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Course Descriptions

RADS 3631 – Sonography Clinical Education I (0-20-2)
Prerequisite or Co-requisite: RADS 3601, RADS 3050, and RADS 3071
Supervised clinical practice in performing sonographic procedures.

RADS 3632 – Sonography Clinical Education II (0-20-3)
Prerequisite or Co-requisite: RADS 3631 and RADS 3602
Supervised clinical practice in performing sonographic procedures.

RADS 4633 Sonography Clinical Education III (0-20-3)
Prerequisite or Co-requisite: RADS 3632
Supervised clinical practice in performing sonographic procedures.

RADS 4634- Sonography Clinical Education IV (0-20-3)
Prerequisite or Co-requisite: RADS 4633
Supervised clinical practice in performing sonographic procedures.

RADS 4635 Sonography Clinical Education V (0-20-3)
Prerequisite or Co-requisite: RADS 4634
Supervised clinical practice in performing sonographic procedures.
CLINICAL POLICIES

Dress Code
A uniform is an external indication of professionalism. Consequently, all uniforms must be neat, clean, and professional in appearance. The department will select the uniform style to be purchased by the student. Uniforms will be worn with white leather lace-up athletic shoes and white socks or stockings. Underwear must be worn and will not show through the uniform. Students are required to purchase the program approved uniforms and lab coat(s).

Hair will be neat, clean and of acceptable length (acceptable length will be determined by the Radiologic Sciences faculty) at all times. While in the clinic, the hair will be kept away from the face and off the collar. Hair adornments or accessories may not be worn in the clinic. Hair barrettes must match hair color or uniform color and be of acceptable size. Makeup may only be used discreetly; heavy eye shadow, mascara and rouge shall be avoided. Male students will maintain a neat hairstyle consistent with good taste. Male students having a beard or a mustache will keep it clean and neatly trimmed.

All fingernails shall be short, neat, and clean. Nail polish and/or acrylic nails are not acceptable in clinical education centers. Perfumes, colognes and any other fragrances may not be used in the clinical education center.

Jewelry is limited to a watch, one (1) ring to include a wedding set, engagement ring or class ring, one (1) pair of small stud earrings in the ear lobe, which are not to hang below the ear lobe. No other piercing may be adorned with jewelry while in clinical education courses.

Personal cell phones and/or pagers may not be worn in the clinical education centers.

Students may not use the telephone in the clinical education center for personal business (making or receiving). Pay phones may be used for necessary personal business with permission of the clinical faculty.

Students may not chew gum, eat or drink beverages while in the clinical setting.

The clinical instructors, individual hospitals and/or radiology departments may have dress codes that supersede the above dress code.
Identification
Students are required to wear appropriate identification in the clinical education centers at all times. Proper identification includes a regulation name badge and Department of Radiologic Sciences patched uniform (left chest). Students not having proper identification on the uniform will be removed from the clinical education center. In the event the nametag becomes defective or lost, the student must report this to the Clinical Preceptor. A new badge must be ordered and proof shown to the Clinical Preceptor within two (2) days.

Supervision Of Students Policy
Students may not perform examinations on any patient unless supervised, either directly or indirectly. All students must be supervised (directly or indirectly) for all examinations even if competency has been demonstrated. Direct supervision is defined as having a sonographer in the examination room the entire time the student is performing the examination. Indirect supervision is defined as having a staff sonographer preview the examination request and the patient to ensure the student is qualified to perform the examination on the intended patient. The student must have demonstrated competency of that particular examination before he/she is allowed to perform a study under indirect supervision. The sonographer should be immediately available while the student is performing the examination, and the sonographer must review all images produced by the student.

Students may NEVER go to the O.R., on portable examinations or in the Emergency Department without direct supervision of a registered sonographer.

Clinical Assignments
The faculty makes assignments to specific Clinical Education sites. Students are assigned based on the needs of the student and may be rotated from center to center as needed. The clinical faculty at the clinical education center will make specific assignments within each facility. These assignments are based on the student's clinical needs during the course of their clinical education. Assignment to areas such as file room, front office, reading room, and patient transportation may be required for limited periods of time to familiarize students with these areas.

The normal clinical schedule is typically from 8:00 – 4:30 pm Monday through Friday. Hours and days may vary and will be determined by the clinical preceptor. A 30-minute lunch break is included during all shifts. Students should make arrangements to fulfill all clinical hours that are assigned. Students will not be assigned more than forty hours per week, and no more than twelve (12) hours per day. Students are not permitted to enter clinical education centers at times other than scheduled clinical rotations without permission of the clinical faculty.

In the event that a student has been barred from all of the clinical sites by departmental administrators or their designate, that student will be removed from the Department of Radiologic Sciences as that student will have no opportunity to meet clinical requirements necessary for graduation.
Clinical Attendance Policy
Attendance is mandatory when a student is assigned to a clinical rotation/site. Student evaluations and/or objectives will reflect the failure to attend clinic when scheduled. This includes tardiness, and removal from the clinic for lack of preparedness or dress code violations. Penalties for violating the attendance policy will be clarified in the syllabus given at the beginning of the semester for each clinical education course. Students must call the Clinical Coordinator and Clinical Preceptor at the assigned facility if they are planning to be absent from clinic. The Clinical Coordinator and Clinical Preceptors should provide students with a telephone number, email address, and/or pager where they can leave a message notifying them of their tardiness or absence. The student will be counted as absent if he/she fails to call the Clinical Coordinator and Clinical Preceptor notifying them of their tardiness or absence by their scheduled arrival time.

If a student is ill and sent home by the Clinical Preceptor, it is the student’s responsibility to ensure that the Clinical Preceptor informs the Clinical Coordinator of his/her dismissal from clinic. A tardy/absence due to this nature will not result in a penalty, but only with a documented medical excuse. If an illness lasts for two consecutive days, a medical excuse must be provided listing the anticipated date for your return to clinic. If an illness lasts for more than two consecutive days, the student should contact the Clinical Coordinator immediately to ascertain his/her status in the course. Upon returning to clinic, all medical excuses must be received by the Clinical Coordinator. The decision to “make up” clinic time will be made at the discretion of the Clinical Coordinator and Clinical Preceptor. If a student fails to follow the aforementioned protocol for an illness when sent home by a clinical preceptor, he/she will receive the appropriate penalty for an unexcused absence.

Clinical Attendance Documentation
All students are required to document their clinical time in the following way(s); 1) By punching in and out on the time clock supplied or 2) By signing in and out on time sheets supplied and having the time initialed by the preceptor or the alternate sonographer daily. If a student fails to clock in or clock out, they will be considered absent. If clinic time is not correctly documented on time log sheets, the student will be considered absent that day and the final grade will be reduced accordingly.

Altering Clinical Schedules Due To Conflicts
A student's clinical schedule may be modified slightly due to conflicts with other required courses if the following criteria are met:
- The conflict course is a degree requirement for Department of Radiologic Sciences
- If there is a Regents Class/Examination requirement.
- If the student is an athlete on scholarship.

Scheduling accommodations are NOT made for work conflicts, daycare conflicts, etc. Students must make arrangements to be in attendance for clinical assignments during the required times.
Clinical Preparedness
Students are considered prepared for clinic by following the dress code, having the required materials as indicated by the clinical education course syllabus. The clinical preceptor at each clinical education site may deem other items necessary. It is the student's responsibility to replace lost items. Failure to be properly prepared from clinic may result in dismissal from the facility. If the student is removed from clinic, that day is counted as an absence.

Demerit System
As previously mentioned, clinical faculty and the clinical preceptor reserve the right to send a student home when he or she is not clinically prepared and will receive due penalty. There are instances when violation(s) of clinical preparedness and the attendance policy or professional conduct is not reported to the Clinical Coordinator until later. Once the violation has been confirmed, the student will be notified and issued a demerit. If necessary, a student may be called in for a counseling session with the Clinical Coordinator to further discuss the violation. The penalty for issued demerits will be clarified in the syllabus for the clinical education course. Any student issued demerit(s) regarding the violation of any aspect of the Code of Professional Conduct is subject to the procedures as outlined in the Academic Standards Policy listed in the Departmental Manual.

Counseling Sessions
The purpose of counseling sessions is to inform students of their status or address any concerns a student or instructor may have during any course in the Diagnostic Medical Sonography program. Counseling sessions are held as needed and are normally held between the instructor and the student. An additional clinical faculty person and/or clinical preceptor may be asked to be present during a counseling session at the discretion of the instructor/Clinical Coordinator. General comments summarizing each session will be documented and placed in the student’s file.

For those students who are not passing a course at the midterm, a mandatory counseling session will be held to discuss the student’s grade and progression in the course/program. Demerits may be issued if sessions are held during any clinical education course. If counseling sessions are not held in person, the instructor will document the assessment of the issue on a counseling session form and place it in the student’s file.
COMPETENCY BASED CLINICAL EDUCATION

Philosophy of Competency Based Clinical Education
Clinical Education is a competency-based system. By that, it is meant that students’ progress through the clinical education system based on demonstration of acquired skills. Additionally, competency based education implies that the student is introduced to new information and skills in a step-wise, planned fashion with skill verification at each level before students may progress to the next level.

Competency based clinical education begins before the student ever enters a clinical education course. For each skill, the student follows the following process:

- Receives didactic (classroom) instruction on anatomy and protocols/surveys as part of the Sonographic Theory courses.
- Observes a demonstration of the skill in the laboratory.
- Performance of sonographic exams on peer or volunteers in the laboratory.
- Produces sonograms in the laboratory.
- Participates in role-playing with other students.
- Reviews sonographic anatomy and pathology.
- Demonstrates competency in lab with peer simulations/sonographic image production.
- Evaluates sonographic exam.

Clinic Committee Role
The clinic committee’s purpose is to review the clinical education process to assure that the student graduates with the best possible education, necessary skills and proper attitudes. The committee also has the function of reviewing the process to assure that clinical education is carried out at all clinical education centers in as uniform a manner as possible. Another function of the committee is to act as a review body for any disciplinary action specific to the clinical education process (student representatives are excluded from these proceedings). The clinic committee is made up of Radiologic Science faculty and Preceptors from various clinical facilities. One student representative from the junior and senior class may be invited to attend a portion of the meeting. The Clinical Coordinator serves as chair for the meeting. The committee will consider requests from students for changes in the clinical education system or in the handling of specific student situations. The committee meets as needed (which will usually be at the end of the semester).

Summary of Clinical Forms
The following clinical forms are due for each rotation a student completes. Although the forms are summarized below, the actual forms will be administered to students electronically. Clinical Verification and Performance forms are due at the midterm and final weeks of the clinical rotation term according to the university academic calendar.

1. Clinical Verification Form
2. Clinical Performance Form
3. Clinical Competency Forms  
4. Re-challenge Competency Forms  
5. Case Studies  
6. Clinical Experience Documentation Form  
7. Incomplete Competency Form  
8. Student Orientation To DMS Clinical Site  
9. Clinical Communication Form  
10. Time Log Sheet (if applicable)  
11. Clinical Experience Papers  
12. Student Evaluation Form  

*Certain forms will not be assigned a numerical grade, **but** may impact the overall grade of the course by a percentage if they are not included in the clinic notebook and/or filled out completely by the indicated time.  

**Clinical Evaluations**  
The Clinical Verification Form and Clinical Performance Evaluation form will be used to evaluate a student’s technical skills and performance in the clinical setting. Both versions of forms are graded on a point value system. Clinical preceptors and students are encouraged to discuss the evaluations with the clinical preceptor.  

If a student fails to turn in evaluations for any given rotation at the specified time, the student will be given a grade of zero for those evaluations. During the week of forms are to be graded by the mid semester date as indicated by the university’s academic calendar located on the university’s web-page. During finals week, the forms are to be graded no later than the last day of the student’s clinical rotation or otherwise indicated by the clinical preceptor. **It is the student’s responsibility to provide the clinical preceptor/instructor with the appropriate forms to grade and collect at the indicated time(s).** Students may be required to provide copies of the aforementioned forms to the Clinical Coordinator by fax.  

The **clinical preceptor** must sign all clinical forms, especially if a non-registered sonographer is evaluating the student. In the event that the student is assigned to a sonographer other than the clinical preceptor for evaluation, it is still the student’s responsibility to obtain the clinical preceptor’s signature for verification. Students will receive a grade of “zero” if he/she fails to do the aforementioned. An alternate registered sonographer designated by the clinical preceptor may fill out clinical forms in the event the clinical preceptor is absent or not available. If the alternate sonographer is not present, the student should contact the Clinical Coordinator for further instruction. If evaluations are signed from someone other than his or her assigned clinical preceptor or designated alternate sonographer, the evaluation is not counted and the student is given a grade of “zero” for those evaluations.  

**Clinical Verification Forms**  
The Midterm and Final Clinical Verification Forms models the Clinical Verification form required by the American Registry for Diagnostic Medical Sonography (ARDMS) for its
application process. Our version of this form will be used as an overall assessment tool of the student’s clinical competency prior to taking the registry. This form will be graded utilizing a point value system. The actual Clinical Verification form provided by the ARDMS will be filled out and signed by the Program Coordinator upon completion of the sonography program (if all program requirements have been met). Further explanation of the ARDMS Clinical Verification document will be discussed. Please see the “Clinical Evaluations” section above for further explanation of the Midterm and Final Clinical Verification forms provided by AASU’s Diagnostic Medical Sonography program. Clinical preceptors may have the option of completing these forms electronically.

Clinical Performance Evaluation Form
It is equally important that students learn how to carry themselves in a professional manner while developing their scanning skills. This form will be used as tool for the Clinical Coordinator to assess whether or not a student has met the clinical affective objectives during each clinical rotation and is graded on a point value system. Clinical preceptors may have the option of completing these forms electronically.

The clinical affective objectives are as follows:

Clinical Affective Objectives

While in the clinical setting, the student will:
1. Maintain appropriate dress and hygiene habits.
2. Communicate with faculty, staff and patients in a clear and concise manner.
3. Show initiative by performing above and beyond assigned tasks.
4. Follow directions.
5. Come prepared to clinic by having all necessary items.
6. Conduct oneself in a professional manner.
7. Demonstrate an excellent attitude by being interested in learning new skills and accepting constructive criticism.
8. Follow thru on all tasks to completion.
9. Work well with others by being willing to help staff and other students.
10. Maintain self-confidence by not being overly confident or possessing no confidence.
11. Be in attendance in clinic and in assigned area.
12. Retain composure under most conditions by not becoming agitated or upset when confronted with new or difficult situations.

Clinical Competency Forms: Practice Attempts
Practice attempts are defined as “performing an examination of a particular organ/procedure meeting the required criteria for each competency under indirect supervision”. A student must successfully perform the required practice attempts for each clinical competency prior to a competency test. The student must strive to meet the entire criterion for each patient; however, due to the limited time allotted for a student to scan, he/she may not be able to meet all the criteria for a practice attempt on one patient. It is
acceptable for the clinical instructor to give the student credit for the areas he/she successfully completed.

Practice attempts performed by student do not to have be perfect on the first try, the clinical instructor may allow the student to attempt a specific criteria more than once before he/she will decides to give the student credit. The student must demonstrate progress with each practice attempt incorporating suggestions for improvement from the clinical instructor for each attempt. Practice attempts are to allow students the opportunity to be critiqued by the clinical instructor. It is also a time for students to briefly communicate with the clinical instructor any issues he/she has regarding their technical abilities and/or clinical performance of a particular criterion. **Students need to be mindful that such discussions may need to occur at a time deemed appropriate by the clinical instructor.**

Detailed instructions on “Practice Attempts” are provided with a sample competency form completed in a latter section of the clinical manual.

**Clinical Competency Forms: Comps.**

Students must demonstrate competency when performing certain ultrasound exams/procedures. Competency occurs when a student receives no less than 75 on the Clinical Competency evaluation form and no critical criteria areas have been marked as “0”. The critical criteria areas are as follows:

- Student introduction and correctly identifying patient
- Describes and ensures correct patient preparation for exams
- Obtains appropriate medical history and briefly describes procedure
- Adequate manipulation of machine controls
- Correct annotation

The student must successfully complete a specific number of required competency tests for each clinical education course listed in the clinical manual. Due to the number of limited specialty clinical sites, the competencies due for each clinical education course may vary. Once a student has completed the minimum number of competencies for any given clinical education course, they may proceed to work on competencies for future clinical education courses. If the minimum number of competencies is not met for any clinical education course, the student is required to complete all non-completed competencies during RADS 4635 (Clinical Education V). Failure to do so will result in not graduating from the Diagnostic Medical Sonography Program.

Detailed instructions on how to perform a “Clinical Competency” are provided with a sample competency form under the “Comps” section of the clinical manual.

**Re-challenge and Continued Competency Forms**

A student may re-challenge a competency that he/she was unsuccessful in passing. A registered sonographer indirectly supervises the student. For students that failed a competency test, documented re-attempted practices are not required, but are strongly
encouraged before re-challenging a competency. The Clinical Instructor must deem ultrasound images produced acceptable.

The Clinical Coordinator and/or Clinical Preceptor at each facility can re-challenge a proven competency previously performed by the student at their discretion. This ensures that a student can prove continued competency of an exam/procedure. Students are urged to perform as many examinations as possible, even when the competency has been proven, to ensure a passing grade for a re-challenge competency.

Re-challenge competency forms also serve as continued competency forms for those students who have completed all competencies for a specific exam. Students need to document near the re-challenge competency form heading that he/she is using such form as a continued competency form. Continued competency grades will not replace or be averaged with an existing grade for that specific competency. Failure to document practice attempts and competencies for continued competencies when the student has indicated being involved with such an exam in their clinical experience documentation could negatively impact the final clinical grade. Students should aim to complete a minimum of 6 continued competencies per week once he/she has completed all competencies related to a specified exam.

**Rotational Objectives**
During each clinical education course students will be assigned to 1 or more of the following areas: Ultrasound Department – Main Hospital, Ultrasound Department – Outpatient Facility, Breast Imaging Center, OB/GYN facility. Specific and general objectives will accompany each assigned area. Students will be evaluated on such objectives by a variety of forms listed in the “Clinical Forms” section. The Clinical Preceptor to whom the student is assigned must complete and/or sign all applicable forms. Students will be assigned an alternate sonographer in the event the Clinical Preceptor is absent or not available. If the alternate sonographer is not present, the student should contact the Clinical Coordinator for further instruction. In the event a student turns in an evaluation from someone other than the clinical preceptor or designated alternate sonographer, the evaluation is not counted and the student is given a grade of zero for all applicable forms. Objectives for all clinical rotations are as follows:

- Demonstrate proficiency in computer protocol
- Demonstrate patient assessment (including vital signs if applicable)
- Follow O² protocol for the department
- Demonstrate critical thinking/problem solving skills
- Demonstrate knowledge of patient transport protocol
- Demonstrate basic file room procedures (if applicable)
- Process films and/or film procedures (if applicable)
- Use proper telephone etiquette
- Use proper body mechanics
- Demonstrate professional interpersonal skills
- Practice infection control protocol
- Restock sonography exam rooms
- Safely manipulate stretchers and wheelchairs
Safely move patient on and off stretcher/wheelchair when needed

**Specific objectives for each rotation are:**
- Assess for clinical history and appropriateness of examination
- Assist and perform various ultrasound exams common to the department
- Demonstrate critical thinking skills
- Operates equipment efficiently
- Perform room set-up for ultrasound exams (includes routine exams and ultrasound guided invasive procedures)

**Student Orientation to DMS Clinical Site**
All students are required to become familiar with the different departments/areas and hospital procedures as it relates to their rotating clinical site. A check off sheet will be provided and the clinical preceptor or other assigned clinical faculty will be responsible for completing and signing this form.

**Clinical Communication Form**
The purpose of this form is to encourage the student and the clinical preceptor to set realistic goals for each clinical experience based on the expectations of the clinical preceptor in conjunction with the skill level of the student. The student and the clinical preceptor will be required to fill out this form together no later than the first week of clinic. At the end of each rotation the student and clinical preceptor will meet again to discuss whether or not certain goals were met. A comment section is provided on the form for both parties involved.

**Time Log Sheet**
Please refer to the “Clinical Attendance Documentation” form. Must be signed daily by the clinical preceptor.

**Clinical Experience Documentation Form**
The Clinical Experience Documentation Form is very similar to the form provided by the American Registry of Diagnostic Medical Sonography (ARDMS) to document ultrasound exams/procedures that the student is involved in during a clinical rotation. All documentation pertaining to all ultrasound exam/procedures must be made on this form only. No other form will be accepted. If this form is not used, the student will receive a grade of zero. If additional forms are needed, be sure to make copies of a blank one.

**Clinical Experience Papers**
Clinical Experience papers will be required for all clinical education courses. Students are required to write a minimum of (1) paper for each week during their clinical rotation. The clinical experience papers shall meet the following criteria.

- Typed
- One (1) page in length
- Dealing with either clinical experiences or exams/procedures
- Acceptable level of clarity
As mentioned before, Clinical Experience papers will not be assigned a grade, but will impact the overall grade of the course by a small percentage. They will be read for clarity, use of language, understanding of technical processes, and to give insight into the student’s understanding of psychological aspects of patient care and the learning process. Papers that are deemed unacceptable due to length, clarity, grammar, and content will be returned to the student and given a grade of zero (0) will be given for that paper. Moreover, papers not turned in on the appointed day and time will receive a grade of zero (0).

**Student Evaluation Form**
This form allows the student the opportunity to evaluate the clinical preceptor/instructor(s) at each facility. This form is based on a point value system. There is also an area on the form to allow for any comment to be made by the student. If additional space for comments is needed, please use the “Comments” form provided in the clinical manual and attach it to the evaluation. The Clinical Coordinator at the end of each clinical rotation will discuss the information on the forms with the clinical preceptors.

**Case Studies**
Case Studies are required for specified clinical education courses (refer to the Clinical Education Syllabus). The number of case studies due may vary each clinical education rotation. There will be a format provided that students will have to adhere to when case studies are due. Case studies are to reinforce the knowledge gained from the didactic courses and to apply that knowledge in the clinical setting. Students will have the option to choose pathology. It is the student’s responsibility to discuss with the clinical preceptor the method in which he/she will obtain information/images for case studies. In the event that a student is denied the ability to obtain copies of exam reports and images, he/she is to summarize case study information by simply observing the information. In addition, he/she must refer to web resources for similar images of pathology. All case studies are turned in along with the other required clinical forms on a date determined by the Clinical Coordinator. Late case studies will not be accepted (unless otherwise noted) and the student will receive a grade of zero (0).
Clinical Competency List:

1 ABCD- Liver
2 ABCD- Gallbladder
3 ABCD– Pancreas
4 ABCD– Kidney
5 ABCD– Spleen
6 ABCD– Pelvis (TA)
7 ABCD– Pelvis (EV)
8 ABCD– OB (1st Trim.)
9 ABCD– OB (2nd/3rd Trim.)
10 ABCD – Advanced Comp. I
11 ABC– Advanced Comp. II
12 – Complete Study Abd.
13 – Complete Study Pelvis (TA)
14 – Complete Study Pelvis (EV)
15 – Complete Study Aorta
16 – Complete Study Thyroid
17 – Complete Study Scrotal

It will be to your discretion to perform Comp #8 as Pelvis TA (#6) or Pelvis EV (#8). You need to declare this prior to a testing attempt. Most facilities protocol will call for one or the other. The protocols of the institution supercede the aforementioned. It cannot be changed after the study is completed.

Please note: The competency list as indicated above is subject to change.

Grading Scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 – 100</td>
<td>A</td>
</tr>
<tr>
<td>81 – 89</td>
<td>B</td>
</tr>
<tr>
<td>74 – 80</td>
<td>C</td>
</tr>
<tr>
<td>73 – 70</td>
<td>D</td>
</tr>
<tr>
<td>70 – 59</td>
<td>F</td>
</tr>
<tr>
<td>58 – 0</td>
<td>F</td>
</tr>
</tbody>
</table>