



## Introduction to Clinical

DMS197

Spring 2019

**Number of Credits:** 5

**Office:** JW236

**Days Class Meets:** M-W F

**Contact Phone:** 517 796-8494

**Meeting Times:** 8AM - 4PM

**Contact Email:** [geiersbstephenm@jccmi.edu](mailto:geiersbstephenm@jccmi.edu)  
[salinaskimberls@jccmi.edu](mailto:salinaskimberls@jccmi.edu)

**Location:** HLC218

**Office Hours**

**Instructor:** Stephen Geiersbach MS, RT(R), RDMS

Brittani McDaniels BAS, RDMS

Online

Dana Evertett BAS, RDMS

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### Course Description

This course will allow students to gain basic knowledge and practical skills that are necessary to begin a clinical externship in sonography. Students will study and practice: 1) communication skills as it is applied to the student-to- patient/sonographer/physician/ relationship, 2) patient assessment, and 3) scanning techniques that will be a part of their daily routine in their clinical practice.

### Prerequisite(s)

Admission to program

### Course Objectives

At the completion of this course the student will show by oral or via demonstration that he/she understands and is competent to perform or demonstrate the following:

1. General pertinent patient care. .
2. Asepsis, Universal Precautions, OSHA standards.
3. Patient interviewing techniques.
4. An introduction to Sonographic exam protocols.
5. The history of ultrasound and its medical uses.
6. Sonographic terminology.
7. Sonographic scanning planes.
8. Sonographic patient positioning.
9. Scanning motion and transducer manipulation.
10. Professional interactions, verbal, non-verbal, & in writing.
11. Demonstrate knowledge of sonographic anatomy

12. Perform and demonstrate basic scanning techniques
13. Explain and demonstrate proper ergonomics during the course of the exam

## Textbook

Curry, R.A., Tempkin, B.B., Ultrasonography; an Introduction to Normal Structure and Functional Anatomy fourth Edition, ISBN-13: 9780323322843, ISBN-10: 0323322840 W.B Saunders Co. 2015, Philadelphia, PA.

Curry, R.A., Tempkin, B.B., Workbook and Lab Manual for Sonography: Introduction to Normal Structure and Function, ISBN-13: 978-0323323628 ISBN-10: 9780323545235

**Etext available:** [https://www.amazon.com/Sonography-Introduction-Normal-Structure-Function/dp/0323322840/ref=pd\\_cp\\_14\\_1?encoding=UTF8&psc=1&refRID=WW5CYMYHVEYWYG9AVBGT](https://www.amazon.com/Sonography-Introduction-Normal-Structure-Function/dp/0323322840/ref=pd_cp_14_1?encoding=UTF8&psc=1&refRID=WW5CYMYHVEYWYG9AVBGT)

**Text Book Zero!** This text is available in a digital format. Please see the links posted on our class Jet Net site. This text is available to rent or purchase in digital format through the JC Bookstore.

**Open Educational Resources (OERs)** are strongly encouraged. If no textbooks are required, a disclaimer to the effect that students will not have to purchase books for the course:

## Follett Access

- Please [review the cost of your required materials](#) to determine the best option for you to purchase your materials.
- For more information on the Follett ACCESS Program, you can view the [view the frequently asked questions](#).

If after reviewing the costs, you choose to opt out, you may do so here: [www.jccmi.edu/optout](http://www.jccmi.edu/optout). Please note your opt out selection is for your entire semester schedule. You cannot opt out and opt in to individual courses. And you must opt out by the due date for your first class.

If you have questions about materials, please contact the Jackson College Follett bookstore at [jackson@bkstr.com](mailto:jackson@bkstr.com). For account billing questions, please contact the Jackson College Cashier at [jccashier@jccmi.edu](mailto:jccashier@jccmi.edu).

## Grading Procedure

4 timed Scan tests	25 pts. each	100
9 Sonosim Assignments	20	180

4 Affective domain instructor evaluations	25 pts. each	100
Portfolio Project	100	100
Final scanning assessment	100	100
Total Points Possible		580

## Grading Scale

GPA	GRADE RANGE
4.0	95-100%
3.5	90-94%
3.0	85-89%
2.5	80-84%
2.0	75-79%
1.5	70-74%
1.0	65-69%
0.5	60-64%
0.0	0-59%

## Failure

Any circumstances under which a student could be dismissed from or failed in the course that is not covered in other college publications. In pass/fail courses, a listing of minimal competencies.

## Academic Honesty Policy

Academic Honesty is defined as ethical behavior that includes student production of their own work and not representing others' work as their own, by cheating or by helping others to do so.

**Plagiarism is defined as the failure to give credit for the use of material from outside sources.**

**Plagiarism includes but is not limited to:**

- Submitting other's work as your own
- Using data, illustrations, pictures, quotations, or paraphrases from other sources without adequate documentation
- Reusing significant, identical or nearly identical portions of one's own prior work without acknowledging that one is doing so or without citing this original work (self-plagiarism)

**Cheating is defined as obtaining answers/material from an outside source without authorization.**

**Cheating includes, but is not limited to:**

- Plagiarizing in any form
- Using notes/books/electronic material without authorization
- Copying
- Submitting others' work as your own or submitting your work for others
- Altering graded work
- Falsifying data
- Exhibiting other behaviors generally considered unethical
- Allowing your work to be submitted by others

## Accessibility

Jackson College understands that cultivating a broadly diverse community is crucial to our educational mission and to our foundational commitment to leadership and service. Jackson College is fully committed to ensuring our courses are accessible to everyone including those with disabilities. We are currently working to increase accessibility and usability of our course materials in order to meet or exceed the requirements of Section 508 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1991 and Web Content Accessibility Guidelines (WCAG) 2.0. For more information about Jackson College's efforts to ensure accessibility please visit the [Jackson College accessibility web page](#).

If you have an accessibility need in any of our classes please e-mail the Center for Student Success at [JCCSS@jccmi.edu](mailto:JCCSS@jccmi.edu) or visit the [Center for Student Success web page](#).

At the Center for Student Success (CSS), we are committed to providing all students the opportunity to achieve academic success by providing a variety of support services free of charge to Jackson College students. This includes, but is not limited to, peer and faculty tutoring, mental health referral, temporary assistance with transportation, various workshops/seminars, and the TRIO program.

In addition, the CSS staff is committed to adapting the College's general services to meet the individual needs of otherwise qualified students with disabilities, for the purpose of providing equal access to all programs and facilities.

## Course Management

Ways that students can manage their enrollment in a course for special circumstances. Includes withdrawal, and audit and incomplete grading procedures.

## Makeup Policy

All assessments are available on day one of the course until the due date. Students are expected to plan accordingly and not wait until the last possible moment to take tests.

## Help

It is important to contact a Center for Student Success professional prior to the start of the semester in order to receive accommodations in a timely manner. While we will make every effort to coordinate accommodations in a timely manner, failure to self-identify prior to the start of the semester may delay notification to instructors and timeliness of acquiring accommodations. Accommodations do not automatically carry over to the next semester.

<https://www.jccmi.edu/center-for-student-success/accommodations-for-students-with-disabilities/>

## DMS Lab Rules

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1. Show up for class on time and be prepared to participate
2. Take advantage of all opportunities to scan.
3. Take the initiative to be involved in every learning opportunity.
4. Accept constructive criticism from instructors and fellow students.
5. Seek to help others with challenging situations.
6. Ask questions or volunteer information pertinent to your knowledge.
7. Demonstrate appropriate communication to others.
8. Demonstrate and maintain a positive attitude.
9. Demonstrate patience for others.
10. Show respect for the patient's/model's modesty and dignity.
11. Demonstrate concern for patient's/model's comfort.
12. Communicate effectively and appropriately with others.
13. Behave in a manner that promotes friendliness and cooperation.
14. Demonstrate eagerness to perform assigned tasks.
15. Demonstrate a willingness to work with/for others to accomplish goals.
16. Demonstrate an ability to communicate in an appropriate and constructive manner.
17. Demonstrate professionalism in attendance and conduct.
18. Demonstrate respect for the equipment and lab environment
19. Bring your own towel.
20. Do not monopolize scanning opportunities.

21. Clean transducers between patients/models.
22. No scanning without supervision from lab instructors.
23. Computer use is limited to lab related material.
24. Students are responsible for learning experiences.
25. All students must submit a signed or unsigned scan model consent form.
26. Scan models must first sign a scan model release form.
27. Shut down and clean machines in your area before you leave the lab.
28. No eating or drinking in the lab.
29. All cell phones must be turned off during class/lab

## Calendar

<u>Lesson</u>	<u>Topic</u>	<u>Assignment</u>
1	<p>Introductions</p> <p>Expectations</p> <p>Department policies</p> <p>Department Orientation</p> <p>Machine overview and cleaning</p> <p>Transducer Scanning orientation and scan planes</p> <p>Draping, gel application</p> <p>Universal Precautions</p> <p>Intro to Abdominal Vasculature Scanning</p>	<p>Read Chapter 1, 3, 4, 6 and 7 in preparation</p> <p>The student should also begin introducing themselves to team members a patients using established departmental protocols.</p> <p>Machine orientation will include how to safely power up and shut down machines. How to clean the machine. How to restock the room with gel and towels. How to change and appropriately handle transducers with care. This orientation will also include an introduction to basic knobology including; Depth, focus, overall gain, TGC, annotation, freeze and magnification. (Covered in videos posted in DMS197 and in lessons in DMS101)</p> <p>Transducer scan planes: (Covered in videos posted in DMS197 and in lessons in DMS101)</p> <p>Patient Draping, gel application: (Covered in videos posted in DMS197 and in lessons in DMS101)</p>

		<p>The student should be instructed to wear gloves while scanning.</p> <p>Introduction to abdominal vasculature Scanning: (Covered in videos posted in DMS197 and in lessons in DMS101)</p> <p>Complete Sonosim Assignment: Fundamentals of Ultrasound: Core Clinical Module.</p>
2	<p>MSI: Ergonomics and exercises</p> <p>Scanning planes</p> <p>Continued Abdominal Vasculature Scanning</p>	<p>Read Chapter 10, 11, 12, 13, 14 and 18 in preparation</p> <p>Musculoskeletal Injuries, Ergonomics, will be covered by lessons and videos posted in DMS197 and DMS101</p> <p>The student will need guidance to obtain the following images:</p> <p><b><u>Aorta</u></b></p> <p>Longitudinal proximal aorta  Longitudinal mid aorta  Longitudinal distal aorta  Longitudinal left iliac artery  Longitudinal right iliac artery  Transverse proximal aorta  Transverse mid aorta  Transverse distal aorta  Transverse aortic bifurcation</p> <p><b><u>IVC</u></b></p> <p>Longitudinal Proximal IVC  Longitudinal mid IVC  Longitudinal distal IVC  Transverse proximal IVC  Transverse mid IVC  Transverse distal IVC</p> <p>Complete Sonosim Assignment: Aorta/IVC: Anatomy and Physiology Module.</p>

<p>3</p>	<p>Intro to Liver, pancreas and Spleen Anatomy</p> <p>Scanning Windows. Tips and Technique</p>	<p>Introduction to abdominal Liver, Spleen and Pancreas Scanning: (Covered in videos posted in DMS197 and in lessons in DMS101)</p> <p>The student will need guidance to obtain the following images:</p> <p>Longitudinal left lobe liver with aorta  Longitudinal left lobe liver with IVC  Longitudinal right lobe medial liver with longitudinal main portal vein (intercostal)  Longitudinal right lobe liver with right portal vein  Longitudinal right lobe liver with diaphragm and kidney  Longitudinal right lobe liver inferior extent  Transverse left lobe liver left with left hepatic vein  Transverse left lobe liver with left portal vein  Transverse left lobe liver with caudate lobe  Transverse right lobe hepatic veins into IVC  Transverse right lobe right portal vein  Transverse right lobe upper pole kidney  Common hepatic duct with measurement (within Liver)  Common bile duct with measurement (outside Liver)  Longitudinal gallbladder supine  Transverse gallbladder supine  Longitudinal gallbladder LPO  Transverse gallbladder LPO  Longitudinal gallbladder LLD  Transverse gallbladder LLD  Pancreas in it's long axis  Pancreatic head (can be combined with other pancreas images)  Pancreas and body (can be combined with other pancreas images)  Pancreatic tail (can be combined with other pancreas images)  Longitudinal spleen with measurement  Longitudinal spleen with hilum and color  Transverse spleen  Transverse splenic hilum with color</p> <p>Complete Sonosim Assignment: Liver: Anatomy and Physiology Module.</p>
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4	Continued Abdominal Scanning	Read Chapter 15 and 16 in preparation  Complete Sonosim Assignment: Spleen: Anatomy and Physiology Module.
5	Continued Abdominal Scanning	<b>Affective Domain Evaluation #1</b>  Complete Sonosim Assignment: Biliary Tree: Anatomy and Physiology Module.
6	Continued Abdominal Scanning	Complete Sonosim Assignment: Pancreas: Anatomy and Physiology Module.
7	Continued Abdominal Scanning	<b>Scan Test #1: Liver, Aorta, IVC and Spleen</b>
8	Abdominal Scanning  Patient History  Renal Anatomy  Explanation of Procedure  Scanning Windows. Tips  Patient History  Renal Anatomy  Explanation of Procedure  Scanning Windows	Read Chapter 17 in preparation  Introduction to abdominal kidney Scanning: (Covered in videos posted in DMS197 and in lessons in DMS101)  The student will need guidance to obtain the following images:  <b><u>Kidney</u></b>  Longitudinal right kidney lateral Longitudinal right kidney mid with measurement Longitudinal right kidney medial with Hilum Transverse right kidney upper pole Transverse right kidney midpole with Hilum Transverse right kidney lower pole Longitudinal Left kidney lateral Longitudinal Left kidney mid with measurement Longitudinal Left kidney medial with Hilum Transverse Left kidney upper pole Transverse Left kidney midpole with Hilum Transverse Left kidney lower pole Longitudinal urinary bladder Transverse urinary bladder

		Complete Sonosim Assignment: Renal: Anatomy and Physiology Module
9	Complete Abdominal Scan	
10	Continued Abdominal Scanning  Complete Abdominal Scan	<b>Affective Domain Evaluation #2</b>  <b>Scan Test #2: Kidney</b>
11	Pelvic Scanning  Intro to Pelvic Anatomy  Explanation of Procedure  Scanning Windows. Tips and Technique  Patient History	Read Chapter 21 in preparation  Introduction to abdominal Pelvic Scanning: (Covered in videos posted in DMS197 and in lessons in DMS101)  The student will need guidance to obtain the following images:  <b><u>Pelvis- Transbadominal</u></b>  Longitudinal uterus with measurement Longitudinal uterus with endometrium and measurement Longitudinal right ovary Longitudinal right ovary with measurement Longitudinal right lateral pelvis including iliac vessels Longitudinal left ovary Longitudinal left ovary with measurement Longitudinal left lateral pelvis including iliac vessels Transverse uterus inferior Transverse uterus mid Transverse uterus fundus Transverse right ovary Transverse right ovary with measurement Transverse left ovary Transverse left ovary with measurement  Complete Sonosim Assignment: Female Pelvis: Anatomy and Physiology Module

12	Continued Pelvic Scanning	
13	Continued Pelvic Scanning	
14	Continued Pelvic Scanning	<b>Scan Test #3: Pelvis</b>
15	<p>Small Parts Scanning</p> <p>Intro to Thyroid Anatomy</p> <p>Explanation of Procedure</p> <p>Scanning Windows. Tips and Technique</p> <p>Patient History</p>	<p>Read Chapter 27 in preparation</p> <p>Introduction to Thyroid Scanning: (Covered in videos posted in DMS197 and in lessons in DMS101)</p> <p><b>Affective Domain Evaluation #3</b></p> <p>The student will need guidance to obtain the following images:</p> <p><b><u>Thyroid:</u></b></p> <p>Lg. right Thyroid lateral  Lg. right Thyroid Mid w/ measurement  Lg. right Thyroid Mid With Color Doppler  Lg. right Thyroid medial  Tr. right Thyroid superior  Tr. right Thyroid Mid w/ measurement  Tr. right Thyroid inferior  Lg. left Thyroid lateral  Lg. left Thyroid Mid w/ measurement  Lg. left Thyroid Mid With Color Doppler  Lg. left Thyroid medial  Tr. left Thyroid superior  Tr. left Thyroid Mid w/ measurement  Tr. left Thyroid inferior  Isthmus in a transverse plane</p> <p>Complete Sonosim Assignment: Thyroid: Anatomy and Physiology Module</p>
16	Continued Thyroid Scanning	

17	Open Scanning/Final Preparation	<b>Scan Test #4: Thyroid</b>
18	Open Scanning/Final Preparation	
19	Open Scanning/Final Preparation	<b>Last Day to submit Portfolio.</b>
20	Final Scanning Assessment	<b>Affective Domain -Instructor Evaluations Due</b>

## Ultrasound Image Portfolio Assignment

**Purpose:** To evaluate students' progress and use of lab time effectively. To provide clinical instructor with information about the students' progress in summer lab.

**Objective:** To provide students with a better understanding of an ultrasound examination. To develop examination sequencing to understand scanning protocols. To develop time management during an ultrasound examination. To prepare students for clinical.

**Requirements:** Students will assemble a portfolio in a folder consisting of a table of contents including the students logbook, lab logbook total sheet, attendance sheet, and the 4 examinations containing the required images neatly organized in a "storybook" progression within the timeframes outlined for each section. The time will be measured from the first image in the portfolio to the last. Each section must be neatly assembled inside of a folder and reviewed by a lab instructor before taking the final scan examination. No portfolio examination will be accepted if it exceeds the time limit allowed.

Every image must be diagnostic with appropriate image depth, annotation, focus placement and gain settings. Failure to meet these requirements will result in rejection of image portfolio, delay student to complete competencies in a timely manner and result in the student missing the deadline to complete the final scan examination. **It is encouraged that students periodically check with lab instructors for appropriateness of image quality to avoid this situation.** Students failing this course will not be allowed to continue.

# Ultrasound Examinations

## **Liver/ Abdomen Limited/RUQ**

**40 minutes**

Longitudinal left lobe liver with aorta  
Longitudinal left lobe liver with IVC  
Longitudinal right lobe medial liver with longitudinal main portal vein (intercostal)  
Longitudinal right lobe liver with right portal vein  
Longitudinal right lobe liver with diaphragm and kidney  
Longitudinal right lobe liver inferior extent  
Transverse left lobe liver left with left hepatic vein  
Transverse left lobe liver with left portal vein  
Transverse left lobe liver with caudate lobe  
Transverse right lobe hepatic veins into IVC  
Transverse right lobe right portal vein  
Transverse right lobe upper pole kidney  
Common hepatic duct with measurement (within Liver)  
Common bile duct with measurement (outside Liver)  
Longitudinal gallbladder supine  
Transverse gallbladder supine  
Longitudinal gallbladder LPO  
Transverse gallbladder LPO  
Longitudinal gallbladder LLD  
Transverse gallbladder LLD  
Pancreas in it's long axis  
Pancreatic head (can be combined with other pancreas images)  
Pancreas and body (can be combined with other pancreas images)  
Pancreatic tail (can be combined with other pancreas images)

## **Kidney**

**30 minutes**

Longitudinal right kidney lateral  
Longitudinal right kidney mid with measurement  
Longitudinal right kidney medial with Hilum  
Transverse right kidney upper pole  
Transverse right kidney midpole with Hilum  
Transverse right kidney lower pole  
Longitudinal Left kidney lateral  
Longitudinal Left kidney mid with measurement  
Longitudinal Left kidney medial with Hilum  
Transverse Left kidney upper pole  
Transverse Left kidney midpole with Hilum  
Transverse Left kidney lower pole  
Longitudinal urinary bladder  
Transverse urinary bladder

**Pelvis- Transbadominal****30 minutes**

- Longitudinal uterus with measurement
- Longitudinal uterus with endometrium and measurement
- Longitudinal right ovary
- Longitudinal right ovary with measurement
- Longitudinal right lateral pelvis including iliac vessels
- Longitudinal left ovary
- Longitudinal left ovary with measurement
- Longitudinal left lateral pelvis including iliac vessels
- Transverse uterus inferior
- Transverse uterus mid
- Transverse uterus fundus
- Transverse right ovary
- Transverse right ovary with measurement
- Transverse left ovary
- Transverse left ovary with measurement

**Thyroid****30 minutes**

- Lg. right Thyroid lateral
- Lg. right Thyroid Mid w/ measurement
- Lg. right Thyroid Mid With Color Doppler
- Lg. right Thyroid medial
- Tr. right Thyroid superior
- Tr. right Thyroid Mid w/ measurement
- Tr. right Thyroid inferior
- Lg. left Thyroid lateral
- Lg. left Thyroid Mid w/ measurement
- Lg. left Thyroid Mid With Color Doppler
- Lg. left Thyroid medial
- Tr. left Thyroid superior
- Tr. left Thyroid Mid w/ measurement
- Tr. left Thyroid inferior
- Isthmus in a transverse plane

**Important Dates:****Spring 2021 Academic Calendar**

Event	Dates	Notes
<b>COURSE DATES</b>		
<b>REGISTRATION BEGINS FOR ALL STUDENTS</b> <i>New students must contact Admissions at 517.796.8425 prior to registering for classes.</i>	Feb. 24, 2021	

<b>Semester Dates</b>	May 10 – Aug. 9, 2021	
<b>OTHER DATES</b>		
<b>Memorial Day Holiday</b>	May 29 – 31, 2021	No classes
<b>Independence Day Holiday</b>	July 3 – 5, 2021	No classes

### **Student Responsibilities**

Students are expected to cover the necessary topics and to demonstrate their ability to meet performance objectives. It is expected by the instructor that all assignments and readings will be completed on time. The very nature of this course makes it very difficult for one to catch up once they are behind. It is also the student's responsibility to have a secure internet connection for testing purposes. If the student's ISP kicks them off the internet during a test, the student will not be allowed to take the test again and will receive a zero for that test. Students can find secure internet connections at their local library or community college.

### **Attendance Policy**

In compliance with Federal Title IV funding requirements, as well as college initiatives, I will be monitoring student participation on a regular basis and officially reporting student activity throughout the term to assure compliance with college policy and federal regulations. It is imperative that you log in to the course and actively participate *within the first couple days of the term* to validate your enrollment in the course. After that, not actively participating in class may result in you being withdrawn from the course. Being withdrawn from a course can have an impact on financial aid, billing, athletic eligibility, and housing status. As a college student you are responsible for how your participation impacts your academic progress; the accountability lies with you.

### **Caveat**

Students should be advised that some revisions during the course might be necessary due to school closing policies, facilitator illness or injury, or any other improbable interruptions of the course.

**Students must have a minimum 2.0 in this course to continue in the DMS program.**

## Jackson College Affective Evaluation

This form is to be completed by the Instructor. Using the Affective domain rubric for guidance, assess the students ability in each section and score between 0-8 points. Report your grade on the Affective Domain summary.

If the student has any areas where they have not at received at least an evaluation of “Meets Expectations” by the end of the course, they will not receive a passing grade in the class.

### Affective Domain Rubric

	Does not meet expectations	Needs Improvement	Meets Expectations	Sometimes exceeds expectations	Consistently exceeds expectations
Points	0	3	6	7	8
<b>Integrity</b>	Does not always demonstrate honesty and trustworthiness and/or provides incomplete documentation.	Honest and trustworthy with property and confidential information, but does not always completely and accurately document patient care and learning activities.	Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.	Consistent honest, assists other classmates in understanding and in developing their documentation skills.	Always honest, leads by example and models exemplary behaviors regarding integrity. Consistently turns in paperwork that is complete and accurate.
<b>Empathy</b>	Being deliberately disrespectful of others, making fun of others, being condescending or sarcastic to others, clearly uncomfortable dealing with emotions of patients.	Being uncompassionate to others or responding inappropriately to emotional responses because you are uncomfortable with their emotional displays. Acting coolly towards patients in	Showing compassion to others, responding appropriately to emotional responses by others, demonstrating respect to others, being supportive and reassuring.	Able to show compassion and respond appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient (classmate)	Has the ability to set troubled patients at ease and actively listens to their problems and concerns.

		distress and not acting as a patient advocate			
<b>Self-motivation</b>	Consistently failing to meet established deadlines, unable to demonstrate intrinsic motivating factors requiring extra extrinsic motivation from instructors, failing to improve even after corrective feedback has been provided by faculty, requiring constant supervision to complete tasks or being asked to repeat a task that is incorrectly performed.	Not actively taking the initiative to improve behavior, or follow through on tasks, or seeking improvement, but obviously making attempts to attain acceptable standards.	Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.	Occasionally completing and turning in assignments before the scheduled deadline, volunteering for additional duties, consistently striving for excellence in all aspects of patient care and professional activities, seeking out a mentor or faculty member to provide constructive criticism, informing faculty of learning opportunities.	Never missing a deadline and often completing assignments well ahead of deadlines, reminding other students of deadlines, supporting faculty in upholding the rules and regulations of the program, taking seriously opportunities to provide feedback to fellow students, seeking opportunities to obtain feedback, assisting in arranging and coordinating activities.
<b>Self-confidence</b>	Does not trust personal judgment, is unaware of strengths or weaknesses, and frequently exercises poor personal judgement.	Needs encouragement before trusting personal judgment, is aware of strengths but does not readily recognize weaknesses, sometimes makes poor personal choices.	Demonstrating the ability to trust personal judgment, demonstrating an awareness of strengths and limitations, exercises good personal judgement.	Aware of strengths and weaknesses and seeks to improve, exercises good personal judgement.	Stands by and can defend personal choices when challenged by an authority figure, actively seeks to improve on weaknesses, seeks out opportunities to assist other classmates in developing their self-confidence.

<p><b>Communications</b></p>	<p>Unable to speak or write clearly and is unable to correct their behavior despite intervention by instructors, does not actively listen (requires instructions to be repeated or appears unable to follow directions), resistant to learning new communication strategies.</p>	<p>Needs work to speak or write clearly, knows how to actively listen although sometimes is unable to model good listening skills, able to identify alternative communication strategies needed in various situations but is still developing the skill to perform alternative strategies.</p>	<p>Speaking clearly with good pace and volume, writing legibly, listening actively, adjusting communication strategies to various situations, uses appropriate vocabulary, complete sentences, and correct grammar, defines specialized terms for complete comprehension.</p>	<p>Working on mastering speaking and writing abilities, models active listening skills, able to modify communication strategies easily in various situations and able to effectively communicate a message in these various settings.</p>	<p>Demonstrates exemplary communication skills by adapting the pace and volume to the recipient's needs, writing clearly and coherently, patterning strong active listening skills, and is comfortable utilizing a variety of communication styles, may have proficiency in another language, including sign language.</p>
<p><b>Active Listening</b></p>	<p>Does not demonstrate active listening skills either verbally or non-verbally by trying to "mind read" without listening, rehearsing what is to be said rather than listening, judging, and lecturing. Nonverbally, there is a defensiveness and guardedness in body movement and facial gestures.</p>	<p>Generally demonstrates active listening skills both verbally and non-verbally by mastering at least half of the characteristics listed below. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and</p>	<p>Demonstrates active listening skills both verbally and non-verbally by mastering most of the characteristics listed below. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and responding to</p>	<p>Demonstrates strong active listening skills both verbally and non-verbally but the characteristics are not completely natural yet. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and</p>	<p>Demonstrates exemplary active listening skills both verbally and non-verbally. Verbally by asking appropriate open-ended questions, repeating back/paraphrasing statements for clarification of facts and feelings, recognizing when to provide positive reinforcement, and responding to questions and statements without</p>

		responding to questions and statements without judgment, bias, or condescension. Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	questions and statements without judgment, bias, or condescension . Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	responding to questions and statements without judgment, bias, or condescension . Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.	judgment, bias, or condescension . Non-verbally by developing and maintaining eye contact, physically “leaning in” or “opening up,” and effectively mirroring or reflecting facial expression.
<b>Nonverbal Communication</b>	Does not maintain eye contact and use appropriate gestures and facial expressions that match the verbal statements, speaks artificially, and does not respond to non-verbal behaviors.	Generally demonstrates strong nonverbal communication skills by mastering at least half of the following: maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.	Demonstrates strong nonverbal communication skills and has mastered most of the following: maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation	Demonstrates strong nonverbal communication skills, but needs more practice, by maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.	Demonstrates exemplary nonverbal communication skills by maintaining eye contact to establish rapport, using gestures, facial expressions, and posture to reinforce the verbal message, using an authentic tone and a natural pitch and volume, and recognizing and responding to the non-verbal behaviors within a specific situation.

<p><b>Time management</b></p>	<p>Often late to class or clinical sites, upon arrival needs additional time to be ready to begin (changing into uniform, gathering supplies, etc.), frequently late in turning in assignments, requires constant reminders about due dates and will blame others if a due date is missed.</p>	<p>Occasionally late in arriving to class or clinical sites, occasionally late in turning in assignments or requires reminding about deadlines.</p>	<p>Consistent punctuality, completing tasks and assignments on time.</p>	<p>Generally ready to begin class or clinical prior to the actual start time, completes tasks and assignments by due date (and occasionally in advance of due date) with minimal need for reminders of due dates.</p>	<p>Punctual (or early) nearly 100% of the time, completes tasks and assignments prior to the due date, seldom requires reminding about deadlines or due dates, may assist instructor in reminding classmates about due dates.</p>
<p><b>Teamwork and Diplomacy</b></p>	<p>Manipulating the team or acting with disregard to the team, being disrespectful of team members, being resistant to change or refusing to cooperate in attempts to work out solutions.</p>	<p>Sometimes acting for personal interest at the expense of the team, acting independent of the team or appearing non-supportive, being somewhat resistant to change or occasionally unwilling to work out a solution.</p>	<p>Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to resolve problems.</p>	<p>Placing success of the team above self-interest, supporting and holding up the team by shouldering additional responsibilities, actively seeking to include all members of the team in decision making processes were appropriate, welcoming change and remaining flexible, helping to open the lines of communication .</p>	<p>Placing success of the team above self-interest (even if that means a negative outcome to self), taking a leadership role and using good management skills while leading, involving all appropriate team members in the decision making process, suggesting and implementing changes to benefit the team, seeking ways to keep communications and dialogue going.</p>

<b>Respect</b>	Disrespectful of authority, being argumentative, using inappropriate words or outbursts of anger, deliberately undermining authority in words or actions or trying to provoke others, frequently unable to act in a professional manner.	Being polite when required, occasionally overheard using demeaning or derogatory language but confining it to situations other than in patient care settings, occasionally acting unprofessional on the job.	Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession.	Being polite even when a situation is not going in his/her favor, always using respectful language when describing situations even when not in public areas, modeling good professional behaviors.	Serving as a "peacemaker" in volatile situations, able to take abusive language or disrespect from patients without reacting negatively towards the individual, modeling good professional behaviors even when outside of the classroom or off of the job.
<b>Patient/ Classmate Advocacy</b>	Unable to deal with patients because of personal biases, actively demeaning or degrading patients with words or deeds, unconcerned about patient rights, feelings or considerations, frequently takes shortcuts during care of patients because it is "easier" or faster."	Occasionally has difficulty dealing with patients because of personal bias or feelings, not always able to place the needs of the patient first.	Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity.	Not allowing personal bias or feelings to interfere with patient care despite strong negative feelings or biases towards a patient or situation, actively advocating for patient rights, protecting confidentiality.	Models patient advocacy and able to defend the need to advocate for patient rights, seeks out opportunities to help fellow classmates learn the principles of patient advocacy, when the opportunity presents itself can be called upon to follow through on an advocacy issue even if it means on their off time.
<b>Careful delivery of services</b>	Unable to perform skills at entry level or requiring constant monitoring or reinforcement to perform skills,	Occasionally performing skills below the entry-level, requiring monitoring to ensure completeness and accuracy	Performing skills at an entry-level capacity a majority of the time, following policies, procedures and protocols	Can be trusted to function independent of all rules, regulations, policies and procedures.	Functions independently and able to correct mistakes by self-reflection, able to assist in the development of

	required to recheck tasks because of omissions or inaccuracies in performance or documentation, unwilling to learn policies, procedures or protocols, deliberate unwillingness to following policies, procedures and protocols or orders.	in completing tasks, occasional minor breeches in policies, procedures or protocols attributed to lack of knowledge of it but willing to learn, may follow following policies, procedures and protocols or orders.	or following orders.		rules, regulations, policies and procedures, will assist in monitoring fellow students in the completion of tasks and may be able to assist fellow students identify weaknesses and strengths.
<b>Appearance and Personal Hygiene</b>	Inappropriate uniform or clothing worn to class or clinical settings. Poor hygiene or grooming.	Appropriate clothing or uniform is selected generally, but the uniform may be unkempt (wrinkled), mildly soiled, or in need of minor repairs, appropriate personal hygiene is common, but occasionally the individual is unkempt or disheveled.	Clothing and uniform is appropriate, neat, clean and well-maintained, good personal hygiene and grooming. No perfume, cologne, or smoke smell.	Clothing and uniform are above average. Uniform is pressed and business casual is chosen when uniform is not worn. Grooming and hygiene is good or above average. No perfume, cologne, or smoke smell.	Uniform is always above average. Non-uniform clothing is businesslike. Grooming and hygiene is impeccable. Hair is worn in an appropriate manner for the environment and student is free of excessive jewelry. Make-up is discreet and tasteful. No perfume, cologne, or smoke smell.



