

**UNIVERSITY OF KANSAS
DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM**

ORIENTATION PROCESS CHECK LIST

Using a web browser, visit www.cardiacsonography.kumc.edu and click on **Incoming Students: Orientation Materials**. Read all information carefully, and then print this packet on your printer.

- Read the Student Policies and Procedures and Technical Standards, and then please sign the following forms included in this packet:

Policy and Procedures acknowledgement form
Technical Standards verification form
Student Code of Conduct signature form

Mail all three signature forms to Mary by **July 27, 2009**.

KU Diagnostic Cardiac Sonography
Attn: Mary Keefer
Mailstop 4023
3901 Rainbow Blvd.
Kansas City, KS 66160

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

Mail a copy of one of the above documents to Mary before class begins on **July 27, 2009**.

KU Diagnostic Cardiac Sonography
Attn: Mary Keefer
Mailstop 4023
3901 Rainbow Blvd.
Kansas City, KS 66160

- Student Health and Insurance Requirements**

Please review the student health requirements and verify you have provided all required documentation. Student health insurance is required and this document includes a Acknowledgement of the Student Health Insurance Policy form which must be returned to the KUMC Office of Student Health.

- Complete Criminal Background Check**

Please read the School of Allied Health background check policy and follow the instructions. Two items are required: 1) obtain a background check, and, 2) provide a social security release. 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) for questions about background checks.

Enroll and Pay

Enrollment and 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 are explained at <http://www.kumc.edu/studentcenter/regenroll.html> .

HIPAA and Safety Training

Log on to <http://www2.kumc.edu/chalk/> and perform following steps to complete student training for HIPAA and Safety at KUMC:

- 1) Select "University of Kansas Medical Center" as the institution
- 2) Enter your username and password
- 3) Select KUMC University HIPAA Training, HIPAA Training for KUMC Students, and read all modules, take (and pass) quiz, and print the results of each quiz. The site should give you the option to print when you have passed the quiz.
- 4) Click on Safety Training, read each module, take quiz for each (and pass) , and print the results.
- 5) Submit printed quiz results to the program director during 1st week of class.

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.

School of Allied Health Orientation

Wednesday, August 19, 2009
2:00-4:15 PM
GO13 School of Nursing

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: scrubs.

First day of class:

**Tuesday, September 8, 2009
8:00 AM, Olathe Building Room G034**

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 Educational Program

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

Deadline: July 27, 2009

I verify that to my knowledge I can meet the technical standards listed above.

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**