

**UNIVERSITY OF KANSAS
DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM**

2011 ORIENTATION PROCESS CHECKLIST

Using a Web browser, visit www.cardiacsonography.kumc.edu to find the orientation information. Read all materials carefully, and then print this document.

- Please sign the following forms included in this packet:

Policy and Procedures acknowledgement form
Technical Standards verification form
Student Code of Conduct signature form
Informed Consent to Imaging Procedures signature form

Mail all three signature forms

Mary Keefer
KU Diagnostic Cardiac Sonography
G-600 KUMED
3901 Rainbow Blvd.
Kansas City, KS 66160

- Current CPR card, professional license or registry card**

Include a copy of one of the documents above to Mary along with your signature forms

Mary Keefer
KU Diagnostic Cardiac Sonography
G-600 KUMED
3901 Rainbow Blvd.
Kansas City, KS 66160

- Complete Criminal Background Check**

Follow instructions for a [background check](#), viewed from the website in PDF format. You will request a criminal background check and pay at the company's Web site. Results will be on file with University of Kansas School of Allied Health. Please contact Moffett Ferguson in the Office of Student Affairs (913-588-5275) or mfergus1@kumc.edu for questions about background checks.

- Complete a Drug Screening Test**

Contact the Office of Student Affairs at mfergus1@kumc.edu or 913-588-5275 to obtain the required drug screening paperwork and instructions on how to complete the testing. The testing and the results must be completed prior to beginning the program in September.

- Complete a Color Blindness Test**

The color blindness test can be completed through KUMC Student Health Services on the KU Medical Center campus, Student Services Building.

- Enroll and Pay**

Enrollment, tuition and fee payment are completed online. Log on to <https://sa.ku.edu> and use your user ID and password to access your account. Student fees details: <http://www.kumc.edu/studentcenter/regenroll.html> .

Required Compliance Training

All KUMC students are required to complete annual compliance training during the June 1 through September 30 student training window. The training is completed online at <http://my.KUMC.edu> . Log on and navigate to the "Training" tab.

The following modules are required for students:

- Computer Security Awareness Training
- Harassment Tutorial: Respect in the Classroom and Workplace
- HIPAA Training
- Student Confidentiality Agreement
- University/UKP Safety Training
- University/UKP/Student Workplace Violence Training

Read each module and complete the respective quiz with a passing grade. Results will be provided to the program director and a passing grade is required for each module before classes begin.

Additional Information:

Student Health Services

All regulations regarding health and health insurance must be followed to the letter. For information, visit www.kumc.edu/studentcenter/health.html or call 913-588-1941.

2011 School and KU Medical Center Orientation

TBA

Parking: Call 913-588-5175 for information.

Bookstore: Log on to <http://www.kumedbooks.com> for information.
Textbook list has been sent to you via e-mail.

Dress code: navy blue scrubs.

University of Kansas School of Allied Health

Diagnostic Cardiac Sonography Program

I verify that I have read, understand and agree with the content University of Kansas Diagnostic Cardiac Sonography Program Policy and Procedures document.

Print Name

Signature

Date

CODE OF CONDUCT

UNIVERSITY OF KANSAS SCHOOL OF ALLIED HEALTH

DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

CODE OF CONDUCT

The sonographer-in-training represents the University of Kansas School of Allied Health, the University of Kansas Hospital and the profession of diagnostic medical sonography. The Diagnostic Cardiac Sonography Program Code of Conduct is designed to promote professionalism in the day-to-day workings of the program and in the profession. The Code of Conduct will apply to both the academic and clinical settings. It is based on two premises: 1) the patient's care and welfare takes precedence in all situations, and 2) the sonographer-in-training is responsible for his or her own actions. Any violation of the Code of Conduct may result in dismissal from the program at the discretion of the program directors.

1. All clinical instructors represent the program directors and possess similar authority when the program directors are not immediately available. Sonographers-in-training are expected to develop and foster effective and professional working relationships with the clinical instructors based on shared goals and mutual respect.
2. The University of Kansas Hospital and The University of Kansas School of Allied Health form a patient-centered environment. All sonographers-in-training are expected to first consider the potential effect of their words and actions on all present and future patients before speaking or acting.
3. Sonographers-in-training are expected to interact effectively and professionally with patients, families, colleagues, other health care professionals and the community.
4. Sonographers-in-training are expected to deal effectively and professionally with cultural and ethnic diversity issues.
5. Any interpersonal conflicts, if not immediately resolved one-on-one, must be reported to the program directors for purposes of conflict resolution. No interpersonal conflicts of any kind will be tolerated with a patient present.
6. Sonographers-in-training are responsible for the material presented to them in the classroom when they are in a clinical rotation. A sonographic strategy should be discussed and agreed upon with the clinical instructor prior to entering the exam room or patient room. A patient's condition is never discussed in front of the patient, the patient's family, or anyone else not directly and appropriately involved in that patient's care.
7. The sonographer-in-training is expected to be honest and take responsibility for his or her actions. Plagiarism qualifies as grounds for dismissal. Dishonesty or unethical behavior in any academic or clinical setting qualifies as grounds for dismissal.
8. Sonographers-in-training are expected to make proper use of time and resources.
9. Sonographers-in-training are expected to abide by the dress code as outlined in the student handbook.
10. Sonographers-in-training are expected to report on time to all classes and clinical rotations unless they have an excused absence.
11. Sonographers-in-training are expected to be familiar with the Code of Ethics for the Profession of Diagnostic Medical Sonography (<http://www.sdms.org/about/codeofethics.aps>) and conduct themselves accordingly.
12. Sonographers-in-training are expected to conduct themselves at all times as representatives of The University of Kansas Hospital and The University of Kansas School of Allied Health.

I have read the above Diagnostic Cardiac Sonography Code of Conduct and understand that behavior inconsistent with this Code of Conduct will be addressed by the program directors and may lead to dismissal from the program.

Print Name

Signature

Date

University of Kansas School of Allied Health
Diagnostic Cardiac Sonography Program

Notice

While attending the University of Kansas Diagnostic Cardiac Sonography Program, you will be asked to perform cardiac ultrasound exams on your fellow students and have them perform cardiac ultrasound exams on you. In their statement entitled, *Clinical Safety*, approved in March of 1997, the American Institute of Ultrasound in Medicine states, " There are no confirmed biological effects on patients or instrument operators caused by exposures from present diagnostic ultrasound instruments. Although the possibility exists that such biological effects may be identified in the future, current data indicate that the benefits to patients of prudent use of diagnostic ultrasound outweigh the risks, if any that may be present."

As a matter of informed consent, it is important that you have read and understand the statements made in this document and agree that the educational benefits of your voluntary participation in our program outweigh the risks, if any, which may be present.

In addition, you have agreed to participate in an academic setting as a participant in program demonstrations and laboratory experiences for educational purposes with respect to the Diagnostic Cardiac Sonography Program. Your participation is for educational purposes only and will not diagnose medical conditions.

The Program Director, Mary Keefer, may be contacted at any time if you have questions regarding your participation in the demonstrations and/or laboratory experiences, or if any problems result from your participation. Your participation is voluntary, however, if you have concerns please discuss them with a program official.

No commitment is made by Mid America Cardiology at the University of Kansas Hospital to provide free medical care or compensation for your participation or any adverse results because of your participation. However, if our imaging demonstrates an abnormality that might represent a potential health problem for you our Medical Director will discuss the findings with you. Our Medical Director would also discuss this finding with your personal physician if you request.

Further information concerning Mid America Cardiology at the University of Kansas Hospital policies in this regard may be obtained from the program Director, Mary Keefer.

Student name: _____ Date: _____

Clinical instructor: _____ Date: _____

I agree to participate in guided scanning sessions that will be supervised by a clinical instructor. I understand that I will scan classmates, and classmates will scan me.

Student Signature: _____

University of Kansas
School of Allied Health
Diagnostic Cardiac Sonography Educational Program

INSTRUCTIONS: Please sign this form and return to Mary Keefer with the other required materials on the orientation checklist.

I verify that to my knowledge I can meet the [technical standards](#) for the KU Diagnostic Cardiac Sonography program.

Please review my particular situation relative to the following technical standards:

- _____ 1. Observation
- _____ 2. Communication
- _____ 3. Psychomotor
- _____ 4. Intellectual
- _____ 5. Behavior and Social Attributes
- _____ 6. Technical

Specific Difficulty:

(If additional information/space is needed please attach another page.)

Print Name

Signature

Date



ACKNOWLEDGEMENT OF STUDENT HEALTH INSURANCE POLICY

I have been informed of and understand the following requirements:

1. That all students at the University of Kansas Medical Center are required to have health insurance while enrolled.
2. That I am required to provide proof of insurance (e.g., front & back copy of insurance card) before or at orientation.
3. That if my insurance changes at any time during my enrollment, I am required to provide the Student Health Insurance Verification Office proof of insurance at the time of such change.
4. That if it is determined that I allowed my health insurance to lapse during any point of my enrollment at KUMC, I will be subject to a HOLD placed on my academic records and may be subject to disenrollment.
5. That KUMC may contact my insurance company to verify that my policy is current at anytime during my enrollment, and has my permission to do so.
6. That there are insurance plans available to KUMC students if I need assistance finding a plan. However, I am not required to enroll in these plans. I know that I am responsible for researching and selecting a health insurance plan that best meets my needs.
7. That if I have any questions regarding the requirements stated on this acknowledgement, I should direct them to the Student Health Insurance Verification Office – shinsurance@kumc.edu, (913) 588-4695.

STUDENT NAME (PLEASE PRINT)

STUDENT ID NUMBER

STUDENT SIGNATURE

_____/_____/_____
DATE

ACADEMIC SCHOOL

_____/_____/_____
STARTING DATE AT KUMC

_____/_____/_____
GRADUATION DATE

**Please return this form to the following address:
Student Health Insurance Verification Office
G116 Student Center
KUMC
3901 Rainbow Blvd
Kansas City, KS 66160**