Exceptions

- While on campus (classroom or lab settings), students may wear a **sweater or jacket of any color**, provided:
    - It is **clean, professional**, and

- **Does not display offensive or obscene graphics, language, or logos**

General Appearance

- Uniforms must be **clean, wrinkle-free, and well-fitting**.
- Students are expected to maintain a **professional appearance** at all times while representing the DMS program both on campus and at clinical sites.

Failure to adhere to the uniform policy may result in a warning, removal from class or clinic, or further disciplinary action in accordance with program guidelines.

AIDS/HIV Exposure

There is no evidence that the risk in caring for a patient infected with HIV is any greater than the risk in caring for another patient with blood-borne or sexually transmitted infections. Health care personnel will not be excused from caring for a patient with HIV/AIDS on their own request.

Students may be required to care for patients who are unidentified carriers of HIV/AIDS or other infectious disease. Therefore, to minimize exposure to HIV and/or other blood or body secretion pathogens, students in the TCC Healthcare Pathway must follow the standard precautions as currently outlined by CDC when caring for ALL patients. The same standard precautions will be followed when performing laboratory procedures on campus. Program faculty, therefore, must

inform students of the required standard precautions and of the necessity to follow those guidelines. As such, all students must complete a module on bloodborne pathogens.

Pregnant health care workers are not known to be at greater risk of contracting HIV/AIDS infections than those who are not pregnant; however, if a health care worker develops HIV/AIDS infection during pregnancy the infant is at increased risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with precautions for prevention of HIV/AIDS transmission and minimize their contact with patients known to have HIV/AIDS whenever possible.

If a student sustains parenteral or mucous membrane exposure during routine patient care, individual hospital or agency policy will determine patient testing. If the source person is seronegative and has no evidence of HIV infection, no follow-up is necessary. If the source person has been diagnosed as having HIV/AIDS, declines testing for the HIV virus or has a positive test, the student should be evaluated as soon as possible for evidence of HIV infection. If the test is seronegative, the student should be retested after six (6) weeks, three (3) months, six (6) months and twelve (12) months. **All testing will be done at the student's own expense**. During the follow-up period, the exposed individual will be referred to their private physician for appropriate counseling.

Chemical Sensitivity

Students should be aware of their potential exposure to many chemicals and health hazards in the health care environment. Students with allergies or sensitivities need to be aware of the hazards within the environment where they plan to study or work. Students also need to

know that removal of these hazards may not be possible due to the type of activities typically carried out by these occupations. Policies and procedures for substances in campus labs will be posted in the lab with MSDS sheets of items specific to the lab. It is the student's responsibility to research hazards in the clinical setting if an allergy/sensitivity is a concern and to notify the instructor before the clinical rotation has begun.

Latex Allergy Precautions

WARNING – People who are exposed to latex gloves and other products containing natural rubber latex may develop allergic reactions. To avoid such reaction, follow these steps:

1. Use non-latex gloves for activities that are not likely to involve contact with infectious materials, such as food preparation, routine housekeeping, and maintenance.

2. When handling infectious materials use powder-free gloves to assure appropriate barrier protection.

3. When wearing latex gloves, do not use oil-based hand creams and lotions unless they have been shown to reduce latex-related problems.

4. Frequently clean areas contaminated with latex dust, which is produced when powdered latex gloves are removed. Be sure to clean the carpeting, upholstery, and ventilation ducts in these areas as well.

5. Frequently change the ventilation filters and the vacuum bags used in latex-contaminated areas.

6. Be alert to the symptoms of latex allergy: skin rashes; hives; flushing; itching; irritation of the eyes, nose, or throat; asthma; and, in severe reactions, the signs and symptoms of shock.

7. If you develop the symptoms of latex sensitivity (allergy), avoid direct contact with latex gloves and products until you can see a physician who can test you for a possible latex allergy.

8. If you have a latex allergy, consult your physician about the following precaution: avoiding contact with latex gloves and products; avoid areas where you might inhale the dust from the latex gloves worn by others; tell your manager and your health care providers (doctors, nurses, and dentists) that you have a latex allergy and wear a medical alert bracelet identifying you as having this allergy.

Transportation and Parking

All students shall provide their own independent transportation to and from the College and the assigned clinical affiliates.

In order to maintain good attendance, students must have a reliable form of independent transportation to and from the college and assigned clinical sites. Problems associated with transportation are often identified as a reason for absence or late arrival. Such problems are understandable on occasion, but if they occur frequently, they can severely affect a student's progress and standing in the program.

Public transportation is an option, however, bus schedules or routes, if available, are not always convenient for class or clinical assignments. In addition, some clinical affiliates are not readily accessible to public transportation. Students must be prepared to accept assignments to any clinical affiliation site.

At each clinical site, parking facilities and regulations will vary. The student is responsible for becoming familiar with the assigned institution's guidelines upon commencement of their rotation. Under no circumstances will TCC be held responsible for transportation and/or parking fees incurred by any student.

Parking is available on TCC premises in several parking lots around campus. Upon admission to the college, a parking permit must be obtained from the parking counter and displayed properly. This permit enables the student to use the appropriate parking facilities.

https://www.tacomacc.edu/tcc-life/campus-services/parking

Clinical Sites

Each clinical site has a sonographer who is designated as a clinical site preceptor. The clinical preceptor works with the DMS program Clinical Coordinator and/or the Program Director in coordinating student training. The student is expected to respond to a clinical preceptor as they would with any other college instructor. In many sites, the student will work with sonographers designated as clinical instructors other than the designated clinical preceptor for that site. Students are expected to be respectful and courteous to all staff members.

Clinical placements will occur on a rotational basis. Students will receive notification of placements on or before the end of the preceding quarter. Students are responsible for providing their own transportation to and from the clinical sites. **It is the responsibility of the student to contact the clinical site PRIOR to the first day to arrange details such as start times, where to park etc**.

Section 4

TCC DMS Program

Laboratory Principles and Policies

Safety Regulations and Laboratory Requirements

Safety in the laboratory, like anywhere else, depends on reasonable caution and common sense. The special circumstances of the sonography laboratory, however, require a few additional rules.

1. Wear appropriate attire

    a. Approved scrubs must be worn to lab

    b. In case of spills or shattering glass, clothing gives good protection to the skin. For this reason, wearing shorts or sandals in the lab is prohibited.

    c. TCC medical badges are required.

    d. When scan models are present, approved lab coats must be worn in place of any sweaters or jackets not in the approved uniform colors.

2. Clean up your space.

    a. Clean your tables before you leave.

    b. Take all your belongings and do not leave behind anything as there will be another group of students who will use the lab. Do not leave your books or notes.

    c. The faculty is not responsible for any item lost in the room.

3. Sanitize and protect the equipment after every use.

    a. Transducers must be sanitized after every use.

    b. Wipe the transducer with the appropriate cleaning material after every scan.

c. Store the transducer properly and do not let it dangle or hang precipitously to prevent it from dropping on the floor. The crystals in the transducer are fragile and expensive; any hard jolt or shock may render it inoperative. Make sure transducers cords are off the floor before moving equipment!

d. Sweep/mop floor around equipment to clean gel drippings and dust.

e. Dust entire machine including the back after each use.

4. Sign up on the Monitor Sheet.

a. A monitor sheet is provided every quarter.

b. The class monitor assigned for the day is responsible for checking the following:

✓ Equipment is clean and sanitized

✓ Transducers are stored properly

✓ Gel bottles are filled and the supplies are stored properly, and

✓ Lab is in order at the end of the class

5. Do not perform unauthorized examinations.

a. All lab exercises must be done with supervision of authorized faculty and staff.

b. Drape sheets are used to avoid spoiling the model's clothes.

c. Rubber gloves are worn for

safety and protection.

6. Do not use equipment without permission

7. No eating, drinking, or smoking near equipment in Lab

    a. Crumbs and food particles left on the table and on the floor invite unwanted pests that seek haven in the dark and warm casings of our equipment. They tend to feed on the wire insulations or coverings whenever their outside sources cannot sustain them.

    b. To prevent machine downtime due to these unwanted visitors, students are prohibited from bringing food or drink near the equipment in the lab.

8. Attendance is mandatory.

    a. Tardiness is not accepted. If you are going to be tardy on any given day, every effort should be made to alert the clinical instructor or preceptor immediately. You will also need to report the tardy to the clinical coordinator. Chronic tardiness is unacceptable.

    b. Refer to current course syllabus for rules on tardiness

    c. Missed labs, for any reason, cannot be made up. The student may request to practice lab information for the experience but no points will be awarded.

9. No audible cellular phones or pagers allowed in the lab.

10. No unauthorized people are allowed in the lab.

****NOTE: Any additional lab requirements or regulations may be listed on individual course syllabi**.

Estimated Program Costs

Upon enrolling in the Diagnostic Medical Sonography Program, students should be prepared for specific financial costs. The following figures are **ESTIMATES** for the entire program and serve as a general guide **ONLY**. These costs do **NOT** account for additional expenses such as transportation, relocation, or living expenses. All expenses can vary and are subject to change.

- Books & supplies $ 1500.00
- Drug Screening (if required by specific clinical affiliate) $ 45.00
- Immunizations $ 200.00
- Lab Fees $ 700.00
- Medical Insurance [8 quarters] $ 4800.00
- Ultrasound Registry Review Abdomen, OB/GYN, SPI $ 200.00
- National Registry Exam [3 exams] $ 800.00
- Potential Parking Fees off campus [8 quarters] $ 500.00
- Resident Tuition & Fees [8 quarters – 115 credits] $ 14800.00
- Clinical Attire (scrubs, lab coat) $ 200.00

  Total Estimated Costs $ 23715.00

Prerequisite Coursework

- HIT130 - Medical Terminology I
- BIOL&241 - Human Anatomy and Physiology 1
- BIOL&242 - Human Anatomy and Physiology 2

Complete at least 1 of the following Courses:

- ENGL&101 - English Composition I
- ENGL&102 - Composition II: Argument and Persuasion
- ENGL103 - Composition III: Writing about Literature

Complete at least 1 of the following Courses:

- MATH&141 - Precalculus I

- MATH&146 - Introduction to Statistics

Complete at least 1 of the following Courses:

- CMST&101 - Introduction to Communication
- CMST110 - Multicultural Communication
- CMST&210 - Interpersonal Communication
- CMST&220 - Public Speaking

Complete at least 1 of the following Courses:

- PHYS&115 - General Physics II
- PHYS&116 - General Physics III

Acknowledgment of Receipt and Review

I, the undersigned, hereby acknowledge receipt of the Policy and Procedure Manual for Tacoma Community College Diagnostic Medical Sonography Program. I understand that it is my responsibility to read and familiarize myself with the contents of this manual, as it outlines the policies, procedures, and guidelines that govern my role as a student of the organization.

By signing below, I confirm that I have:

1. Received a copy of the Policy and Procedure Manual.
2. Had the opportunity to review the manual in its entirety.
3. Understand the importance of adhering to the policies and procedures outlined within the manual.
4. Acknowledged that I can seek clarification on any aspects of the manual that I do not fully understand.

I understand that it is my responsibility to comply with these policies and procedures, and that failure to do so may result in reduction of grade to program dismissal.

Should any updates or revisions to the manual occur in the future, I understand that I will be provided with the most current version and may be required to sign a new acknowledgment of receipt and review.

Student Name: _____
Student Signature: _____
Date: _____