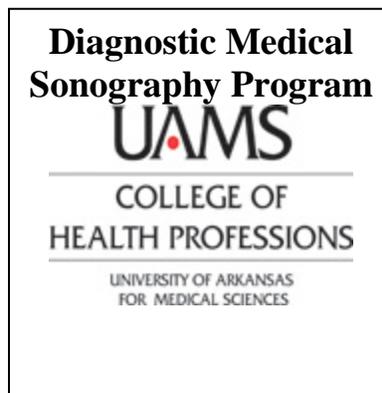


**College of Health Professions
Department of Imaging and Radiation Sciences
Division of Diagnostic Medical Sonography**

DMS PROGRAM POLICY HANDBOOK



Revised July 2020

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Standards and Guidelines for the Accreditation of Educational Programs in Diagnostic Medical Sonography. Available at:
<http://www.caahep.org/documents/ForProgramDirectors/DMS%20Final%20Standards%202007.pdf>.

Scope of Practice for the Diagnostic Ultrasound Professional. Available at:
<http://www.sdms.org/positions/scope.asp>.

Code of Ethics for the Profession of Diagnostic Medical Sonography. Available at:
<http://www.sdms.org/about/who-we-are/code-of-ethics>.

MISSION STATEMENT

The mission of the Department of Imaging and Radiation Sciences, Division of Diagnostic Medical Sonography parallels and complements that of UAMS and the College of Health Professions. That mission is to provide progressive, quality education to its students through review, development, and applied research. In turn, the Department provides the community and the state with graduates prepared to join health care services in advancing levels of responsibility. As a dynamic program, the Department promotes continued and advanced education for its faculty and the professional community.

CONTINUING RESPONSIBILITIES

While new goals may be established, the DMS Program maintains active efforts toward the maintenance of established responsibilities. Its ongoing responsibilities are to:

GOALS:

The goals of the diagnostic medical sonography program are:

1. To prepare competent entry-level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
2. To prepare competent entry-level adult cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
3. To prepare competent entry-level vascular sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

OBJECTIVES:

1. Upon completion of the program, all students will demonstrate the ability to comprehend, apply, and evaluate information relevant to the role of the diagnostic medical sonographer.
2. Upon completion of the program, all students will demonstrate entry-level proficiency in all skills necessary to fulfill the role of the diagnostic medical sonographer.
3. Upon completion of the program, all students will demonstrate personal behaviors consistent with professional and employer expectations for the diagnostic medical sonographer.

IN ADDITION, THE DMS PROGRAM WILL:

1. Provide an educationally sound environment to all students without discrimination.
2. Provide equal opportunities in classroom, laboratory, and clinical experiences to all students.
3. Continually review and update the curriculum.

4. Accommodate new technologies and professional responsibilities as required through expansion/modification of the curriculum.
5. Maintain responsibility and accountability to the Department, College, and University.
6. Maintain responsibility and accountability to educational and professional accrediting agencies.
7. Maintain responsibility and accountability to professional and health consumer populations.
8. Provide opportunities for the professional development and evaluation of all faculty.
9. Encourage faculty to engage in applied research in diagnostic medical sonography.
10. Promote and sponsor professional continuing education opportunities throughout the state.
11. Participate in UAMS in-service and resident education programs.
12. Provide an equal opportunity for admission to all qualified applicants regardless of race, creed, color, or sex. Applicants must be at least 18 years of age. Accommodation for the acceptance of the physically challenged is available.
See Appendices III & V, UAMS Title IX Nondiscrimination Statement and UAMS Title IX Sexual Harassment Statement.

STUDENT RIGHTS AND RESPONSIBILITIES

I. ATTENDANCE

The Department's policy on attendance is as follows:

The student is expected to:

1. Attend all classes, laboratories, and clinical sessions.
2. Adhere to the schedule for non-classroom, Web-based courses and submit assignments in a timely manner.
3. Be in the scheduled area (class, lab, or clinic) at the specified time.
4. Remain in the scheduled area (class, lab, or clinic) for the specified amount of time.

Due to the variety of clinical sites available for student training in Central Arkansas and due to the DMS program's needs, students may be assigned to a clinical site located out of the local area, including clinics in Pine Bluff, Searcy, Hot Springs, etc.

II. ABSENTEEISM

Students are expected to participate in all scheduled didactic (classroom and Web-based) and clinical educational experiences. Absenteeism is defined as not being present for an assigned educational activity, or not submitting Web-based assignments on time. **Students should schedule all appointments during times when they are not participating in didactic or clinical education sessions.**

Students must notify the DMS Program Office if they are unable to attend class. In addition, students must notify their Clinical Supervisor and the DMS Program Office by 8:30am on the day of the absence (or sooner) if they are unable to attend clinic.

If a student is not present in clinic at the appropriate times, and does not notify both the Clinical Supervisor and the DMS Program office PRIOR TO the program faculty's discovery of the absence, an automatic five (5) points will be deducted from the final clinical practicum grade for each occurrence.

The student will have a total of two (2) personal days off per semester for personal business, illness, or illness within the immediate family. Personal days off may be used in half-day or whole-day increments and, with the Program Director's approval, may be carried forward to the next semester. Personal days carried forward may only be used for extended personal sickness or extended illness in the immediate family; they will not be used for vacation, personal time off, etc. In addition, students may not take these days off in advance, i.e. taking time off in the fall by using the spring semester's days off.

Students may miss two (2) additional days of clinic per semester due to inclement weather. Additional days missed (more than 2) due to inclement weather will be made up without a grade penalty.

Clinical absences can affect a student's clinical grade. Excess clinical absences lower the number of cases a student observes, which adversely affects the student's clinical grade since clinical case numbers are included in the clinical practicum grade calculation process. Excess **unexcused** clinical absences will result in a grade penalty for that particular clinical practicum, as explained below:

Students that miss five (5) days of clinic (2 personal days plus 3 additional days) will receive a grade of Incomplete for that particular clinical practicum, will be counseled by the DMS faculty, and will be expected to make up the missed time (3 days). Once the time is made up, the student's grade will be changed from Incomplete to the grade they earned.

Students that miss seven (7) days of clinic (2 personal days plus 5 additional days) will receive a grade of Incomplete for that particular clinical practicum, will be counseled by the DMS faculty, will be placed on Clinical Probation, and will be expected to make up the missed time (5 days). Once the time is made up, the student's clinical grade will be lowered by one (1) letter grade from the grade they would have earned for that semester.

Students that miss more than eight (8) days of clinic will receive a grade of "F" for that semester's clinical practicum.

Bereavement Leave:

Immediate Family Member (Mother, Father, Sibling, Child, Spouse, Mother/Father-in-law) Three (3) days without grade penalty

Grandparent One (1) day without grade penalty

Birth of Baby:

Mother – As directed and documented by physician – no grade penalty

Father – Three (3) days without grade penalty

Students absent more than two (2) days in a row due to personal illness must submit a written physician's certification that the student is fit to resume clinical activities. Students absent due to an immediate family member's illness requiring hospitalization may miss up to three (3) days of clinic without grade penalty. The Program Director reserves the right to request a physician certification of illness at any time.

Absences in excess of two (2) days per semester will be made up during the following times:

1. Time missed from August through December will be made up during the Christmas Break.
2. Time missed from January through March will be made up during Spring Break.
3. Time missed from March through July will be made up during the Summer Break.
4. During the Senior year, time missed after Spring Break will be made up during the Summer Break and will result in the student remaining in the program until such time is made up.
5. Students must schedule make-up days with DMS faculty. **Failure to attend a scheduled make-up day will result in another clinical absence and that day, plus the original clinical absence day, will have to be made up.**
6. Failure to make up missed clinical time will result in an Incomplete (I) grade for that semester's clinical practicum. Incomplete grades can have a negative effect on any financial aid the student may expect to receive for the next semester. Continued failure to make up the missed clinical time by the end of the next semester will result in an "F" for the final grade.

During their last semester in the DMS program students may take up to three (3) days off for job interviews. **Each day off will be approved by program faculty before the actual interview.** Out of state interviews (which must be approved by program faculty) may use more than one (1) interview day. Documentation of the student's presence at the interview (letter from interviewer, phone call, e-mail, signed interviewer's business card, etc.) must be provided to program faculty within one (1) week of the interview. Failure to provide proper documentation will result in the missed days being counted against the student's personal days off for that semester.

III. TARDINESS

Students are expected to arrive at their scheduled time to all classroom, laboratory, and clinical assignments. Tardiness is defined as being 15 minutes, or more, late to a clinical assignment, a scheduled class, or a scanning lab. **Excessive tardiness will negatively affect a student's grade for clinicals and class. In addition, excessive tardiness noted by clinical staff will negatively affect a student's opportunity for employment at that institution.**

IV. STUDENT RESPONSIBILITIES IN THE CLASSROOM AND LABORATORY

A. CONDUCT

1. Come adequately prepared for class.
2. Attend all classes and laboratories as scheduled, unless previous arrangements have been made with the Instructors or Program Director.

3. Request instructor/student conferences when needed.
4. Maintain an unbiased, open point of view during class sessions.
5. Request and take make-up examinations (if permitted by the Instructor) within the specified period of time for the given course.
6. Act as a favorable role model for your health profession at all times.
7. Assume responsibility for the condition of the instructional area during, and at the completion of, a class or laboratory session.
8. Refrain from smoking anywhere on the UAMS campus; and refrain from eating or drinking in the classroom or in such designated areas during class or laboratory sessions.
9. Maintain and arrange class materials in a form which will be usable in the future as a professional reference.
10. Respect furniture and equipment by careful handling and use. Do not mark on desks.
11. Academic misconduct in any form is a serious matter and will not be tolerated. Student's found exhibiting any of the following types of behavior during, or in the preparation of, any quiz, project, report, test, or final examination may receive a score of zero (0) for that assignment. The student academic conduct violation will be referred for administrative review under the provisions of the CHP Catalog, Student Conduct and Discipline:
 - a. Cheating, defined as the act of obtaining or providing information, data, or clinical documentation improperly or by dishonest or deceitful means; and,
 - b. Plagiarism, defined as copying or imitating the language, ideas, or thoughts of another author and presenting them as one's original work; the copying of a theme or section from a book or journal without giving credit in a footnote; or copying from the manuscript of another person.
12. Develop an appreciation for high personal standards in conduct and achievements.
13. Refrain from using abusive, provocative, or profane language and/or gestures.
14. Avoid creating, or being party to, a disturbance or physical violence.
15. Observe the principle of mutual respect in their contacts with patients, visitors, employees, and in their working relationship with faculty and other students.
16. Cell Phones and Texting
 - a. Cell phones may be carried for emergency communications with family.
 - b. If cell phones are brought to class, lab, clinic, or patient care areas, they must be set to silent or vibrate mode.

- c. Making or receiving personal calls, or text messaging, is not permitted in patient care areas, class, clinic, or lab. If an emergency call is received in one of these areas, the student will leave that area before answering the call.
 - d. **Abuse of this policy will result in a complete ban on cell phones in patient care areas, class, clinic, or lab.**
17. Students will observe proper “Netiquette” in all electronic communications with the DMS program’s faculty, their classmates, and clinical staff.
- Unprofessional communications with program faculty, students, or clinical staff will result in counselling and possible reduction of the final grade for that course.**
18. Academic Testing Guidelines
- a. The use of cellular and/or electronic devices in the testing area is not allowed. Students must show that all such devices are powered off before entering the room. This policy will be strictly enforced, but exceptions can be granted for family emergencies.
 - b. Laptop computers with Respondus Lock Down Browser installed will be allowed in the testing area.
 - c. Calculators (if permitted by the instructor) will be inspected before being used in the testing area. Check with your instructor regarding what type of calculator is permitted.
 - d. Students will not be permitted to exit and then re-enter the testing area once they have started a test.
 - e. Personal items may be kept under the desk or against the wall.
 - f. Dishonesty in any form is prohibited, including knowledge of dishonesty by other students and failure to notify the Program Director of such. Violations may result in disciplinary action as determined by the College of Health Professions Student Conduct and Discipline, Scholastic Dishonesty Policy.
 - g. It is the student's responsibility to allow enough time for each test. Students may not continue testing past scheduled closing times.
 - h. Students must return all testing materials (including scrap paper) to the instructor.
 - i. Students must verify that they have logged out of Respondus Lock Down Browser and turned off their laptop computer before leaving the testing area.

B. GRADES

1. All Professional Curriculum courses must be successfully completed for graduation from the DMS program. Receiving a final grade of “D” or “F” in a course will result in dismissal from the program.
2. The student's grades are kept by each program and are available for the student to inspect. Official transcripts must be requested from the UAMS Office of the University Registrar.
3. For further information regarding grades and academic standing, see the section on Academic Regulations in the CHP College Catalog.

C. ACADEMIC PROBATION

After administrative review under the provisions of the CHP Catalog, Student Conduct and Discipline, the department may initiate academic probation of the student:

1. Whose performance places others in physical or emotional jeopardy; or
2. Who fails to meet legal standards, ethical standards, or standards of practice for allied health students; or
3. Who misses three (3) or more days per semester without a valid excuse.

D. ACADEMIC WITHDRAWAL

After administrative review under the provisions of the CHP Catalog, Student Conduct and Discipline, the Department may initiate withdrawal of the student:

1. Who receives a course grade of less than a “C” in a course of the Professional Curriculum; or
2. Whose repeated performance places others in physical or emotional jeopardy; or
3. Who repeatedly fails to meet legal standards, ethical standards, or standards of practice for student sonographers; or
4. Who has accumulated five (5) absences from educational assignments; or
5. Who commits four (4) or more minor infractions or two (2) or more major infractions of departmental policy or procedure.

Physical jeopardy is defined as any action or inaction which directly threatens the physical safety or well-being of another person. Emotional jeopardy is defined as any action or inaction which directly threatens the emotional or mental wellbeing of another person.

E. GRADUATION

The specific Departmental requirements for graduation are:

1. A grade of “C” or higher in each course of the Professional Curriculum and an overall GPA of 2.00 or higher.
2. Satisfactory completion of all clinical requirements.
3. No student will graduate until he/she has satisfied all program and college requirements. See the College Catalog for further information.
4. The University of Arkansas for Medical Sciences, College of Health Professions reserves the right to dismiss a student at any time on grounds the University and College judge to be appropriate. Each student, by their own admission to the College, recognizes this right of the University and the College. Additional information is contained in the College Catalog under the Student Conduct and Discipline section.
5. The continuance of any student on the roster of the College, the receipt of academic credit, graduation, and the granting of a degree rests solely within the powers of the University and the College.

F. WITHHOLDING OF GRADES AND TRANSCRIPTS

The UAMS Office of the University Registrar is authorized to withhold grades and transcripts and refuse registration to any student or former student who fails to return athletic, library, or other University property entrusted to his or her care. This policy also applies to those who fail to comply with the rules governing the audit of student organization accounts, or who has failed to pay any fees, tuition, room and board charges, fines, or other charges assessed against them by a University official, any clinical education center, or by the campus judicial system.

V. STUDENT RESPONSIBILITIES IN THE CLINICAL AREA

The clinical education phase of the program is designed to enhance student learning. This is achieved through observation, assistance, practice, and evaluation of sonographic and patient care principles learned in the classroom and in the lab. The curriculum offers a wide range of learning experiences and patient contacts by providing clinical rotations through many different healthcare institutions.

A. DMS FACULTY & CLINICAL DIRECTORS/COORDINATORS

ASSOCIATE PROFESSOR - DMS PROGRAM DIRECTOR

Anthony L. Baker686-6848 or 526-4315

ASSISTANT PROFESSOR - DMS PROGRAM CLINICAL COORDINATOR

Layla Q. Simmons686-6848 or 686-5285

INSTRUCTOR - DMS PROGRAM ASSISTANT CLINICAL COORDINATOR

Megan Lane.....686-6848 or 686-5873

B. LOCAL CLINICAL SITE SUPERVISORS

UAMS MEDICAL CENTER

UAMS – Ms. Allison Williams or Ms. Autumn Reddin686-5762

UAMS Women’s Health Clinic –Ms. Brianna Simmons. 296-1745 ext. 1252

CENTRAL ARKANSAS VETERAN'S HEALTHCARE HOSPITAL

Ms. Carly Morris.....257-1000 ext. 76651

ARKANSAS CHILDREN'S HOSPITAL

Ms. Lindsey Sharp.....364-1177

CHI ST. VINCENT’S INFIRMARY MEDICAL CENTER

Ms. Carla McDonald.....552-2972

SALINE MEMORIAL HOSPITAL

Ms. Cathy Seals776-6186 or 6180

BAPTIST HEALTH MEDICAL CENTER

Mr. David Bakke202-1303

BAPTIST HEALTH MEDICAL CENTER, NORTH LITTLE ROCK

Ms. Jodi Roark.....202-3499

CONWAY REGIONAL MEDICAL CENTER

Ms. Mallory Moreton.....(501) 450-2186

C. DRESS AND APPEARANCE

As a representative of the University of Arkansas for Medical Sciences, the College of Health Professions, and the Diagnostic Medical Sonography program, all students must adhere to acceptable standards of dress and grooming. These standards are based on UAMS’ and various clinical sites’ policies and are necessary to protect the student, clinical staff, and patients. Several of our clinical sites are conservative and will not tolerate students dressed in an inappropriate manner. The following procedures are from the DMS program’s Policy Handbook: The wearing of uniforms is required in the clinical and scan laboratory areas. Approved uniforms consist of the following:

Female

1. Caribbean Blue scrub pants and top or Caribbean Blue scrub dress. Contrasting colors and/or trim is not permitted.
2. Hosiery/socks must be worn with appropriate shoes (see item 3). Socks can be anklets (sport socks) or conventional style socks in white, black,

brown, or gray colors; hosiery, when worn with scrub dresses/skirts should be in a nude or white color.

3. Hospital shoes should have a closed toe and heel, and be of a predominant color of white, black, or gray without prominent displays of icons or bright colors. Athletic shoes are acceptable with a shoestring color of white, black, or gray.

Male

1. Caribbean Blue scrub pants and scrub top. Contrasting colors and/or trim is not permitted.
2. Plain white, black, or gray conventional socks or sports socks.
3. Hospital shoes should have a closed toe and heel, and be of a predominant color of white, black, or gray without prominent displays of icons or bright colors. Athletic shoes are acceptable with a shoestring color of white, black, or gray.

All Students

The UAMS Student ID badge is considered part of the uniform and must be worn any time you are on campus or in clinic.

The following policies concerning clinical appearance will be in effect at all clinical sites unless otherwise specified:

1. Uniform tops, pants, and dresses will be neat, free of wrinkles, and clean at all times. The pants will have front vertical creases. Sleeves will be creased. The pant length will cover the top of the shoes. Uniforms will remain in good repair. No rips, tears or holes will be tolerated. Uniforms must not be binding or constricting, but allow for ease of movement while bending or reaching. Dresses must be of a length appropriate for bending or reaching over the head. Uniforms must be properly buttoned and/or zipped to insure a neat, modest appearance. Conventional undergarments are required.
2. A white or Caribbean Blue lab coat may be worn as part of the uniform (except at Arkansas Children's Hospital). For ease in hand washing and to reduce the risk of disease transmission, it is strongly recommended that the lab coat have 3/4 length sleeves (hemmed, not rolled) or ribbed-cuff sleeves. Lab coats will be kept clean, white, stain-free, and neatly starched and pressed.
3. Hospital shoes with a closed toe and heel will be predominantly white, black, or gray in color. Athletic shoes are acceptable, but must also be predominantly white, black, or gray, all leather, and low-cut. Regardless of style; footwear must be kept in good repair. Shoestrings will be solid neutral color (no neon colors) and clean at all times.

4. Hosiery/socks as described in section C of this document. Socks should form a smooth line and not be bunched around the ankles.
5. For student and patient safety, no rings may be worn on the hands during the performance of sonographic procedures or during the provision of patient care services, with the exception of a wedding band that is not encrusted with gems (plain gold or silver band). Other jewelry is discouraged. Nose rings, lip studs, and other visible body piercings are not permitted. Tattoos will be covered. Jewelry permitted during patient care includes:
 - Earrings: one per ear not to extend past the earlobe
 - One necklace worn close to the neck
6. Fingernails must be kept clean and neatly trimmed. To avoid patient injury and to reduce the risk of disease transmission, fingernails may not extend more than 1/2 centimeter beyond the fingertips. The use of clear nail polish is permitted.
7. The hairstyle chosen must be neat and well groomed. For student and patient safety reasons, unless hair is cut short enough to remain close to the head and off the collar, it must be pulled away from the face and secured in such a manner that no strands fall downward onto the shoulders or into the face. Hair will be secured with plain black, brown, Caribbean Blue, or white clasps or elastic bands. Bows or ribbons are not acceptable.
8. Make-up and cologne, if worn, will be applied sparingly.
9. Proper personal hygiene (breath and body) should be practiced at all times.
10. Official identification badges will be worn on the uniform such that the student's identity is readily visible to the patient.

HOSPITAL GOWNS

The wearing of hospital gowns other than when in the following areas is not permitted:

Neonatal Intensive Care Unit (NICU), Isolation, Morgue, Surgical Suite

SCRUB SUITS

Scrub suits, other than the uniform, will be worn only when required by the individual rotation or department. Scrub suits of any kind are not for personal use and may not be worn outside the assigned area of use.

NOTE

Students are required to wear Caribbean Blue scrubs in all clinical assignments during their entire time in the DMS program. This is due to UAMS and several of our major clinical affiliates adopting dress code policies that require staff to dress in uniform colors.

D. CONDUCT

The student will demonstrate respect, concern, and courtesy to all patients and their families, all other health care professionals, and the hospital staff. This should be accomplished in a professional and diplomatic manner.

1. The student will be in the assigned clinical area, on time, as scheduled, from 8:00AM to 4:30PM, with a 30-minute lunch break, unless otherwise directed.
2. Upon arrival and departure from the clinical area, the student will clock in and clock out via the Trajecsys program. If necessary, Time Exceptions can be filed by the student if the clinical site's computers are unavailable, the computer network is inoperative, etc. **Time exceptions must be filed in a timely manner (during the week it occurred) and the program's Clinical Coordinator must be notified of the time exception. Failure to follow these procedures can result in formal counseling and a 5-point deduction from the student's final clinical practicum grade.**
3. The student will not leave the clinical area without the knowledge of the supervising sonographer or the clinical supervisor and/or faculty. For absences of 15 minutes or less the student should notify their sonographer or clinical supervisor. For absences of more than 15 minutes, the student will get approval from their supervising sonographer and the DMS faculty. Attendance and punctuality will be evaluated by the clinical instructors on the Student Evaluation form in Trajecsys.
4. Eating or drinking is not permitted in the front offices, hallways, or imaging rooms.
5. During periods of inactivity, the reading of textbooks and professional literature is encouraged within the student's assigned imaging room or as specified. Novels or crafts are not permissible in the clinical area. Sleeping in a clinical site will not be tolerated and may result in a student being dismissed from that site.
6. Students should conduct themselves in a professional manner at all times.
7. The student is not to use phones in the clinical area for personal business. Cell phones will be turned off or set to vibrate during class or clinicals. In addition, cell phones **will not** be used in the clinical or classroom setting, except for valid emergencies.

8. At no time, for any reason, will a student leave a patient on a stretcher unattended.
9. Student lunch breaks will be concurrent with the lunch break of the student's assigned staff sonographer.
10. No gum chewing will be allowed while in the clinical area.
11. Students are not to return to the clinical area at night or on weekends, unless for specific pre-approved assignments.
12. All accidents occurring on campus, whether involving a patient and/or student, shall be reported to the DMS Program Director within one (1) hour of the incident. Appropriate medical treatment shall be obtained and the proper UAMS accident forms filled out completely.
13. Smoking is prohibited on the UAMS campus and at many of the DMS program's clinical affiliates.
14. Gratuities may not be accepted from patients.
15. The use of intoxicating drugs or beverages is prohibited in the clinical assignment areas and in other portions of the University as posted.
16. The use of profanity or disrespectful actions is not permitted in the clinical and classroom areas.
17. Students are allowed to work outside of regularly scheduled clinical hours, but such work is outside the purview of the UAMS DMS program. Students will not wear their UAMS student ID badge during periods of outside employment. In addition, students must be aware that the student liability insurance provided by UAMS is not in effect during periods of outside employment. Students working as "student sonographers" at various clinical sites are not allowed to log any clinical time or clinical cases while on the clock with that institution. In addition, classroom and clinical schedules will not be adjusted to accommodate student sonographer work hours.

E. SAFETY PROCEDURES

1. Immobilizing procedures or devices are to be used whenever possible for patients who cannot cooperate or when the examination requires strict motion control. Hospital personnel, guests, or family may be called on to assist when other restraints are not possible.
2. Clean and neat floors and work benches are not only to be expected in a hospital setting, it is the responsibility of the sonographer in charge of a room to ensure that equipment is clean and in good working condition. Any

soiling or unsafe condition, which cannot be immediately corrected, must be reported to the Senior Sonographer on duty.

3. Transducers must be cleaned, treated, and dried at the end of each examination.
4. The quality of examinations and the safety of personnel and patients are of the highest priority; it is the personal responsibility of each member of the staff to identify, notify, and assist in correcting deficiencies as they occur.
5. All patients must be properly identified by checking an armband or by having the patient repeat his or her name and other identifiable data before initiating a sonographic procedure.
6. All students must maintain current cardiopulmonary resuscitation (CPR) certification during enrollment in the Professional Curriculum.
7. Proper patient privacy and modesty must be observed at all times. Doors to examination rooms must be closed during all sonographic procedures.

F. STUDENT NEEDLESTICK/SHARPS INJURIES AND BLOOD/FLUID EXPOSURE

Exposure to, or contraction of, infectious diseases and needlestick and sharps injuries must be reported immediately.

See Appendix VII. Student Needlestick/Sharps Injuries and Blood/Fluid Exposure for further guidance.

The student will assume the responsibility of disclosure to minimize the risk of contagion to patients, personnel, and others. Confidentiality will be preserved within the required investigative, treatment, and notification limits of the disease process.

1. Notify Student/Employee Health by completing an Incident and Accident Report Form describing the exposure to, or contraction of, a communicable disease or a needlestick or sharps injury.
2. Treatment or prophylaxis will be initiated based upon the degree of exposure or contact.
3. Casual exposure (minimal patient contact) to the following diseases will not require treatment:

| | |
|-------------------|------------------------|
| Chickenpox | Pneumonia |
| Diarrheal Disease | Poliomyelitis |
| Hepatitis A or B | Rabies |
| Gonorrhea | Staphylococcal disease |
| Herpes Simplex | Streptococcal disease |
| Influenza | Syphilis |
| Leprosy | Tetanus |

Measles
Meningitis
Mumps

Tuberculosis
Typhoid fever
Whooping cough

4. Casual exposure to the following diseases will require management as indicated:

Diphtheria

Rubella

5. Intimate exposure (prolonged physical contact or contact with blood or body fluids) will require a report to Student/Employee Health or the UAMS Emergency Department within one (1) hour of the incident. Examples of such exposure include:

- a. needlesticks with used needles or other sharps injuries
- b. aspiration of blood or blood products into the mouth
- c. mouth-to-mouth resuscitation
- d. splashing of body fluids into the conjunctiva or mouth
- e. exposure to cerebrospinal fluid

6. Intimate exposure to the following diseases will require management as indicated:

Hepatitis A or B
Rabies
Syphilis
Covid19

AIDS or HIV infection
Meningitis (Meningococcal)
Tuberculosis

G. CLINICAL INFECTION CONTROL PROCEDURES

Clinical infection control procedures are printed and are available at each clinical location. Since some variation exists from site to site it is strongly recommended that the student review the procedures applicable to a given area in order to maintain department policies.

H. CLINICAL PROBATION

As the clinical education component is competency based and self-directive, students should be aware of their strengths and weaknesses. Identified weak areas may be improved by requesting assistance from any faculty member. However, if improvement does not occur, a formal mechanism must exist in order to improve performance. After administrative review under the provisions of the CHP Catalog, Student Conduct and Discipline, a student may be placed on Clinical Probation if there is found to be:

1. Repeated neglect or disregard of the Clinical Conduct policy; or
2. Skill levels persistently below those of the minimum requirement, (refer to the appropriate Clinical Practicum syllabus); or

3. An absence of more than 7 days (2 personal days off and 5 clinical days) per semester.

If a student does not achieve satisfactory evaluation for competency in any one examination type, this indicates below minimum performance levels in any or all of the following areas:

1. Sonographic scanning technique
2. Protocol compliance
3. Patient care
4. Image or case evaluation

The student will then receive notice to schedule a counseling session with his/her Clinical Instructor. **Note: Due to the DMS Program's accreditation policy, the Clinical Instructor must be appropriately credentialed (Registered).** Upon completion of the counseling session, the faculty will review the student's record. Recommendations will be made and the student will be informed of the recommendations within 48 hours following the conference. The student will be assigned remedial activities which may include, but not be limited to, any of the following:

1. Sonographic scanning critique
2. Written report of proper protocols
3. Review of audiovisuals
4. Modeling, simulation exercises
5. One-on-one clinical instruction

Upon satisfactory completion of the remedial activities, the student may continue with the clinical competency program and attempt to pass the originally failed competency. Continued unsatisfactory completion of the competency will result in a counseling session with the Program Director and placement on Clinical Probation.

A student placed on Clinical Probation will have two (2) opportunities to satisfactorily complete the originally failed competency. During this Clinical Probation period, the student's clinical assignment schedule may be revised to limit their clinical participation until such time that the clinical deficiency is corrected. During the Clinical Probation period, the student may not attempt to meet other clinical curriculum procedural objectives. Upon satisfactory completion of the Clinical Probation period, the student may continue with the clinical competency program.

Should the student be unsuccessful in the two attempts to pass the clinical competency during Clinical probation, a mark of "U" will be given for the semester's Clinical Practicum course.

VI. PROFESSIONAL RESPONSIBILITIES

Because students in Diagnostic Medical Sonography are training for a professional career as health care providers, they are expected to adopt a professional attitude and code of ethics. To this end the following responsibilities are expected:

1. Join the local, state, and national professional organizations.
2. Attend the local professional meetings and the state professional meetings, whenever possible.
3. Attend professional seminars held locally.
4. Devote a scheduled amount of time each month to the reading of professional literature and technological advances in Diagnostic Medical Sonography.
5. Devote a scheduled amount of time each month to the reading of professional literature in other health care disciplines, i.e. nursing, medicine, etc.

VII. ADVISING

Students should feel free to seek counseling from the department faculty. In order to have better access to the faculty, students should request an appointment at a time that is mutually convenient.

VIII. BREAKS AND HOLIDAYS

Each year students receive the following holidays and breaks:

| | |
|----------------------------------|----------------------------------|
| September - Labor Day | February – Washington’s Birthday |
| November - Veteran’s Day | March - Spring Break |
| November – Thanksgiving | May – Memorial Day |
| December - Christmas | July - Independence Day |
| Break | August - Summer Break |
| January – Martin Luther King Day | |

IX. POLICY ON PREGNANCY

If a student becomes pregnant while enrolled in the educational program, she must inform the Program Director or Department Chairman immediately. Such disclosure will allow observation of proper radiation safety practices for the fetus by restricting some clinical rotations during pregnancy. Exposure to the unborn child needs to be kept as low as practicable. Under the supervision of the Program Director, or Department Chairman, and the Radiation Safety Officer clinical rotations will be assigned to ensure that exposure to the mother will not exceed 500 mRem during the period of pregnancy. At the student's request, information about the pregnancy will be held in confidence, and will be limited to the Program Director, Department Chairman, and Radiation Safety Officer. The student should be aware that pregnancy might delay the student's graduation date.

See Appendix II - UAMS ADMINISTRATIVE GUIDE 11.4.10, Pregnant Employees Working with Ionizing Radiation.

X. STUDENT AWARDS AND HONORS

Each year various awards are given to graduating seniors who meet certain criteria. Among those awards for DMS students is the:

Faculty Gold Key: Awarded for outstanding achievements in academics, professional involvement, and service to others.

XI. INFRACTIONS OF DEPARTMENTAL POLICY AND PROCEDURE

A. Minor Infractions

1. Violation of the dress code.
2. Leaving the clinical assignment without notifying one's supervising sonographer or the faculty.
3. Eating or drinking in patient care areas.
4. Engaging in non-patient activities when patients are waiting to have their examinations performed.
5. Using phones in the clinical or classroom areas for non-emergency matters or using cell phones in the classroom or clinical areas for personal conversations.
6. Chewing gum while providing patient care services.
7. Returning to the clinical area after hours or on weekends without prior approval.
8. Smoking in non-designated areas.
9. Accepting gratuities from visitors, patients, or patient family members.
10. Using abusive, provocative, or profane language or gestures while engaged in assigned student activities.
11. Failing to complete a critical incident report within one hour for Sharps Injuries and within 24 hours for all other incidents.

B. Major Infractions

1. Endangering the physical or emotional well-being of a patient.
2. Endangering the physical or emotional well-being of another student, faculty member, or staff member.
3. Falsifying a document or record.
4. Cheating.
5. Plagiarism.
6. Unprofessional conduct.
7. Use of intoxicating substances on campus or at a clinical site.
8. Creating or being a part of a disturbance or physical violence while on campus or at a clinical site.
9. Administering a medication without the direct supervision of a qualified, registered sonographer.
10. Failing to report intimate exposure to a potentially contagious pathogen.
11. Failing to report pregnancy to the Program Director or Department Chairman in a timely fashion.

12. Performing a procedure on an individual without a physician's expressed order.
13. Failing to wear a personal dosimeter during a clinical assignment, if required.
14. Failing to properly check the identification of a patient.
15. Performing the wrong sonographic examination on a patient.

C. Clinical Probation

After administrative review under the provisions of the CHP Catalog, Student Conduct and Discipline, a student placed on Clinical Probation will remain on Clinical Probation for the duration of one (1) semester or its equivalent. If the student has committed no minor or major infractions during the period of Clinical Probation, the student will be removed from Clinical Probation.

1. First minor infraction: student receives a written notice.
2. Second minor infraction: student receives a written notice and is placed on Clinical Probation.
3. Third minor infraction: student receives a written notice and remains on Clinical Probation.
4. Fourth minor infraction: student receives a written notice and is administratively withdrawn from the program.
5. First major infraction: student receives a written notice and is placed on Clinical Probation.
6. Second major infraction: student receives a written notice and is administratively withdrawn from the program.

D. Clinical Suspension

A student who commits a major infraction of departmental policy and procedure of such magnitude that causes an immediate physical injury or results in placing another individual in immediate personal or emotional jeopardy shall be immediately removed from all clinical assignments until such time as the incident can be reviewed under the provisions of the CHP catalog's Student Conduct and Discipline policy and a decision of resolution can be made. A student placed on Clinical Suspension will receive a written notice of the suspension and will be immediately withdrawn from their clinical assignment.

XII. GUIDELINES FOR PROFESSIONALISM

A. Professionalism/Appearance

To look and conduct oneself in a manner perceived as positive by others. To create a work environment and work ethic that communicates excellence.

Key areas:

- Self-presentation
- Dress code
- Managing emotions and stress

Equipment handling
Work area
Record keeping
Report presentation

B. Knowledge/Expertise

To be perceived as knowledgeable and up-to-date in the field of medical imaging and in the services offered by the institution.

Key areas:

Keep up-to-date in the field
Knowledge of the services offered
Ability to describe efforts to others
Established reputation
Professional memberships
Advanced certifications
Equipment knowledge
Networking with others

C. Communication/Projection

To communicate positively with patients, visitors, physicians, and staff, and to project, through communication, professionalism, knowledge, and high standards.

Key areas:

Be prepared
Show energy and enthusiasm
Be positive and friendly
Know what you are talking about
Be confident
Speak up
Possess integrity
Conform to a code of ethics
Respect others
Use effective delivery and tonal quality

D. Customer Focus

To understand the service customer's needs and wants to the degree they expect.

Key areas:

Communication of a positive image
Know what your customers want
Don't just satisfy - delight the customer
Be a key link in the patient care effort
Market your profession
Think in terms of service excellence
Educate others about your profession

E. Standards

To set and adhere to high work standards that are noticed and regarded positively by others.

Key areas:

- Ownership of work and accountability
- Goal and purpose orientation
- High levels of perfection
- Know standards
- Pride in one's work and profession

F. Patient Relations

To have a keen sense of patient feelings and needs and to be perceived by patients and others as a knowledgeable, understanding, helpful, and caring resource.

Key areas:

- Understand what the patient is going through
- Exhibit sensitivity and a caring attitude
- Ensure that patients can understand you
- Make patients feel special

UAMS-DMS Curriculum:

In order to maintain high academic standards in a dynamic profession like Diagnostic Medical Sonography, the curriculum must be constantly evaluated and updated. The following page shows the courses that are currently required for completing the Bachelor of Science degree in diagnostic medical sonography. These may change depending upon evaluation by the faculty, but only with written notice to the students.

Appendix I Current UAMS-DMS Curriculum

| Bachelor of Science in DMS -- Abd, Ob/Gyn, & Superficial Structures Plus Adult Echocardiography Or Vascular Sonography | | | | | | | |
|---|---------------------------------------|---------------------------------------|---|---|--|---------------------------|--------------|
| | Fall (1) | Spring (2) | Summer (3) | Fall (4) | Spring (5) | | Total |
| Didactic Courses | Sectional Anatomy (DMSO 3211) | Sonographic Conference (DMSO 4242) | Introductory Cardiac & Vascular Sonography (DMSO 4342) | Health Care Systems in America (CHPI 4301) | Cardiovascular Pathophysiology (DMSO 4251) | | |
| | Introductory Physics (DMSO 3312) | Advanced Physics (DMSO 3222) | | Doppler Sonography & Advanced Hemodynamics (DMOS 4352) | Current Issues in HealthCare (DMSO 4261) | | |
| | Abdominal Sonography (DMSO 3313) | Obstetrical Sonography (DMSO 3321) | | Intermediate Vas. (DMSO 4353) <u>OR</u> Intermediate Cardiac (DMSO 4354) | Advanced Vascular (DMS 4363) <u>OR</u> Advanced Cardiac (DMSO 4364) | | |
| | Gynecologic Sonography (DMSO 3221) | | | | | | |
| | Basic Patient Care (DMSO 2310) | | | | | | |
| Credit Hrs | 13 | 7 | 3 | 9 | 7 | | 39 |
| Contact Hrs | 150 | 105 | 45 | 135 | 105 | | 585 |
| Methods of delivery | Classroom Lectures Blackboard | Classroom Lectures | Blackboard | Blackboard | Blackboard | | |
| Clinical Education | | | | | | | |
| Clinical Education | Clinical Education | Clinical I (DMSO 3514) | Clinical II (DMSO 3824) | Clinical III (DMSO 3541) | Clinical IV (DMSO 4843) | Clinical V (DMSO 4854) | |
| | Credit Hrs | 5 | 8 | 5 | 8 | 8 | 34 |
| | Contact Hrs | 375 | 600 | 375 | 600 | 600 | 2550 |
| | Clinical Rotations | 2 | 2 | 2 | 2 | 2 | 10 |
| | | | | | | BS SC hours | 73 |
| | | | | | | BS Contact hours | 3135 |

Appendix II

11.4.10 Pregnant Employees Working with Ionizing Radiation

UAMS ADMINISTRATIVE GUIDE

NUMBER: 11.4.10

DATE: 04/05/96

REVISION: 01/18/02

SECTION: CAMPUS OPERATIONS

AREA: GENERAL AND OCCUPATIONAL SAFETY

SUBJECT: PREGNANT EMPLOYEES WORKING WITH IONIZING RADIATION

PURPOSE

This policy concerns employees who become pregnant who, in the course of their duties, are occupationally exposed to ionizing radiation (X-rays, gamma rays, or radioactive materials).

The purpose of this policy is (1) to provide information, training, and options to employees so that they can make informed decisions in the best interest of themselves and their fetuses; and (2) to provide a mechanism whereby UAMS can manage or implement appropriate safety practices. No employee shall be discharged, transferred, or otherwise have her employment affected without her agreement solely because she is pregnant. On the other hand, employees can be required to perform the essential functions of their positions as a condition of continuing their positions.

PROCEDURE

This policy shall be invoked when employees in one of the following categories become aware of their pregnancy:

Any employee who receives (as demonstrated by film badge reports), or is likely to receive (as determined by the Radiation Safety Officer's (RSO) evaluation of duties) a radiation dose in excess of 50 millirems per month, averaged over a nine month period. Persons engaged in the following activities may be "at risk" as defined in (a) above: Physicians who conduct radiological procedures (radiologists, nuclear medicine physicians, cardiologists, orthopedists, etc.) Nurses who assist during radiological procedures or work in areas where these are performed frequently (O.R., ICU, nursery, etc.) Paramedical personnel (radiology, nuclear medicine, dentistry, radiation therapy, etc.) Students who are in training in any of the above areas Laboratory personnel working with radioactive materials or X-ray generators

Employees do not have to notify anyone of their pregnancy. However, an employee who decides to notify the hospital of her pregnancy or intended pregnancy has the following responsibilities: Notify her immediate supervisor OR the Radiation Safety Officer of her pregnancy. Assist her supervisor and the RSO in evaluating the level of risk to a fetus from her particular working conditions and in evaluation the reasonableness of modifications to her working conditions to reduce risk. She shall sign a Female Radiation Exposure Declaration Form acknowledging that she has officially notified her supervisor of her pregnancy and knows the possible risks to her fetus from ionizing radiation exposure. Notify her supervisor of any changes in her work or any problems in her pregnancy that may relate to exposure to radiation. Employee's options: Resign from employment. Continue in employment in her current position. If the supervisor offers the employee an alternative position with less radiation risk, she may accept such position. Take a leave of absence for a period of time not exceeding the duration of the pregnancy.

Supervisor's responsibilities: Contact the RSO and schedule a conference with the employee. Implement any modifications in working conditions that the supervisor deems appropriate. Establish the duration and

conditions of any leave of absence or transfer to another position allowed under other provisions of this policy. Provide the employee with information furnished by the Radiation Safety Officer regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection.

Radiation Safety Officer's responsibilities: Develop information to be furnished to employees regarding the nature of potential radiation injury associated with in utero radiation exposure and the regulatory limits established by the National Council on Radiation Protection. (This information is provided on pages 4-6 of this policy.) Advise the supervisor regarding the nature, the magnitude, and appropriate preventive measures associated with the employee's exposure to ionizing radiation. Provide dosimeters and keep the supervisor and employee advised of exposure readings.

**ACKNOWLEDGEMENT OF TRAINING:
FEMALE RADIATION EXPOSURE DECLARATION**

I understand that UAMS is obliged by applicable law to take the position that protection of the health of the embryo/fetus is the immediate and direct responsibility of the prospective parent(s). While the medical profession and the UAMS can support the parent(s) in the exercise of this responsibility, the UAMS cannot assume it for the parent(s) without, according to the courts, simultaneously infringing upon individuals' rights. I also understand that policies which, as a rule, inhibit a woman's activities in the workplace on the basis of fetal protection concerns, are improper under the law of the United States, unless a woman voluntarily requests more protective dose limits be applied to her or in cases in which sex or pregnancy actually interferes with the employee's ability to perform the job.

I have received training from UAMS concerning the radiological hazards of employment. I have also received training regarding the effects of radiation on an embryo/fetus (such as mental retardation and birth size, childhood cancer, radiation-induced genetic effects, and the radio-sensitivity of the embryo/fetus.)

I have had opportunity to ask questions concerning all aspects of the presentation.

I understand that the National Council on Radiation Protection and Measurement has recommended a separate dose limit of 500 mrem (not to exceed 50 mrem/month) to the embryo/fetus from occupational exposure of the expectant mother for the term of the pregnancy. I understand that if I become pregnant, I have the option to formally choose to be considered a Declared Pregnant Female. If I do not formally declare my pregnancy, my radiation dose limits will continue to be the same as they were before I became pregnant (annual limit of 5000 mrem).

I understand that I may be excluded from certain jobs or tasks that would require high radiation exposure if I choose to be a Declared Pregnant Female. I understand that these declarations and lower limits, however are strictly voluntary and will be implemented by UAMS only upon request. I understand that I may change my declaration at any time by notifying my supervisor and signing a new declaration form.

Based on the above information, I believe I adequately understand the risks of radiation related to employment and the choices available to me.

CHOOSE ONE:

Declared Pregnant Female. I currently am pregnant, and I voluntarily elect to choose the lower dose limit for the unborn child of 500 mrem for the gestation period, not to exceed 50 mrem per month.

YES NO If YES, estimated date of Delivery _____

Employee's Name (please print): _____ Date: _____

Employee's Social Security No.: _____

Employee's Signature: _____

Supervisor's Name _____

**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
INFORMATION FOR FEMALE EMPLOYEES & STUDENTS
UNDER 50 YEARS OF AGE**

Possible Health Risks to Children of Women Exposed to Radiation During Pregnancy:

Some recent studies have shown that the risk of leukemia and other cancers in children increases if the mother is exposed to a significant amount of radiation during pregnancy. According to a report by the National Academy of Sciences, the incidence of leukemia among children under 10 years of age in the United States could rise from 3.7 cases in 10,000 children to 5.6 cases in 10,000 children, if the children were exposed to 1,000 mrem of radiation before birth (a "mrem" is a measure of radiation). The Academy has also estimated that an equal number of scientific studies have shown a much smaller effect from radiation. The University of Arkansas for Medical Sciences wants women employees to be aware of any possible risk so that the women can take steps they think appropriate to protect their offspring.

As an employee, you may be exposed to more radiation than the general public. However, the Arkansas State Health Department has established a basic exposure limit for occupationally exposed adults of 5,000 mrem per year. No clinical evidence of harm would be expected in an adult working within these levels for a lifetime. Because the risks of undesirable effects may be greater for young people, persons under 18 years of age are permitted to be exposed to only 10 percent of the adult occupational limits. (This lower limit is also applied to members of the general public.)

The scientific organization called the National Council of Radiation Protection and Measurements (NCRP) has recommended that because unborn babies may be more sensitive to radiation than adults, their radiation dose as a result of occupational exposure of the mother should not exceed 500 mrem. Other scientific groups, including the International Commission on Radiation Protection, have also stressed the need to keep radiation doses to unborn children as low as practicable.

Thus it is the responsibility of your employer to take all practicable steps to reduce your radiation exposure. Then it is your responsibility to decide whether the exposure you are receiving is sufficiently low to protect your unborn child. The advice of your employer's health physicist or radiation protection officer should be obtained to determine whether radiation levels in your working areas are high enough that a baby could receive 500 mrem or more before birth. If so, the alternatives that you might want to consider are: If you are now pregnant or expect to be soon, you could decide not to accept or continue assignments in these areas. You could reduce your exposure, where possible, by decreasing the amount of time you spend in the radiation area, increasing your distance from the radiation source, and use shielding. If you do become pregnant, you could ask your employer to reassign you to areas involving less exposure to radiation. If this is not possible, you might consider leaving your job. If you decide to take such steps, do so without delay. The unborn child is most sensitive to radiation during the first three months of your pregnancy. You could delay having children until you are no longer working in an area where the radiation dose to your unborn baby could exceed 500 mrem. You may also, of course, choose to: Continue working in the higher radiation areas, but with full awareness that you are doing so at some small increased risk for your unborn child.

The following facts should be noted to help you make a decision: The first three months of pregnancy are the most important, so you should make your decision quickly. At the present occupational exposure limit, the actual risk to the unborn baby is small, but experts disagree in the exact amount of risk. There is no need to be concerned about sterility or loss of your ability to bear children. The radiation dose required to produce such effects is more than 100 times larger than the dose limits for adults. Even if you work in an area where you receive only 500 mrem per three-month period, in nine months you could receive 1,500 mrem, which exceeds the full-term limit suggested by the NCRP. Therefore, if you decide to restrict your unborn baby's exposure as recommended by the NCRP, be aware that the 500 mrem limit applies to the full nine-month pregnancy.

The remainder of this document contains a brief explanation of radiation and its effects on humans. As you will see, some radiation is present everywhere, and the levels of radiation most employees of UAMS

receive are not much larger than these natural levels. Because the radiation levels in the area where you will be working are required by law to be kept quite low, there is not considered to be significant health risk to individual adult employees.

DISCUSSION OF RADIATION

The amount of radiation a person receives is called the "dose" and is measured in "mrems." The average person in the United States gets a dose of 1,000 mrem from natural sources (other than radon) every 12 years. The dose from natural radiation is higher in some states, such as Colorado, Wyoming, and South Dakota, primarily because of cosmic radiation. In these states the average person gets 1,000 mrem every eight years.

Natural background radiation levels are also much higher in certain local areas. A dose of 1,000 mrem may be received in some areas on the beach at Quarapari, Brazil, in only about nine days, and some people in Kerala, India, get a dose of 1,000 mrem every five months.

Many people receive additional radiation for medical reasons. The annual radiation dose averaged over the U.S. population from diagnostic X-rays is 40 mrem per year. The average dose from one chest X-ray is 10-20 mrem. Radiation can also be received from natural sources such as rock or brick structures, from consumer products such as television and glow-in-the-dark watches, and from air travel. The possible annual dose from working eight hours a day near a granite wall at the Redcap Stand in Grand Central Station, New York City, is 200 mrem, and the average annual dose in the United States from TV, consumer products, and air travel is 2.6 mrem.

Radiation, like many things, can be harmful. A large dose to the whole body (such as 600,000 mrem in one day) would probably cause death in about 30 days, but such large doses result only from rare accidents. Control of exposure to radiation is based on the assumption that any exposure, no matter how small, involves some risk. The occupational exposure limits are set so low; however, that medical evidence gathered over the past 50 years indicates no clinically observable injuries to individuals due to radiation exposures when the established radiation limits are not exceeded. Thus the risk to individuals at the occupational exposure levels is considered to be very low. However, it is impossible to say that the risk is zero. To decrease the risk still further, licensees are expected to keep actual exposures as far below the limits as practicable.

The current exposure limits for people working with radiation have been developed and carefully reviewed by nationally and internationally recognized groups of scientists. It must be remembered that these limits are for adults. Special consideration is appropriate when the person being exposed is, or may be, an expectant mother, because the exposure of an unborn child may also be involved.

PRENATAL IRRADIATION

The prediction that an unborn child would be more sensitive to radiation than an adult is supported by observations for relatively large doses. Large doses delivered before birth alters both physical development and behavior in experimentally exposed animals. A report of the National Academy of Sciences states that short-term doses in the range of 10,000-20,000 mrem cause subtle changes in the nerve cells of unborn and infant rats. The report also states, however, that no radiation-induced changes in development have been demonstrated to result in experimental animals from doses up to about 1,000 mrem per day extended over a large part of the period before birth.

The National Academy of Sciences also noted that doses of 25,000-50,000 mrem to a pregnant human may cause growth disturbances in her offspring. Such doses substantially exceed, of course, the maximum permissible occupational exposure limits.

Appendix III

Policy of the University of Arkansas for Medical Sciences Division of Academic Affairs

Subject: Title IX Non-Discrimination Statement

Number: 2.300

Date Approved (Council of Deans): November 7, 2012

Last Review/Revision: N/A

It is the policy of UAMS that members of the University community neither commit nor condone acts of bigotry, racism, or discrimination. Specifically, the University of Arkansas for Medical Sciences fully supports, both in spirit and practice, Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Executive Order 11246, the Rehabilitation Act of 1973 (Sections 503 and 504), Titles I and II of the Americans with Disabilities Act of 1990, and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974. Therefore, the University prohibits discrimination on the basis of race, gender, gender identity, gender expression, sexual orientation, color, national origin, religion, age, marital status, ethnic origin, disability, and veterans including disabled veterans and veterans of the Vietnam Era with respect to all aspects of the student experience, including but not limited to, acceptance and admission, enrollment, financial aid, and access to student resources and support.

A student having a complaint concerning terms and conditions of their student status or experience with UAMS is encouraged to present this matter to and discuss it with, the person in charge of that part of the university where the issue arises (e.g. Course Director, Department Chair, Associate Dean for Academic Affairs, Dorm Director, etc.). Such presentation and discussion shall be entirely informal. The person in charge shall attempt to resolve the complaint. A complaint may, but need not, become a grievance.

However, if informal dialog does not resolve the issue, and the student believes that he or she has encountered a policy, procedure, or practice that constitutes discrimination, he or she should contact the Administrator at his/her respective college, who is specifically designated to assist students in the matter of filing a grievance through the UAMS Student Grievance Procedures process.

Academic, disciplinary, administrative action and grievance procedures are presented in the student handbook of each college. Copies are available both online and through the respective Associate Dean's Offices responsible for student/academic affairs.

Actions on the part of any employee or official of the University contrary to this policy will be addressed promptly and appropriately, according to the UAMS **Grievance Procedure for Alleged Discrimination**. The Office of Human Relations acts on a campus-wide basis for all students, faculty, and employees regarding such matters and will coordinate with the appropriate Administrator to examine issues of alleged discrimination, and to communicate when ameliorative or punitive actions are deemed necessary.

Appendix IV

Policy of the University of Arkansas for Medical Sciences Division of Academic Affairs Subject: Student Needlestick/Sharps Injuries and Blood/Fluid Exposure

Number: 1.300

Date Approved (Council of Deans): November 7, 2012

Last Review/Revision: N/A

Purpose: This document outlines the policy and procedures to follow when a student experiences a needlestick/sharp injury, blood/body fluid exposure when fulfilling requirements of a University of Arkansas for Medical Sciences education program. Regardless of where an incident occurs, students should be evaluated IMMEDIATELY. If indicated, chemoprophylaxis must be started within 2 hours to be effective.

Scope: All students enrolled in University of Arkansas for Medical Sciences education programs.

Policy: All students who experience a blood/body fluid exposure while carrying out clinical/experiential requirements of their education program should be evaluated for the need for chemoprophylaxis and monitoring regardless of the type of exposure or risk status of the source patient. Procedures for students who suffer parenteral (e.g. needlestick or cut) or mucous membrane (e.g., splash to the eye or mouth) exposure to blood or other body fluids, or who have a cutaneous exposure involving blood or prolonged contact with blood—especially when exposed skin is chapped, abraded, or afflicted with dermatitis -- are described according to the practice site location where the incident occurs.

For incidents that occur **at the UAMS Medical Center**, the applicable policy can be found at <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf>.

For incidents that occur at **OFF-CAMPUS locations**, the site-specific procedures for handling a needlestick or blood/body fluid exposure as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general requirements for notification, evaluation, and documentation are outlined.

The central points for UAMS students who experience a parenteral, mucous membrane, or cutaneous exposure to a blood/body fluid, regardless of practice site location, are:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and appropriate College administrator.
2. Call Student and Employee Health Service (SEHS), 686-6565 or page 501-405-6734, as soon as possible regardless of where the incident occurs. However, in all cases, evaluation of the incident must occur IMMEDIATELY, and is not to be delayed pending discussion with SEHS.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment must be started within 2 hours to be effective; therefore, students should seek evaluation and treatment IMMEDIATELY.

4. Complete the UAMS Incident and Injury (I&I) Report form available at <http://www.uams.edu/adminguide/PDFs/empinjury.pdf>.

A training module for Bloodborne Pathogens is available for completion through the UAMS Occupational Health and Safety website at <http://www.uams.edu/safety/Forms/Training.aspx>. Students are strongly encouraged to complete this module for their general education regarding bloodborne pathogen safety.

Post-Exposure Prophylaxis with Antiretroviral Agents: Under certain circumstances, it is recommended that individuals exposed to HIV through injury, etc., be offered combinations of anti-HIV medications for four weeks while surveillance laboratory monitoring is taking place. This process will be coordinated through Student/Employee Health (SEHS), so it is important that any such exposure be reported to SEHS as quickly as possible.

Billing: Students who have a blood/body fluid exposure shall be evaluated by SEHS or the Emergency Department (ED) and are required to complete an I&I Report form. All UAMS students are required to maintain a health insurance policy, which will be billed for services related to evaluation, treatment and monitoring. Deductible and co-pay costs not covered by the student's health insurance policy will be the responsibility of the student's primary college. Insured students will bear no out-of-pocket expenses.

In cases where a person is both a student and an employee, the role the person was fulfilling at the time of the incident will determine billing, so that if the person was carrying out student requirements, rules governing billing of care related to students will be in effect. If the person was carrying out employment related duties, the UAMS Medical Center employee policy will be applied.

Reporting

Incidents Occurring at UAMS Medical Center

For incidents that occur at the UAMS Medical Center, students will follow all procedures detailed in the UAMS policy at <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf>. These include:

1. Report the incident IMMEDIATELY to their clinical supervisor or instructor and the appropriate College administrator.
2. Call IMMEDIATELY to Student and Employee Health Service (SEHS), 686-6565 or page 501-405-6734, if it is during regular business hours. For after-hours incidents, students are to report to the UAMS ED - 686-6236.
3. The amount of risk incurred as a result of the exposure must be evaluated and prophylactic treatment must be started within 2 hours to be effective.
4. Complete the UAMS Incident and Injury (I&I) Report form <http://www.uams.edu/adminguide/PDFs/empinjury.pdf>.

5. All students who have a blood/ body fluid exposure are to be evaluated either by the SEHS or the ED regardless of the type of exposure or risk status of the source patient.
6. Information about the source patient shall be documented on the Incident and Injury (I&I) report form by the nursing supervisor or his/her designee from which the source patient is receiving care. The I&I form shall accompany or be forwarded to the student to SEHS or the ED at the time of the initial evaluation.
7. It is the responsibility of the clinical supervisor or instructor to make sure that all information relevant to the incident has been completed on the I&I form and the student has called either SEHS or the UAMS ED, for triage.
8. It is the responsibility of the Nursing Supervisor or designee to record all information regarding the source patient on the I&I report form, notify either SEHS or the ED with the risk factors for HIV, and ensure that orders are written for lab work on the source patient's chart.

Incidents Occurring at Off-campus Locations

When students participate in experiential training in a variety of practice locations, the procedures for handling a needlestick or mucosal splash injury as established by that site/facility are in effect and may vary slightly from UAMS procedures. However, general guidelines include:

1. Students should familiarize themselves with local procedures for needle sticks, splash and other injuries. Some sites may require site-specific training prior to the student entering the facility. However, if this information is not covered, students should educate themselves regarding local procedures.
2. In general, regardless of the practice site, if a student receives a needle stick or other sharp injury or has a body fluid exposure, the student should seek treatment IMMEDIATELY. If a specific site has not been identified through training/orientation materials, the student should go to the nearest Emergency Room for evaluation and possible treatment. Students must also IMMEDIATELY inform their clinical supervisor (i.e., resident and/or attending, preceptor, etc.) of the exposure, and make sure that an incident report, or reasonable facsimile, from the site/facility where the incident occurred is completed.
3. The student should make sure that Student and Employee Health (SEHS) and his/her College is informed of off-campus incidents since ongoing monitoring may be required.

References

UAMS Medical Center Policy, Number: HR.4.01, Needlestick/Sharps Injuries and Blood/Body Fluid Exposure, <http://intranet.uams.edu/uh/Policy/Policy-PDF/Human%20Resources/HR401.pdf>.

UAMS Administrative Guide, University of Arkansas for Medical Sciences Employee/Student Injury and Incident Report, <http://www.uams.edu/adminguide/PDFs/empinjury.pdf>.

SPHS Website: <http://www.uams.edu/gme/needlest.htm>. Last modified: 04/13/12
UAMS Medical Center, Billing Statement

APPENDIX V



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

UAMS ADMINISTRATIVE GUIDE

NUMBER: 3.1.48

DATE: 04/16/2014

REVISION:

PAGE: 1 of 10

SECTION: ADMINISTRATION

AREA: GENERAL ADMINISTRATION

**SUBJECT TITLE IX, SEX DISCRIMINATION, SEXUAL HARASSMENT, SEXUAL
: ASSAULT, SEXUAL MISCONDUCT, SEXUAL VIOLENCE, STALKING,
GENDER-BASED HARASSMENT AND RETALIATION**

PURPOSE

To establish the policy and procedure for reporting, investigating, and responding to complaints of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment, and retaliation.

SCOPE

All UAMS employees, faculty members, staff members, students, non-employees (such as contractors, vendors, delivery persons, and volunteers) and guests and visitors of the UAMS campus.

DEFINITIONS

Complainant: Any party who makes a complaint/grievance against another student, employee, faculty member, staff member, non-employee, guest or campus visitor.

Respondent: The person(s) against whom a complaint has been made.

Definition of Status: A full-time employee will be considered as an employee, regardless of student status. A student who is a part-time employee will be considered a student unless the incident under consideration occurred in connection with employment.

Sexual Harassment: Sexual harassment generally includes any unwanted or unsolicited sexual gesture, physical contact, or statement which, when viewed from the perspective of a reasonable person similarly situated, is offensive, threatening, humiliating, or interferes with a person's ability to perform his or her job, educational pursuit, or participation in campus life. Sexual harassment may include: (1) submission to or rejection of the conduct is made either explicitly or implicitly a term or condition of employment or status in a UAMS-sponsored course, program, or activity; (2) submission to or rejection of the conduct is used as a basis for employment or academic decisions affecting that individual; or (3) such conduct unreasonably interferes with an individual's work or academic performance, or creates an intimidating, hostile, or offensive environment for work or learning.

Hostile Environment: A hostile environment exists when harassment: (1) is sufficiently serious (i.e., severe, pervasive, or persistent) and from both the alleged victim's and reasonable person's viewpoint offensive so as to deny or limit a person's ability to participate in or benefit from the UAMS's programs, services, opportunities, or activities; or (2) when such conduct has the purpose or effect of unreasonably interfering with an individual's employment opportunities.

Sexual Misconduct: includes sexual assault, inducing incapacitation for sexual purposes, sexual exploitation, and relationship violence.

- **Sexual Assault:** means an actual or attempted sexual contact with another person without that person's consent.
- **Inducing incapacitation for sexual purposes:** includes using drugs, alcohol, or other means with the intent to affect or having an actual effect on the ability of an individual to consent or refuse to consent (as "consent" is defined in this policy) to sexual contact.
- **Sexual Exploitation:** Occurs when a person takes non-consensual or abusive sexual advantage of another for his/her own advantage or benefit, or to benefit or advantage anyone other than the one being exploited, and that behavior does not otherwise constitute one of the other sexual misconduct offenses.
- **Relationship Violence:** Abuse or violence between partners or former partners involving one or more of the following elements: (1) battering that causes bodily injury (2) purposely or knowingly causing reasonable apprehension of bodily injury; (3) emotional abuse creating apprehension of bodily injury or property damage; or (4) repeated telephonic, electronic, or other forms of communication - anonymously or directly - made with the intent to intimidate, terrify, harass, or threaten.

Stalking: includes repeatedly following, harassing, threatening, or intimidating another by telephone, mail, electronic communication, social media, or any other action, device or method that purposely or knowingly causes substantial emotional distress or reasonable fear of bodily injury or death.

Consent: is informed, freely given, and mutual. Consent must be knowing, willing, and voluntary.

Non-Consensual Sexual Contact: Non-consensual sexual contact is any intentional sexual touching, however slight, with any object by a person upon another person that is without consent and/or by force.

Non-Consensual Sexual Intercourse: Non-consensual sexual intercourse is any sexual intercourse however slight, with any object by a person upon another person that is without consent and/or by force.

Gender-based Harassment: Non-sexual harassment of a person because of the person's sex and/or gender, including, but not limited to harassment based on the person's nonconformity with gender stereotypes.

Retaliation: action taken by an accused individual or an action taken by a third party against any person because that person has opposed any practices forbidden under this policy or because that person has filed a complaint, testified, assisted, or participated in any manner in an investigation or proceeding under this policy. This includes action taken against a bystander who intervened to stop or attempt to stop discrimination, harassment, sexual assault, sexual violence, or sexual misconduct. Retaliation includes intimidating, threatening, coercing, or in any way discriminating against an individual because of the individual's complaint or participation. Action is generally deemed retaliatory if it would deter a reasonable person in the same circumstances from opposing practices prohibited by this policy.

POLICY

UAMS is committed to providing an environment that emphasizes the dignity and worth of every member of its community. Members of the UAMS community have the right to an environment free of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment and retaliation, and this behavior will not be tolerated. This right is protected by Title VII of the 1964 Civil Rights Act, Title IX of the Educational Amendment of 1972 Act, the Clery Act, the Save Act, and the Violence Against Women Act.

No person at UAMS will be subjected to sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation under any employment, academic, educational, extracurricular, or other program of UAMS, whether these programs take place in UAMS facilities, in transportation, at a class, training program, or event sponsored by UAMS at another location or elsewhere. All complaints or any concerns about conduct that may violate this policy and retaliation must be filed with the Campus Title IX Coordinator or a Deputy Title IX Coordinator.

| | |
|---|---|
| Campus Title IX Coordinator | Odette Woods, Office of Human Resources obwoods@uams.edu (501) 296-1076 |
| Title IX Deputy Coordinators Student Issues | <ul style="list-style-type: none"> • Associate Dean for Academic Affairs, College of Nursing, (501) 686-8349 • Executive Associate Dean for Academic Affairs, College of Medicine, (501) 686-8499 • Associate Dean for Undergraduate Medical Education, College of Medicine, (501) 686-7407 • Assistant Dean for Undergraduate Clinical Medical Education, College of Medicine, (501) 526-5968 • Associate Dean for Professional Programs, College of Public Health, (501) 526-6673 • Associate Dean for Academic Affairs, College of Public Health, (501) 526-6604 |
| Title IX Deputy Coordinators Student Issues | <ul style="list-style-type: none"> • Assistant Dean, Graduate Student Recruitment and Retention, Graduate School, (501) 526-7396 • Assoc. Dean for Student Affairs & Faculty Development, College of Pharmacy, (501) 686-7920 • Associate Dean for Academic Affairs, College of Health Professions, (501) 686-5730 • Associate Dean for Student Success, College of Health Professions, (501) 686-5732 |
| Title IX Deputy Coordinator Employee Issues | Audrey Bradley, Office of Human Resources bradleyaudrey@uams.edu (501) 603-1579 |

A. Consensual Relationships

Consenting romantic relationships between faculty and students, supervisors and subordinates or fellow employees are **strongly discouraged**. Faculty members exercise power over students as do supervisors over subordinates, whether in promotions, raises, evaluations, recommendations, study, job duties, grades, assignments, or other benefits. This difference in power increases the opportunity for abuse of power, thus endangering the professional environment. Employees and students involved in a consenting relationship in the actual or equivalent context of educational/employment supervision and evaluation should be and are deemed to be aware of the possible costs of even an apparently consenting relationship, including the possible difficulty in defending a future charge of violating this policy on the grounds of mutual consent. The element of power implicit in sexual relationships occurring in the supervisory context has the potential to diminish a subordinate's freedom of choice. It is incumbent upon those with authority not to abuse, or appear to abuse, the power with which they have been entrusted.

B. Disciplinary Actions

Disciplinary actions for violations of this policy may include, but are not limited to, the following: oral or written warning, reassignment, counseling, demotion, termination, suspension, or expulsion, or any combination thereof. Sanctions will depend upon the circumstances in each case. The severity of sanctions or corrective action will depend on the circumstances in each case, taking into consideration the frequency and severity of the offense and any history of past misconduct. In instances of non-employee or guest/visitor violations of the policy, the appropriate action will be taken. In addition to disciplinary action, those who engage in violations of this policy may be subject to legal consequences, including civil and criminal penalties and monetary damages.

C. Confidentiality

Subject to the other provisions of this policy and the requirements of law, every possible effort will be made to ensure that any information received as part of UAMS's resolution and complaint procedures is treated discreetly. All parties to the complaint will be asked to assist in maintaining the privacy of the parties involved. Because of UAMS's obligation to investigate allegations of misconduct, it is not possible to guarantee that complaints will be handled confidentially.

Except as compelled by law, in the interest of fairness and problem resolution, disclosure of complaints and their substance and the results of investigations and complaint procedures will be limited to the immediate parties, witnesses and other appropriate administrative officials. Disclosure may also be necessary to conduct a full and impartial investigation.

D. Malicious Allegations/Complaints; False Information

UAMS is committed to protecting the due process rights it provides to the respondent as well as the complainant. Allegations of sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation that are malicious, intentionally false, or without foundation are very serious with potential for great harm to all persons involved and are prohibited by this policy. Such actions constitute grounds for disciplinary action as described above. Further, repeated filing of frivolous complaints is considered a malicious action and may be grounds for disciplinary action.

The failure to substantiate a sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation complaint does not automatically constitute a malicious or frivolous complaint. In the event that allegations are not substantiated, every reasonable effort will be made and all reasonable steps taken to restore the reputation of the accused if it was damaged by the proceedings.

E. Training

The Campus Title IX Coordinator, Title IX Deputy Coordinators, and all organizational units and colleges must make reasonable efforts to provide training for their employees and

students each year. **All new employees and students should receive a copy of this policy and training within the first six months of becoming an employee or student at UAMS.** Employees should receive refresher training from the Office of Human Resources every **three** years.

PROCEDURE

A. Reporting Violations of this Policy

1. **MANDATORY EMPLOYEE DUTY TO REPORT:** To enable UAMS to respond effectively and to stop conduct that violates this policy, all UAMS employees **must**, within 24 hours of witnessing or receiving information about a violation of this policy, report it to a Title IX Coordinator regardless of whether an informal or formal complaint has been filed. Employees who are statutorily prohibited from reporting such information are exempt from these reporting requirements, including licensed health-care professionals. Any student, non-employee, or campus visitor/guest who has witnessed or received information about conduct that violates this policy is **strongly encouraged** to report it to a Title IX Coordinator.
2. **COMPLAINANTS:** A complainant who wishes to make an informal or formal complaint about an incident involving an employee must report the incident to either the Title Deputy Coordinator for Employees or his/her immediate supervisor or department head, who must report it to the Title IX Deputy Coordinator. If the respondent is the employee's supervisor, the employee may contact someone outside his or her chain-of-command, who then must also report the incident to the Title IX Deputy Coordinator for Employees.

A complainant who wishes to make an informal or formal complaint about an incident involving a student must report the incident to the respective college's Title IX Deputy Coordinator.

Complainants who need to report violations of this policy after regular business hours should report the incident to the UAMS Police Department if the Title IX Deputy Coordinator is not available. The UAMS Police Department will take appropriate action and will notify the Title IX Deputy Coordinator for Employees and the Campus Title IX Coordinator at the beginning of the next business day.

3. **ANONYMOUS COMPLAINTS:** All members of the UAMS community may contact the Campus Title IX Coordinator, Title IX Deputy Coordinators, or the Office of Human Resources at any time to ask questions about sex discrimination, sexual harassment, sexual assault, sexual misconduct, sexual violence, stalking, gender-based harassment or retaliation or complaint procedures without disclosing their names and without filing a complaint. However, because of the inherent difficulty in investigating and resolving allegations from unknown persons, individuals are discouraged from making anonymous complaints. Although anonymous complaints are discouraged, UAMS will respond reasonably to all allegations. In order to determine the appropriate response to an anonymous allegation, UAMS will weigh the following factors:

- The source and nature of the information;
- The seriousness of the alleged incident;
- The specificity of the information;
- The objectivity and credibility of the source of the report;
- Whether any individuals can be identified who were subjected to the alleged incident; and
- Whether those individuals want to pursue the matter.

If, based on these factors, it is reasonable for UAMS to investigate the matter; the Office of Human Resources will conduct an investigation and recommend appropriate action to address substantiated allegations. However, a reasonable response would not include disciplinary action against a respondent if a complainant insists that his or her name not be revealed, if there is insufficient corroborating evidence, and if the respondent could not respond to the charges without knowing the name of the complainant.

4. **TITLE IX COORDINATORS:** Upon receiving a report of an alleged violation of this policy, the Title IX Deputy Coordinators must notify the Campus Title IX Coordinator.

The Title Deputy Coordinators, in coordination with the Campus Title IX Coordinator, will evaluate the information received and determine what further actions should be taken. The Title IX Deputy Coordinators will follow the procedures described in this policy. The Title IX Deputy Coordinators will take steps, either directly with the complainant or through a reporting individual, to provide information about this policy and its procedures, as well as available health and advocacy resources and options for criminal and civil reporting. A statement of the rights of the complainant and the respondent will be provided to the parties upon an allegation of a violation of this policy.

B. Informal Complaint Process

Before pursuing the formal complaint process, every reasonable effort should be made to constructively resolve issues with students, faculty members, staff members, or administrators. Whenever possible and safe, the complainant should discuss the problem or complaint with the respondent. If satisfactory resolution is not reached after discussion with the respondent, the complainant should contact the respondent's direct supervisor or college to resolve the complaint. If these efforts are unsuccessful, the formal complaint process may be initiated. UAMS does not require a complainant to contact the respondent or the respondent's supervisor or college if doing so is impracticable, or if the complainant believes that the conduct cannot be effectively addressed through informal means.

1. In the event that an individual believes that a violation of this policy has been or is occurring, he or she is encouraged, but not required, to maintain careful written records the violation and to continue to maintain current records throughout the process.
2. The complainant should consider meeting with their designated Title IX Deputy Coordinator to discuss the allegation. If the complainant cannot decide whether to initiate a formal complaint or is reluctant to discuss the matter with the respondent, he or she may seek the advice of their designated Title IX Deputy Coordinator who,

along with the HR Director of Employee Relations or a designee, and with the complainant's permission, may seek to resolve the issue informally through discussions with the complainant, the respondent, and the respondent's supervisor or college. The Title IX Deputy Coordinator shall provide a written summary of the agreed upon informal resolution to the Campus Title IX Coordinator.

If the complainant does not wish to prepare a signed, written complaint, written documentation shall be prepared by the designated Title IX Deputy Coordinator with the assistance of the Director of Employee Relations, or a designee. Such written documentation shall include the nature of the complaint, the date(s) on which the alleged incident(s) occurred, and any witness(es) to the incident(s). The complainant shall be asked to read and sign the written documentation to acknowledge its accuracy; a written acknowledgment will be prepared and may be made in a separate document.

If the complainant refuses to sign the written documentation, the designated Title IX Deputy Coordinator shall note such on the documentation. The designated Title IX Deputy Coordinator, along with the Director of Employee Relations and the Campus Title IX Coordinator, will make a determination of whether the complaint will be investigated despite the complainant's refusal to acknowledge the written documentation.

Written documentation shall be prepared before any informal discussions are held with the respondent and the respondent's supervisor or college. The respondent shall be given an opportunity to read the written documentation that may be edited to protect the anonymity of the complainant and any other collateral witnesses to the process.

3. If the parties are unable to reach a mutually satisfactory agreement after an informal discussion, the option of filing a formal complaint is available.
4. The Informal Complaint Process may also include referral of either or both parties to confidential counseling through UAMS' Employee Assistance Program (EAP). This referral may be made by the designated Title IX Deputy Coordinator, the Director of Employee Relations, or the Campus Title IX Coordinator.
5. The complainant or the designated Title IX Deputy Coordinator may elect to refer the complaint to the Formal Complaint Process at any time as deemed necessary to resolve the complaint in an appropriate and timely manner.

C. Formal Complaint Process

1. When the Informal Complaint Process fails to resolve the complaint, or in instances where the designated Title IX Deputy Coordinator and the Office of Human Resources determines the nature of the allegations requires formal investigation, the Formal Complaint Process will be used. A preponderance of the evidence standard will be used to decide complaints (i.e., it is more likely than not that the allegation occurred). The designated Title IX Deputy Coordinator or a designee in the Office of Human Resources may assist the complainant in preparing

his or her complaint, in writing, as necessary.

2. If the complainant wishes to file a formal complaint, he or she must submit a signed, written statement alleging violation of this policy to his or her designated Title IX Deputy Coordinator. The designated Title IX Deputy Coordinator will forward a copy of the statement to the HR Director of Employee Relations and to the Campus Title IX Coordinator. The written statement should include the name of the complainant, the name of the respondent, the nature of the complaint, date(s), witness(es), and any other information relevant to the complaint. If some of this information is not available, the reason(s) of unavailability, if known, should be documented. Upon receipt of the written complaint, the HR Director of Employee Relations will initiate an investigation of the complaint and appoint the investigators. The investigators will meet with the respondent and allow him or her to view the complaint and present a copy of this policy. The respondent will be given an opportunity to respond to the complaint orally and in writing, and may provide evidence and witnesses. The investigators will also explain that there is to be no contact with or retaliation against the complainant. If necessary, interim steps to protect the complainant prior to the final outcome of the investigation may also be taken. The investigators will gather relevant evidence by interviewing the complainant, the victim (if different from the complainant), the respondent, and any witnesses or other individuals deemed appropriate to conduct a thorough investigation. Every effort will be made to ensure an impartial, fair, thorough and timely investigation of the complaint. All parties will be provided a written status update of the investigation after 30 days. Unless the complexity of the investigation and the severity and extent of the offense requires otherwise, or the allegation involves multiple incidents or multiple complainants, the investigation should be completed sixty (60) calendar days following receipt of the complaint.
3. Following completion of the investigation, the investigators will present their written findings to the Assistant Vice Chancellor of Human Resources and to the Campus Title IX Coordinator. The Assistant Vice Chancellor of Human Resources will prepare a written report, containing a recommended course of action for the complainant's Division Head or Dean (as applicable) and may provide further consultation when necessary. A copy of the report shall be given to the Campus Title IX Coordinator. It is the responsibility of the Division Head or Dean to take action consistent with the written findings. Once a final determination is made by the appropriate Division Head or Dean, both the complainant and the respondent will be notified in writing of the outcome of the complaint, including whether the campus determined that sexual harassment or violence occurred, and in accordance, with federal and state privacy laws, the sanction imposed against a student, employee or third party.
4. The complainant or respondent may appeal a finding, pursuant to the timeframe in the applicable grievance procedure, of whether or not a violation of this policy has occurred. The respondent may also appeal sanctions imposed as a result of a policy violation. All appeals shall be made through the campus grievance procedures (See [Grievance Procedure for Alleged Discrimination, Academic Affairs Policy Number 2.400](#) and [Employee Grievance Procedure, Administrative Guide Policy Number](#)

[4.4.16](#)). Both parties will be notified concurrently in writing of the outcome of any appeal.

5. Pursuant to FERPA (Family and Educational Rights to Privacy Act), the Clery Act, and VAWA (Violence Against Women Act), student disciplinary records will remain confidential unless the accused consents to release of information, or the sanction impacts the complainant, or there is an allegation of a sex offense, including sexual violence.

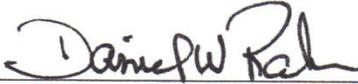
RECORD KEEPING

Each complaint should be documented and kept in a confidential file separate from the personnel or student files normally maintained by the Office of Human Resources or college's Associate Dean. Documentation should include the name of the complainant, the name of the accused, the nature of the complaint, date(s), witnesses, the name(s) of the person(s) who received the complaint, the name(s) of the person(s) who prepared the written documentation and the date of the written documentation, and any other information relevant to the case. If some of this information is not available, the reason(s) for unavailability, if known, should be documented. Such file will be maintained as provided by law.

Questions regarding this policy may be directed to the Title Campus IX Coordinator or Office of Human Resources at (501) 686-5650.

REFERENCES

Title IX of the Education Amendments of 1972, as amended
Title VII of the Civil Rights Act, as amended
Clery Act, as amended
Campus Save Act, as amended
Violence Against Women Act (VAWA), as amended
Family and Educational Rights to Privacy Act, as amended
Academic Affairs Policy 2.400, [Grievance Procedure for Alleged Discrimination](#)
Administrative Guide Policy 4.4.16, [Employee Grievance Procedure](#)

Signature:  _____

Date: **April 16, 2014**

University of Arkansas for Medical Sciences
College of Health Professions
Department of Imaging and Radiation Sciences
Division of Diagnostic Medical Sonography Program

**Scan Lab/Non-Clinical Scanning Policy
DMS (Diagnostic Medical Sonography)**

DMS students can volunteer to be scanned by other DMS students or faculty in the DMS lab or a clinical education site. This type of scanning is “non-clinical,” which means it is for educational purposes only. It will not be used to diagnose any medical condition. No student, faculty member, or clinic instructor will give a diagnosis based on any non-clinical scan. If a faculty member or clinic instructor accidentally notices a medical issue, the DMS scanning lab instructor/clinic instructor will talk with the student in private about the findings policy and may suggest a doctor be seen.

Scanning performed by DMS students, faculty, or clinic instructors on another student will not include any invasive scanning including, but not limited to, endovaginal scanning, scrotal scanning, breast scanning, and echocardiographic scanning without proper under garments.

Any DMS student can opt-out of being scanned in the DMS lab or at a clinical education site with no grade or clinical performance evaluation penalty. The information shared above relates only to non-clinical scanning and does not apply to students scanning patients at a clinic site.

Scan Lab Consent Form DMS (Diagnostic Medical Sonography)

Check **Yes** or **No**, and sign below.

- Yes**, I am volunteering to be scanned by DMS students or faculty in the DMS lab or a clinical education site. I know that this scan is “non-clinical,” which means it is for educational purposes only. It will not be used to diagnose any medical condition. No student, faculty member, or clinic instructor will give a diagnosis based on my scan. If a faculty member or clinic instructor incidentally notices some medical issue, the DMS scanning lab instructor/clinic instructor will talk with me in private about the findings policy and may suggest I see my doctor.

By checking this box, I understand all scanning by DMS students, faculty, or clinic instructors will not include any invasive scanning including, but not limited to, endovaginal scanning, scrotal scanning, breast scanning, and echocardiographic scanning without proper under garments.

By checking this box, I agree to tell the instructor any relevant medical history including, but not limited to, diseases and imaging results.

Someone explained the information on this form to me. I had the opportunity to ask questions. I fully understand. I can revoke my consent at any time by sending a signed letter to the DMS Program Director saying that I no longer want to be a DMS model.

- No**, I **do not** want to be a model for the DMS lab. I am **opting out** of being a volunteer patient in DMS scan labs. I understand that opting out will not affect my grade in any way while I am in the DMS program.

Student Signature

Date

Program Director Signature

Date

Please Fax This Form To (501) 526-7975, ATTN: Tammy Brooks

THIS FORM IS KEPT IN THE STUDENT'S DEPARTMENTAL FILE.

DMS Scan Lab- Incidental Findings Policy Statement

All volunteer patients, to include students and other DMS models, must read and sign a DMS Scan Lab Consent Form prior to being a DMS scanning model for any on-campus scan lab associated with the UAMS DMS program. Scans associated with the DMS program are meant for educational purposes only. In the event pathology is incidentally found, the volunteer patient will be notified in private only that there has been an abnormal finding and referred to their primary care physician. If the volunteer does not have a primary care physician, a list of local providers should be provided. DMS faculty may print or save images for the volunteer to take to their physician. No diagnosis or opinions should be offered by DMS faculty to volunteer patients.

The DMS Program Director should be notified as soon as possible when incidental findings are discovered in a volunteer patient.

University of Arkansas for Medical Sciences
College of Health Professions
Department of Imaging and Radiation Sciences
Diagnostic Medical Sonography Program

Virtual Classroom Netiquette (Zoom® or Blackboard Collaborate Ultra)

Netiquette, simply defined, is the manner in which one behaves in an on-line environment. Just as social norms exist in traditional face-to-face interactions, there are similar standards of acceptable behavior in the on-line environment. The following guidelines are recommended in an effort to achieve effective communication in a positive distance-learning environment:

- Use your real name.
- Be on time. Lectures will occur at regularly scheduled times and dates.
- Find a quiet space, free of distractions (others, pets, TV, washer/dryer, music, etc.).
- Be presentable as if you were in an actual classroom.
- Be respectful. This includes staying in front of the camera at all times, sitting upright, paying attention, and allowing others to finish speaking.
- Video and audio must be connected using a computer or iPad (no cellphones).
- Be ready for your class meeting. Gather any materials you need ahead of time.
- Mute your microphone if you are not speaking.
- Close unneeded applications on your computer to keep the video optimally functioning.
- You may want to use a headset with an external mic for best hearing and speaking capabilities.
- You can ask questions and make comments silently if desired using the "Chat" feature. Only post chat messages relevant to the lesson.
- Be mindful of your background lighting. If you are sitting in front of a window, you may be completely darkened by the light coming through the window. Your overhead light might need to be turned off or dimmed to optimize lighting.

System requirements

- An internet connection – broadband wired or wireless (3G or 4G/LTE)-WIRELESS is NOT recommended for the IPE Activities. We encourage you to join with a wired connection.
- Speakers and a microphone – built-in or USB plug-in or wireless Bluetooth
- A webcam or HD webcam - built-in or USB plug-in
- Or, a HD cam or HD camcorder with video capture card

Supported operating systems

- macOS X with macOS 10.9 or later
- Windows 10*
Note: For devices running Windows 10, they must run Windows 10 Home, Pro, or Enterprise. S Mode is not supported.
- Windows 8 or 8.1
- Windows 7
- For further system requirements, please click here for additional information: <https://support.zoom.us/hc/en-us/articles/201362023-System-requirements-for-Windows-macOS-and-Linux>