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Policies and Procedures

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Bellevue College
Program of Diagnostic Ultrasound Technology

General Policies & Procedures
2015-2016

This student handbook is designed to provide the student with a clear understanding of the operations, policies and procedures of the Diagnostic Ultrasound Technology Program. Because this program is a health care career path, and prepares students for entry level employment as a Sonographer upon graduation There are guidelines, standards, policies and procedures that specifically relate to professionalism, medical ethics, and clinical practices. This, in addition to official Bellevue College policies and procedures identified in the BC Student Handbook, and other web based information is available to students throughout the program.

Bellevue College is committed to student success, and provides many resources and support systems for students through other program and college services.

Additional information for students and faculty is available at www.bellevuecollege.edu. This student handbook has been reviewed and approved through standard processes at BC and is in effect as an adjunct to the standard BC policies and procedures. Students are expected to comply with the policies and procedures contained within this handbook throughout their educational experience.

Further information on the scope of practice, code of ethics and credentialing for Diagnostic Medical Sonographers can be found at www.ardms.org, www.arrt.org, www.jrcdms.org, and www.sdms.org. These organizations provide program accreditation standards and guidelines, professional credentialing and continuing education for Sonographers.

PROGRAM GOALS

The DUTEC Program goals are: “To prepare competent entry level general sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains” and/or “To prepare competent entry level adult cardiac sonographers in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains” and/or “To prepare competent entry level vascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains”.
Welcome to the Diagnostic Ultrasound Technology Program! We, the faculty and staff, congratulate you on your acceptance to the program. We look forward to sharing our knowledge and experience in the field of diagnostic medical Sonography with you.

This handbook is designed to serve as a reference and resource for information relating to student activities during your progress through the program. It is required that you take the time to read it carefully. If you have any questions that are not answered in this book, please contact the program chair, or Director of the Health Science, Education and Wellness Institute for clarification or additional information.

The program requires 24 consecutive months as a full-time student to complete. The curriculum consists of classroom, laboratory, library research, and clinical practical experience. Laboratory sections may be held at off-campus sites. The clinical education may take place in two or more of the affiliate hospitals. The clinical component of the program may require students to attend on days outside the standard academic calendar year. (BC academic calendar available at www.bellevuecollege.edu)

As a student in the Diagnostic Ultrasound Technology Program, you represent Bellevue College and the medical profession. The highest ethical and professional standards of conduct will be expected of you at all times. These standards and expectations are identified in this handbook, as well as individual courses in the program. Medical professionalism and direct patient care practices are taught in class, and during clinical practicum.

We, the faculty, wish you success as you begin your health career.

WE, THE FACULTY OF BELLEVUE COLLEGE DIAGNOSTIC ULTRASOUND TECHNOLOGY PROGRAM, BELIEVE THAT:

Learning is a common endeavor of instructor and learner—a process of acquiring skill, knowledge, understanding and appreciation through active participation, problem-solving, and application of scientific principles to real and simulated situations. Learning is facilitated when there is comfortable interaction among the learners and between the instructor and the learner, allowing for experiences and ideas to be shared.

The learning environment should be one that respects individuality and is unrestricted by considerations of age, sex, race, creed, social or economic status, sexual orientation, or disability. (see www.bellevuecollege.edu)

Learning is enhanced by commendation for work well done, encouragement after failure, kind assistance whenever the need is indicated, and a display of confidence in the learner’s ability. The program is rigorous, and involves a strong commitment of time and focus on behalf of the student. Students are expected to strive continuously to improve their knowledge and skills by participating in educational and professional activities. The educational objective of the program is to provide information, guidance and experience, encouraging the development of a self-motivated individual to become a competent, responsible, educated sonographer.

Consistent with the early foundations of the Diagnostic Ultrasound Technology Program, the educational philosophy and practicing attitudes are evolved from and shared, especially with those of nursing and radiologic technology. We emphasize respect for all other medical, diagnostic and therapeutic disciplines and applaud the complimentary nature of their mutually supporting functions.
Preamble

The goal of this code of ethics is to promote excellence in patient care by fostering responsibility and accountability among diagnostic medical sonographers. In so doing, the integrity of the profession of diagnostic medical sonography will be maintained.

Objectives

1. To create and encourage an environment where professional and ethical issues are discussed and addressed.
2. To help the individual diagnostic medical sonographer identify ethical issues.
3. To provide guidelines for individual diagnostic medical sonographers regarding ethical behavior.

Principles

Principle I: In order to promote patient well-being, the diagnostic medical sonographer shall:

A. Provide information to the patient about the purpose of the sonography procedure and respond to the patient's questions and concerns.

B. Respect the patient's autonomy and the right to refuse the procedure.

C. Recognize the patient's individuality and provide care in a non-judgmental and non-discriminatory manner.

D. Promote the privacy, dignity and comfort of the patient by thoroughly explaining the examination, patient positioning and implementing proper draping techniques.

E. Maintain confidentiality of acquired patient information, and follow national patient privacy regulations as required by the "Health Insurance Portability and Accountability Act of 1996 (HIPAA)."
F. Promote patient safety during the provision of sonography procedures and while the patient is in the care of the diagnostic medical sonographer.

**Principle II: To promote the highest level of competent practice, diagnostic medical sonographers shall:**

A. Obtain appropriate diagnostic medical sonography education and clinical skills to ensure competence.

B. Achieve and maintain specialty specific sonography credentials. Sonography credentials must be awarded by a national sonography credentialing body that is accredited by a national organization which accredits credentialing bodies, i.e., the National Commission for Certifying Agencies (NCCA); http://www.ncca.org/ncca/ncca.htm or the International Organization for Standardization (ISO); http://www.iso.org/iso/en/ISOOnline.frontpage.

C. Uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.

D. Acknowledge personal and legal limits, practice within the defined scope of practice, and assume responsibility for his/her actions.

E. Maintain continued competence through lifelong learning, which includes continuing education, acquisition of specialty specific credentials and recredentialing.

F. Perform medically indicated ultrasound studies, ordered by a licensed physician or their designated health care provider.

G. Protect patients and/or study subjects by adhering to oversight and approval of investigational procedures, including documented informed consent.

H. Refrain from the use of any substances that may alter judgment or skill and thereby compromise patient care.

I. Be accountable and participate in regular assessment and review of equipment, procedures, protocols, and results. This can be accomplished through facility accreditation.

**Principle III: To promote professional integrity and public trust, the diagnostic medical sonographer shall:**

A. Be truthful and promote appropriate communications with patients and colleagues.

B. Respect the rights of patients, colleagues and yourself.

C. Avoid conflicts of interest and situations that exploit others or misrepresent information.
D. Accurately represent his/her experience, education and credentialing.

E. Promote equitable access to care.

F. Collaborate with professional colleagues to create an environment that promotes communication and respect.

G. Communicate and collaborate with others to promote ethical practice.

H. Engage in ethical billing practices.

I. Engage only in legal arrangements in the medical industry.

J. Report deviations from the Code of Ethics to institutional leadership for internal sanctions, local intervention and/or criminal prosecution. The Code of Ethics can serve as a valuable tool to develop local policies and procedures.
Diagnostic Ultrasound Clinical Practice Standards

Standards are designed to reflect behavior and performance levels expected in clinical practice for the Diagnostic Ultrasound Professional. These Clinical Practice Standards set forth the standards (principles) that are common to all of the specialties within the larger category of the diagnostic ultrasound profession. Individual specialties or subspecialties may adopt standards that extend or refine these general Standards and that better reflect the day to day practice of these specialties. Certification is considered the standard of practice in ultrasound. Individuals not yet certified may reference these Clinical Practice Standards to optimize patient care.

Section 1
Patient Information Assessment and Evaluation
Patient Education & Communication, Procedure Plan

STANDARD - Patient Information Assessment & Evaluation:

1.1 Information regarding the patient's past and present health status is essential in providing appropriate diagnostic ultrasound information. Therefore, pertinent data regarding the patient's medical history, including familial history as it relates to the diagnostic ultrasound procedure, should be collected whenever possible and evaluated to determine its relevance to the ultrasound examination.

The Diagnostic Ultrasound Professional:

1.1.1 Verifies patient identification and that the requested procedure correlates with the patient's clinical history and presentation. In the event that the requested procedure does not correlate, either the interpreting physician or the referring physician will be notified.

1.1.2 Uses interviewing techniques to gather relevant information from the patient or patient's representative and the patient's medical records regarding the patient's health status and medical history.

1.1.3 Assesses the patient's ability to tolerate procedures.

1.1.4 Evaluates any contra-indications to the procedure, such as medications, insufficient patient preparation or the patient's inability or unwillingness to tolerate the procedure.

STANDARD - Patient Education and Communication:

1.2 Effective communication and education are necessary to establish a positive relationship with the patient and/or the patient's representative, and to elicit patient cooperation and understanding of expectations.
**The Diagnostic Ultrasound Professional:**

1.2.1 Communicates with the patient in a manner appropriate to the patient's ability to understand. Presents explanations and instructions in a manner which can be easily understood by the patient and other health care providers.

1.2.2 Explains the examination procedure to the patient and responds to patient questions and concerns.

1.2.3 Refers specific diagnostic, treatment or prognosis questions to the patient's physician.

**STANDARD - Analysis and Determination of Procedure Plan for Conducting the Diagnostic Examination**

1.3 The most appropriate procedure plan seeks to optimize patient safety and comfort, diagnostic ultrasound quality and efficient use of resources, while achieving the diagnostic objective of the examination.

**The Diagnostic Ultrasound Professional:**

1.3.1 Analyzes the previously gathered information and develops a procedure plan for the diagnostic procedure. Each procedure plan is based on age appropriate and gender appropriate considerations and actions.

1.3.2 Uses independent professional judgment to adapt the procedure plan to optimize examination results. Performs the ultrasound or vascular technology procedure under general or direct supervision, as defined by the procedure.

1.3.3 Consults appropriate medical personnel, when necessary, in order to optimize examination results.

1.3.4 Confers with the interpreting physician, when appropriate, to determine if contrast media administration will enhance image quality and provide additional diagnostic information.

1.3.5 Uses appropriate technique for intravenous line insertion and contrast media administration when the use of contrast is required.

1.3.6 Determines the need for accessory equipment.

1.3.7 Determines the need for additional personnel to assist in the examination.

1.3.8 Acquires prior written approval from the medical director for contrast media injection.

**STANDARD - Implementation of the Procedure Plan**

1.4 Quality patient care is provided through the safe and accurate implementation of a deliberate procedure plan.

**The Diagnostic Ultrasound Professional:**

1.4.1 Implements a procedure plan that falls within established protocols.

1.4.2 Elicits the cooperation of the patient in order to carry out the procedure plan.
1.4.3 Modifies the procedure plan according to the patient's disease process or condition.
1.4.4 Uses accessory equipment, when appropriate.
1.4.5 Modifies the procedure plan, as required, according to the physical circumstances under which the procedure must be performed (i.e., operating room, ultrasound laboratory, patient's bedside, emergency room.)
1.4.6 Assesses and monitors the patient's physical and mental status during the examination.
1.4.7 Modifies the procedure plan according to changes in the patient's clinical status during the procedure.
1.4.8 Administers first aid, or provides life support in emergency situations, as required by employer policy.
1.4.9 Performs basic patient care tasks, as needed.
1.4.10 Requests the assistance of additional personnel, when warranted.
1.4.11 Recognizes sonographic characteristics of normal and abnormal tissues, structures and blood flow; adjusts scanning technique to optimize image quality and spectral waveform characteristics.
1.4.12 Analyzes sonographic findings throughout the course of the examination so that a comprehensive exam is completed and sufficient data is provided to the physician to direct patient management and render a final diagnosis.
1.4.13 Performs measurements and calculations according to laboratory protocol.
1.4.14 Strives to minimize patient exposure to acoustic energy without compromising examination quality or completeness.

STANDARD - Evaluation of the Diagnostic Examination Results

1.5 Careful evaluation of examination results in the context of the procedure plan is important in order to determine whether the procedure plan goals have been met.

The Diagnostic Ultrasound Professional:

1.5.1 Establishes that the examination, as performed, complies with applicable protocols and guidelines.8
1.5.2 Identifies any exceptions to the expected outcome.9
1.5.3 Documents any exceptions clearly, concisely and completely. When necessary, develops a revised procedure plan in order to achieve the intended outcome.
1.5.4 Initiates additional scanning techniques or administers contrast agents as indicated by the examination and according to established laboratory policy and procedures under state law.
1.5.5 Notifies an appropriate health provider when immediate medical attention is necessary, based on procedural findings and patient conditions.
1.5.6 Evaluates the patient's physical and mental status prior to discharge from the Diagnostic Ultrasound Professional.
1.5.7 Upon assessment of the examination findings, recognizes the need for an urgent rather than routine report and takes appropriate action.

1.5.8 Provides a written or oral summary of preliminary findings to the physician.

STANDARD - Documentation

1.6 Clear and precise documentation is necessary for continuity of care, accuracy of care and quality assurance.

The Diagnostic Ultrasound Professional:

1.6.1 Documents diagnostic and patient data in the appropriate record, according to the policy and procedure of the facility.
1.6.2 Ensures that the documentation is timely, accurate, concise and complete.
1.6.3 Documents any exceptions from the established protocols and procedures.
1.6.4 Records diagnostic images and data for use by the interpreting physician in rendering a diagnosis and for archival purposes.
1.6.5 Provides an oral or written summary of preliminary findings to the interpreting physician.

Section 2
Quality Assurance Performance Standards

STANDARD - Implementation of Quality Assurance

2.1 Implementation of a quality assurance action plan is imperative for quality diagnostic procedures and patient care.

The Diagnostic Ultrasound Professional:

2.1.1 Obtains assistance appropriate personnel to implement the quality assurance action plan.
2.1.2 Implements the quality assurance action plan.

STANDARD - Assessment of Equipment, Procedures and the Work Environment

2.2 The planning and provision of safe and effective medical service relies on the collection of pertinent information about equipment, procedures and the work environment.

The Diagnostic Ultrasound Professional:

2.2.1 Strives to maintain a safe workplace environment.
2.2.2 Performs equipment quality assurance procedures, as required, to determine that equipment operates at an acceptable performance level.
2.2.3 Seeks to ensure that each work site in which the Diagnostic Ultrasound Professional conducts patient examinations has in place a policy manual that addresses environmental safety, equipment maintenance standards and
equipment operation standards and that this policy manual is reviewed and revised on a regular basis. Knows, understands and implements the policies set forth in the work site policy manual.

STANDARD - Analysis and Determination of a Quality Assurance Plan

2.3 The Diagnostic Ultrasound Professional uses quality assurance and continuous quality improvement methods to assess and evaluate all aspects of ultrasound practice.

*The Diagnostic Ultrasound Professional:*

2.3.1 Strives to become knowledgeable about the theory and practice of quality assurance and continuous quality improvement methods and procedures as they are applied in the clinical environment. Works with all concerned parties to implement such methods and procedures with the objective of continuously improving the quality of ultrasound diagnostic services.

2.3.2 Compares quality assurance results to established and acceptable values.

2.3.3 Works with all concerned parties to formulate and implement an action plan.

STANDARD - Outcomes Measurement

2.4 Outcomes assessment is an integral part of the ongoing quality assurance plan to enhance diagnostic services.

*The Diagnostic Ultrasound Professional:*

2.4.1 Based on outcomes assessment, determines whether the performance, of equipment and materials is in accordance with established guidelines and protocols.

2.4.2 Based on outcomes assessment, determines whether the diagnostic information provided as a result of the ultrasound examination correlates with other diagnostic testing or procedures performed on the same patient.

2.4.3 Based on outcomes assessment, determines that each test achieves the same outcome when performed by different Diagnostic Ultrasound Professionals.

2.4.4 Develops and implements an action plan when outcome measurement results are not within currently accepted tolerances.

2.4.5 Is knowledgeable of, or works with the medical director to develop, written diagnostic ultrasound procedure protocols that meet or exceed established guidelines.

STANDARD - Documentation

2.5 Documentation provides evidence of quality assurance activities designed to enhance the safety of patients, the public, and health care providers, during diagnostic ultrasound procedures.

*The Diagnostic Ultrasound Professional:*
2.5.1 Maintains documentation regarding quality assurance activities, procedures, and results, in accordance with the established laboratory policies and protocols.

2.5.2 Provides timely, concise, accurate and complete documentation of quality assurance activities.

2.5.3 Adheres to the established quality assurance performance standards.

Section 3
Professional Performance Standards

STANDARD - Quality of Care

3.1 All patients expect and deserve excellent care during the ultrasound examination.

_The Diagnostic Ultrasound Professional:_

3.1.1 Works in partnership with other health care professionals to provide the best medical care possible for all patients.

3.1.2 Obtains and maintains appropriate professional credentials.\(^{13}\)

3.1.3 Adheres to the standards,\(^{14}\) policies,\(^{15}\) and procedures\(^{16}\) adopted by the profession and regulated by law.

3.1.4 Provides the best possible diagnostic exam for each patient by applying professional judgment and discretion.

3.1.5 Anticipates and responds to the needs of the patient.

3.1.6 Participates in quality assurance programs.

3.1.7 Stays current with required continuing medical education (CME) in order to stay abreast of changes in the field of diagnostic ultrasound and to maintain professional credentials.

STANDARD - Self-Assessment

3.2 Self-assessment is an essential component in professional growth and development. Self-assessment involves evaluation of personal performance, knowledge and skills.

_The Diagnostic Ultrasound Professional:_

3.2.1 Recognizes personal strengths and uses them to benefit patients, coworkers, and the profession.

3.2.2 Performs diagnostic procedures only after receiving appropriate education and supervised clinical experience.

3.2.3 Recognizes and takes advantage of educational opportunities, including improvement in technical and problem-solving skills and personal growth.

STANDARD - Education

3.3 Advancements in medical science and technology occur very rapidly, requiring an ongoing commitment to professional education.
The Diagnostic Ultrasound Professional:
3.3.1 Maintains professional credentials that are specifically related to the currently practiced discipline(s).
3.3.2 Participates in continuing education activities through professional societies and organizations, to enhance knowledge, skills and performance.

STANDARD - Collaboration

3.4 Quality patient care is provided when all members of the health care team communicate and collaborate efficiently.

The Diagnostic Ultrasound Professional:
3.4.1 Promotes a positive and collaborative atmosphere with all members of the health care team.
3.4.2 Effectively communicates with all members of the health care team regarding the welfare of the patient.
3.4.3 Shares knowledge and expertise with colleagues, patients, students, and all members of the health care team.

STANDARD - Ethics

3.5 All decisions made and actions taken on behalf of the patient adhere to the Code of Ethics upon which the accepted professional standards are based.

The Diagnostic Ultrasound Professional:
3.5.1 Adheres to the accepted professional ethical standards as defined by the Code of Ethics.
3.5.2 Is accountable for professional judgments and decisions, as outlined in the professional standard of ethics.
3.5.3 Provides patient care with bias toward none and equal respect for all.
3.5.4 Respects and promotes patients’ rights.
3.5.5 Provides patient care with respect for patient dignity and needs.
3.5.6 Acts as a patient advocate supporting patient rights.
3.5.7 Adheres to the established professional performance standards of practice.

1 Procedure Plan: A plan for conducting the ultrasound or related examination. The procedure plan must take into account the skills and knowledge of the Diagnostic Ultrasound Professional, the condition and history of the patient, the objectives of the examination, the diagnostic criteria, the capabilities of available ultrasound and related equipment and a wide range of other factors.

2 General Supervision: the minimal level of physician supervision; physician is not required to be present in the office suite when the ultrasound procedure is performed.
3 **Direct Supervision**: physician must be present in office suite when ultrasound exam or vascular procedure is performed.

4 **Accessory equipment**: Equipment which extends or modifies the function of the ultrasound scanning device, or which provides ancillary or complimentary diagnostic information (i.e. non-ultrasound testing equipment).

5 **Note**: Approval of individuals for contrast media injection and IV line insertion requires that the individual have obtained education and training for this function and have demonstrated competency. The Diagnostic Ultrasound Professional is encouraged to obtain continuing medical education related to the materials being injected and the procedures being performed.

6 **Protocols**: A standardized description of the elements of a task, procedure or process; a detailed plan of a procedure.

7 **Examination results**: The ultrasound images, data and measurements which results from the examination process.

8 **Guideline**: A written document which provides suggestions (guidance) on how to accomplish a particular task, procedure or process on how to respond to specified circumstances.

9 **Expected outcome**: The expected information and data which was anticipated to have resulted from the examination.

10 **Exceptions**: Any elements of the examination protocol that were not performed; the Diagnostic Ultrasound Professional must document exceptions in the written summary of examination findings.

11 **Outcome Assessment**: Assessment of an action, process or procedure based on the ultimate outcome of that action, process or procedure. In this case, the term refers to assessment of the outcome of the diagnostic test (the results of the test or the diagnosis) in comparison to other sources of information (i.e. other types of diagnostic testing) which can be used to assess the validity of the conclusions reached on the basis of the ultrasound examination.

12 **Guidelines**: (Relevant to the development of diagnostic procedure protocols): Professional organizations, including the American Institute of Ultrasound in Medicine, the American College of Radiology, the American College of Obstetrics and Gynecology, the American Society of Echocardiography, the Society of Diagnostic Medical Sonography and the Society for Vascular Sonography have published guidelines for clinical ultrasound procedures.

13 **Professional Credentials**: Competency based ultrasound credentials awarded by a National Commission for Certifying Agencies (NCCA) accredited certification body; an example is the American Registry for Diagnostic Medical Sonography (ARDMS).

14 **Standards**: Statements of the minimum behavioral or performance levels that are acceptable. Something established by authority as a rule for the measure of quantity or quality.
15 **Policies:** Written statements indicating what actions are to be taken when specific criteria are encountered. A definite course or method of action selected from among alternatives and in light of given conditions to guide and determine present and future decisions.

16 **Procedures:** Written guidelines that state how a task is to be accomplished, the specific steps to be taken, or how a policy is to be executed.

17 **Code of Ethics:** Document defining the expected professional standard of conduct for Diagnostic Ultrasound Professionals; published by the Sonography Coalition and included in the appendix.

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**Endorsed by:**

- Society of Diagnostic Medical Sonography
- American Institute of Ultrasound Medicine
- American Society of Echocardiography
- Canadian Society of Diagnostic Medical Sonographers
- Society for Vascular Ultrasound

See also: **Scope of Practice for the Diagnostic Ultrasound Professional**

See also: **Code of Ethics**

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Organizations which endorse the Scope of Practices and Practice Standards may use them for their own internal use, including copying or distributing the text, provided that the text is reproduced in its entirety with no changes, and includes proper attribution and the copyright notice displayed above.
American Registry of Diagnostic Medical Sonographers Credentialing
www.ardms.com

Upon successful completion of the Associate Degree Program in Diagnostic Ultrasound, students will meet the criteria for Prerequisite #2 identified by the American Registry of Diagnostic Medical Sonographers examination. Each application is assessed individually for eligibility by ARDMS. This prerequisite category is one of several offered by the ARDMS, and students successfully completing the DUTEC program will be considered for authorization to take specific specialty exams based upon their clinical experience in the program.

The Joint Review Committee on Diagnostic Medical Sonography (www.jrcdms.org) has released new Standards and Guidelines taking effect September of 2007 that requires programs to report ARDMS exam results to maintain accreditation status. In addition to recent changes in the JRCDMS accreditation assessments of medical sonography programs, there may be ARDMS or ARRT sonography credentialing requirements set forth by employers upon graduation.

Although Bellevue College cannot require graduates to take the speciality credentialing exams, we are committed to preparing students to pass those exams, and perform at an entry level Sonographer level. Our accreditation status will be assessed annually with graduate credentialing results, and we will advise graduates to take the ARDMS exams within 60 days prior to completing the program, when they are best prepared, and eager to enter the workforce.

Examinations incur costs, (available at www.ardms.org) which are the responsibility of the student. Students are reminded that ability to hold a position as a sonographer may be dependent upon successful completion of credentialing examinations. The ARDMS credentials are recognized internationally, and sonographer must maintain continuing education credits to sustain active status.
Overview of the Diagnostic Ultrasound Program

Diagnostic Ultrasound Technology is a full-time, two year (24 month) professional health sciences program. The purpose of the program is to provide didactic education and practical experience as preparation for ARDMS credentialing and employment as an entry level sonographer in a medical imaging facility.

The program is divided into two components: four quarters of full time classroom study and four quarters of full-time clinical education. Graduates of the program are awarded an Associate Degree in Diagnostic Ultrasound Technology.

The didactic portion of the program covers general sonography, echocardiography with an introduction to pediatric sonography and vascular technology. Students will declare their interest in a specialty (cardiac, abdomen, OB/GYN and/or vascular) upon admission to the program. These choices will determine the academic and clinical phase of the program for each student. The program cannot guarantee that you get your choice of clinical sites, since this is controlled by clinical availability, which is not entirely determined by the program.

Each student must successfully complete all classes (with a “C” or better) in the didactic program before entering the clinical education component.

During the two years of your educational experience, you will also undergo a professional behavior evaluation. This document will be filled out by your faculty including your clinical instructors. You must adhere to professional standards while a student and as a successful sonographer upon graduation. The rubric will be in each course syllabus of your DUTEC program.
# DIAGNOSTIC ULTRASOUND PROGRAM COURSE REQUIREMENTS

## First Year

<table>
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<td>DUTEC 100</td>
<td>Introduction to Sonography</td>
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<td>DUTEC 105</td>
<td>Pathophysiology I</td>
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<td>Human Cross-Section Anatomy</td>
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<td>Congenital Heart Disease</td>
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<td>DUTEC 130</td>
<td>Small Parts/Intraoperative Tech</td>
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<td>Ultrasound Physics &amp; Instrumentation I</td>
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<td><strong>Winter Quarter</strong></td>
<td>DUTEC 110</td>
<td>Ultrasound I – Abdominal Scanning &amp; Techniques (General only)</td>
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<td>DUTEC 171</td>
<td>Ultrasound Physics &amp; Instrumentation II</td>
<td>3</td>
</tr>
<tr>
<td><strong>Spring Quarter</strong></td>
<td>DUTEC 112</td>
<td>Pathophysiology III</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>DUTEC 120</td>
<td>OB/GYN Tech (General)</td>
<td>5</td>
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<tr>
<td></td>
<td>DUTEC 145</td>
<td>U/S Equipment II</td>
<td>4</td>
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<tr>
<td></td>
<td>DUTEC 155</td>
<td>Echocardiography (Echo)</td>
<td>5</td>
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<tr>
<td></td>
<td>DUTEC 160</td>
<td>Peripheral Vascular Tech</td>
<td>3</td>
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<tr>
<td></td>
<td>DUTEC 200</td>
<td>EKG (Echo)</td>
<td>3</td>
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<tr>
<td><strong>Summer Quarter</strong></td>
<td>DUTEC 102</td>
<td>Practical Aspects of Sonography</td>
<td>3</td>
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<tr>
<td></td>
<td>DUTEC 113</td>
<td>Pathophysiology IV</td>
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<td>DUTEC 165</td>
<td>U/S Equipment III</td>
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<td>DUTEC 180</td>
<td>Adv. Studies (Echo)</td>
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<td></td>
<td>DUTEC 182</td>
<td>Adv. Studies (Vascular)</td>
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<tr>
<td></td>
<td>DUTEC 190</td>
<td>Pediatric Echocardiography</td>
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## Second Year

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<th>Quarter</th>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
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<tr>
<td><strong>Fall Quarter</strong></td>
<td>DUTEC 210</td>
<td>Clinical Practicum I</td>
<td>13</td>
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<tr>
<td></td>
<td>DUTEC 220</td>
<td>Clinical Practicum II</td>
<td>13</td>
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<tr>
<td><strong>Winter Quarter</strong></td>
<td>DUTEC 230</td>
<td>Clinical Practicum III</td>
<td>13</td>
</tr>
<tr>
<td><strong>Spring Quarter</strong></td>
<td>DUTEC 240</td>
<td>Clinical Practicum IV</td>
<td>13</td>
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</table>
Policy:

Any accident occurring during scheduled clinical program time must be reported to the clinical supervisor. All incidents will ultimately be reported to the clinical coordinator and program chair.

Procedure:

1. Following any incident where a student is involved, (on campus, or in the clinical site) two incident report forms must be filled out by the student and clinical supervisor involved. A BC form as well as a site form needs to be completed. Copies of both incident forms are to be forwarded to the clinical coordinator and program chair.

2. Students who have been exposed to any hazardous substances, including blood or bodily fluids, (on campus in DUTEC courses, or off campus during regularly scheduled clinical practicum will report this immediately following the clinical site procedure, as well as file incident reports with the DUTEC program.
Policy:

Registry fees are the student’s responsibility; however, it is a program expectation that students will take the examinations in the specialties for which they qualify.

Procedure:

1. Upon successful completion of DUTEC 170 and DUTEC 171, students will be eligible to take the ARDMS SPI examination. Sonography students must successfully complete this exam prior to beginning clinical internship.
2. Within ninety days before successful completion of the DUTEC program, the program chair will submit documentation to the ARDMS for eligibility to take the specialty examinations. If the student would like eligibility to take other professional examinations (ex. ARRT) they can receive paperwork by requesting it from the program chair.
3. Graduate letters of completion will be electronically submitted by the Program Chair for the ARDMS are valid for one year only at the time of program completion. Should the student fail to apply for, or take ARDMS exams within a year of graduating, they may be subject to further qualification criteria, identified by the ARDMS.
4. No requests for a letter of extension for graduates to the ARDMS will be granted by BC.
5. Students will be counseled by the program director and faculty regarding studying for and successfully passing credentialing examinations.
6. The ARDMS may change their requirements annually. It is the student’s responsibility to inquire about the requirements that are in effect. The ARDMS now has all examinations available on the computer. Students are not eligible to apply to take the specialty examinations until 60 prior to graduation. Information and applications can be obtained from www.ardms.org or, ARDMS, 600 Jefferson Plaza, Suite 360, Rockville, MD 20852-1150, 1-800-541-9754 or (301) 738-8401.
7. A letter of authorization to the ARDMS on behalf of the student will be signed and submitted by the program chair 60 days prior to graduation. The credential will not be released to the student until successful completion of all program requirements for graduation.
Policy:

Students accepted into the Diagnostic Ultrasound Program are expected to attend all course lectures, case study days, clinical internship days, and any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum. Any student unable to attend during the 1st or 2nd year of the program due to illness or an emergency must follow the procedure outlined below. Students will be responsible for obtaining any information presented and/or handed out during their absence. Instructors may include attendance as a part of course grades and performance. Individual course attendance policies will be described in the syllabus.

Procedure:

In the event of sickness or an emergency that prevents attendance at a course lecture, a case study day, a clinical internship day, or any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum, the student is required to do the following:

1. If a course lecture is to be missed, the student must contact the course instructor (by phone or email) before class and notify them of their absence.

2. If a case study day or clinical internship day is to be missed, the student must contact their BC Clinical Site Visitor / Clinical Coordinator, AND Clinical Instructor on site. Absences in DUTECH Clinical Practicum courses (210, 220, 234 & 240) will be recorded on the Clinical Attendance Record as required in the syllabus.

3. Falsifying clinical attendance, hours or absences is grounds for immediate dismissal from the program.

4. If a clinical internship day is to be missed, the student must contact BOTH the clinical instructor on site and the Clinical Site Visitor/Clinical Coordinator. By phone. The Clinical Coordinator must receive an email documenting the absence at least 2 hours before the scheduled clinical shift begins at the assigned clinical site.
Policy:

The program requires students to attend and participate in Clinical Consortium Day(s) as part of their didactic and clinical practicum and involvement in clinical ultrasound. CCD requirements are included in all lab courses, DUTEC 107, DUTEC 210, 220, 230 and 240 syllabi, and are included in the grade. This will constitute 10% of the students grade and requires full attendance.

Procedure:

1. Second year students in their clinical internship and their assigned a first year mentee at the Clinical Orientation.

2. First and Second year students work as a team (mentor and mentee) to present examples of clinical cases, exams, and clinical experiences to share at Clinical Consortium Day.

3. A Case Study outline is included in the course syllabus for Clinical Practicum to serve as a guide and basis for evaluation of the presentation.

4. All students are expected to conduct themselves professionally. There is to be no gum chewing, eating, or drinking during presentations.

5. Dress code is business casual. Students may be asked to leave CCD if dressed inappropriately, and their grade may be adversely affected as a result. (detailed CCD procedures included in syllabi for DUTEC 107, 210,220,230 and 240)

6. Students are expected to be on time to all lab courses and to remain the full length of the presentations and class meetings.

7. Students will not use Clinical Consortium Day(s) for personal use such as doctor’s appointments, job interviews or employment.

8. If a student is ill, and cannot attend a CCD, the attendance policy and procedure of notification will be followed.
9. Students accepted into the Diagnostic Ultrasound Program are expected to attend all course lectures, case study days, clinical internship days and any other scheduled event that is part of the Diagnostic Ultrasound Program curriculum. Any student unable to attend during the 2nd year of the program due to illness or an emergency must follow the procedure as outlined in the “Attendance” policy in this document.

10. Clinical Consortium Days are scheduled in advance (see syllabi for each year) and students will be notified 24 hours in advance via email, of any schedule changes or emergency cancellations.
Policy:

The DUTEC program is a clinical competency based program. A combination of clinical performance evaluations, assignments, and attendance will be used to determine student progress in Clinical Practicum. Each specialty requires completion of specific exams to qualify for the ARDMS exams, and maintain JRCDMS clinical education standards for accreditation. Each quarter the Clinical Evaluations to be obtained, expected level of performance, (Tier I, Tier II and Tier III) and learning objectives will be identified in the course syllabi (DUTEC 210, 220, 230 and 240). Clinical Evaluations will include Personal and Professional performance, clinical scanning skills, patient care and development of clinical independence and judgment. Additional course requirements are identified in the syllabi for clinical practicum.

Procedure:

1. A clinical practicum grade will be determined through clinical evaluations by the BC Clinical Site Visitor/Clinical Coordinator, and the Clinical Instructor for each site.
2. A grade of “C” (78%) or better is required to pass any/all DUTEC clinical practicum course.
3. It is the student’s responsibility to ensure that all clinical evaluations and other supporting documents are submitted to the Clinical Coordinator according to the course syllabi requirements and timetable.
4. Students will keep all original copies of clinical evaluation records on site, at all times.
5. All clinical practicum documentation will be submitted via email (electronic files only) to the CANVAS website of each course, as specified in the course syllabi. No hand written, hard copies will be accepted as official documentation.
6. Students will maintain all records and keep originals for their files.
7. BC will maintain electronic copies of all student clinical files for JRCDMS accreditation review.
Policy:

Material contained in the student record will not be released to outside parties without the student’s written consent for release in accordance with the Federal Privacy Act and the Family Education Rights and Privacy Act (FERPA) of 1974. Details regarding these acts can be found in the BC Course Catalog.

Information from patient records is highly confidential and is not allowed to be discussed or passed on in any form for any purpose other than education. HIPPA, the Health Insurance Portability and Accountability Act, sets the standard for protecting sensitive patient data. Any company that deals with protected health information (PHI) must ensure that all the required physical, network, and process security measures are in place and followed.

This includes covered entities (CE), anyone who provides treatment, payment and operations in healthcare, and business associates (BA), anyone with access to patient information and provides support in treatment, payment or operations. Subcontractors, or business associates of business associates, must also be in compliance.

Procedure:

1. Student academic and performance records are kept in a locked file in the DUTEC offices. Students may review their records with program officials at any time.
2. Challenges to the student’s record may be made only as to accuracy and not judgment, e.g. the accuracy of recording a grade but not the grade itself.
3. Program officials will provide only verification of attendance in the program to outside parties unless authorized by the student to do otherwise.
4. Any disclosure of confidential information regarding a patient, including release of pathology or diagnosis to a patient, could result in dismissal from the program.
Policy:
The program director or clinical coordinator refers any student in need of advising or counseling to the BC Student Counseling Service, Dean of Student Services or Student Health Service.

Procedure:
1. Students who are on probation for ANY reason are required to go to at least one and maybe more counseling sessions with the designated counselor for the DUTEC program until they are released from probation.
2. The program director or clinical coordinator can require the student to attend counseling as part of the condition of probation. However, all counseling sessions are confidential.
3. Students may voluntarily seek counseling.
4. Students may voluntarily seek off campus counseling, but may also be required to attend on campus counseling if this is part of the probation.
5. Students seeking advice regarding their health will be referred to the Student Health Service.
Policies and Procedure Manual

SUBJECT: **Dress Code-Clinical**

EFFECTIVE DATE: March 2012

POLICY: DUTEC Program Classroom and Clinical Practicum

**Policy:**

Students accepted into the program are required, as a minimum, to follow the dress code for the clinical site. Below are BC DUTEC program professional attire criteria that will be adhered to in addition to clinical site guidelines. As a health care professional, you are expected to dress for your safety, the patients’ safety and to present a confident appearance.

You represent the DUTEC program, and BC both on and off campus, we ask that you adhere to our standards of professional appearance.

Students may wear any appropriate clothes during didactic courses. Clinical interns are expected to serve as role models during Clinical Case Study Days.

The purpose of the dress code is to be professional in appearance at all times. (“Professional appearance” is at the discretion of the program director.)

These are additional BC dress code requirements that may be enforced through dismissing the student form a clinical site for the remainder of the scheduled day, a reduction in their clinical grade through the personal and professional attributes evaluation and / or may be asked to leave a Clinical Consortium Day with consequential clinical grade reduction.

These criteria are identified as clinical safety and professionalism traits and are part of the performance evaluations in clinical practicum. A student’s grade in didactic courses may also be adversely affected if they disregard the dress code with the same clinical site expectations.

**Prohibited in Dress Code**

1. Denim or fleece.
2. Loud stripes, prints, floral or neon colors.
3. Colored or patterned hose.
4. Sandals or open-toed shoes or athletic footwear with contrasting colors, brand names, large logos or stripes.
5. No low fitting tank tops, T-shirts, sparkly, jeweled or sheer tops or pants, jeans, jean-
styled slacks, denim, corduroy or fleece.
6. Excessively high heels, platform shoes or boots are not permitted.
7. Short skirts (more than 3" above the knee), shorts, stirrup pants, spandex.
8. No pedal pusher, Capri-style pants allowed.
9. Students may not wear more than one earring in each ear, jewelry in any face, neck, upper or lower extremity, or exposed belly button.
10. Only post earrings may be worn in one pierced ear hole.
11. Heavy makeup, cologne, perfume, after shave, nail polish, artificial nails are prohibited.
12. Students with long hair styles (long enough to put in a pony tail) must wear it up or tied back, and hair must not interfere with patient contact.
13. Nails must be short.
14. Students must be clean shaven. Facial hair, such as a mustache, or beard must be neat and well trimmed. You may be asked to shave off a mustache or beard at the request of your clinical instructor or BC faculty. This request would be to improve your professional demeanor and appearance in clinical practicum.
15. Men’s hair must be short, groomed and pulled back.
16. Students wearing business attire (as opposed to a uniform) must wear appropriate street clothes under a lab coat. Pants must be of a dress style (no jeans, corduroy, low fitting waistlines, denim or western styled pants). Cowboy boots, flip flops, open toed shoes and multicolored athletic footwear are not acceptable.
17. Other clinically or professionally inappropriate wardrobe or personal hygiene issues may be identified by the clinical instructor, or BC faculty and enforced with this dress code list as needed to ensure the professional and safety standards of the DUTEC program.

Procedure:

1. The program director, clinical coordinator or instructor are responsible for informing students if they are out of compliance with the safety and professional standards of the dress code.
2. Students who are not in compliance will be informed privately and given specific requirements to become compliant.
3. Students will be given one warning and may be asked to leave the clinical site, or Clinical Consortium Day.
4. Students may be sent home and asked to return immediately or the next day more appropriately dressed.
5. Students that receive more than one warning may be placed on academic probation for failing in this area of medical professionalism.
Bellevue College
Diagnostic Ultrasound Technology Program
Policies and Procedure Manual

SUBJECT: Grading
EFFECTIVE DATE: March 2012
POLICY: BC & DUTEC

Policy:

Bellevue College uses a standard 4-point grading scale. (identified in the official BC Catalog, available at www.bellevuecollege.edu) Official Grades are posted on student transcripts in Enrollment Services. All courses must be taken for a letter grade.

The official grading scale for the DUTEC program follows.
According to BC policy for the DUTEC program, a (78%) / “C” or better is required to pass any class (clinical or didactic)

Procedure:

1. Students are provided with opportunities to accumulate their grade through quizzes, assignments, midterm, and final examinations in each didactic course.
2. Students accumulate their grade in clinical practicum through required clinical performance evaluations, Personal and Professional Evaluations, Clinical Site Visit Evaluations, Case Study and Presentation, Attendance, professionalism and other assignments identified in the syllabus.
3. Students are provided regular feedback on progress in each clinical and didactic course, and will be given a midterm and final grade by the clinical instructor.
4. A grade point of less than 2.0 (78%) a “C” in any course is considered a failing grade.
5. The cumulative grade point average must also be 2.5 or higher each didactic quarter.
6. A first year student receiving a cumulative GPA of less than 2.5 in a quarter will automatically be placed on academic probation.
7. A student receiving a cumulative GPA of less than 2.0 will be automatically dismissed from the program for poor academic performance.
8. A student receiving an" F" at any time, in the DUTEC program will be dismissed for poor academic performance.
9. Academic probation plans and terms will be determined on an individual basis, and presented in writing to the student.
10. Students may appeal a DUTEC grade through the BC Academic Grievance Process, identified in the BC Student Handbook
11. A midterm grade will be given each quarter of DUTEC 210, 220, 230 & 240 Clinical Practicum. Any student who receives a grade of “C” or below will be placed on academic probation for the remainder of the quarter.

12. Based upon areas of deficiency identified at midterm a Clinical Plan for improvement will be developed by the BC Clinical faculty in collaboration with the Clinical Site Instructor.

13. All academic grievances are processed through the office of the Executive Dean of Instruction in (BC Student Handbook).

OFFICIAL DUTEC Grading Scale
A letter grade will be awarded for all DUTEC courses. Didactic and Clinical Practicum. A 78% is or higher is required to pass. “C” or better is a passing grade and is required to maintain a student’s academic standing in the program. (See Policy “Grades”) Grades are calculated by the following:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
<th>GPA</th>
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<tr>
<td>96%-100%</td>
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<tr>
<td>93%-95%</td>
<td>A-</td>
<td>3.7</td>
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<tr>
<td>90%-92%</td>
<td>B+</td>
<td>3.3</td>
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<tr>
<td>87%-89%</td>
<td>B</td>
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<tr>
<td>84%-86%</td>
<td>B-</td>
<td>2.7</td>
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<tr>
<td>81%-83%</td>
<td>C+</td>
<td>2.3</td>
</tr>
<tr>
<td>78%-80%</td>
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<td>2.0</td>
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<tr>
<td>0% - 77%</td>
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Bellevue College
Diagnostic Ultrasound Technology Program
Policies and Procedure Manual

SUBJECT: Graduation
EFFECTIVE DATE: March 2012
POLICY: BC & DUTEC

Policy:
Bellevue College conducts commencement exercises at the end of each Spring quarter. Students are encouraged to participate in these exercises. Because of the distance of travel required by many of the clinical sites, we do not require participation in this event. Those students who choose to participate in the commencement ceremony must apply for graduation http://bellevuecollege.edu/enrollment/graduation/apply/. DUTEC students are classified as SUMMER graduates, and apply for graduation through the office of Instruction. This is usually in March. Summer graduation application deadlines are posted on the academic calendar at www.bellevuecollege.edu. It is the student’s responsibility to apply for graduation at the end of winter qtr.

The program assists the graduating class in conducting a pinning ceremony at the conclusion of the program. This is not mandatory.

Procedure:
1. Each student is strongly encouraged to attend the College commencement exercises.
2. Graduation application procedure and deadlines are posted at www.bellevuecollege.edu.
3. The program chair supervises and approves the content of the pinning ceremony.
4. The pinning ceremony will be held at Bellevue College at the last CCD of the school year.
5. Students must have completed all program and college obligations in order to graduate, and participation in the pinning ceremony is at the discretion of the program chair.
   In addition to successful completion of all required didactic courses, all clinical practicum documentation, attendance records and Exam Log summaries must be on file in the DUTEC office, along with an updated resume', and updated contact information before graduation will be approved.
Policy:

Students who are dissatisfied with the actions taken by the BC faculty may follow the BC Grievance Policy (academic and disciplinary) available through Student Services and at www.bellevuecollege.edu.

Academic Grievances are handled through the Executive Dean of Instruction. Disciplinary action and grievance is handled through the Dean of Student Services.

Procedure for filing a grievance is identified in the BC Student Handbook.
Policy:

In the event of inclement weather Bellevue College DUTEC clinical interns will abide by the same recommendations reported for local school districts encompassing their route to and location of their clinical site.

Procedure:

1. If the public broadcast system closes or delays the start of local school districts in the area the intern is practicing, they are to follow those recommendations.
2. The interns are to inform their clinical instructor of their conditions, and report their absence.
3. The intern is to contact their clinical coordinator by phone message or email of their conditions and report their absence.
4. The intern is to keep track of time missed as “inclement” weather on their attendance records.
Bellevue College
Diagnostic Ultrasound Technology Program
Policies and Procedure Manual

SUBJECT: Leave of Absence

EFFECTIVE DATE: March 2012

POLICY: DUTEC

Policy:

Students who are absent, for any reason, for a period of ten or more working days per quarter in a didactic course, will be required to request an official leave of absence from the program. The instructor will submit a grade for work submitted up to the first day of the leave of absence, and the posted grade for the course will either be an “Incomplete”, or other grade deemed appropriate by the DUTEC instructor. If 10 days in one quarter in clinical practicum are missed for any reason, the student will be required to request a leave of absence. After absence of 10 days, if a student does not request a leave of absence, the student will be dismissed from the program.

This leave of absence may require the student to reapply for the program, be removed from their clinical site, and / or be delayed in being placed in another suitable clinical site.

A leave of absence for any reason may also delay the students’ graduation, and eligibility to take the ARDMS certification exams.

A medical leave of absence requires a physicians release to return to clinical practicum.

A leave of absence for any reason will require the student to submit a written Request for Reinstatement to the Director of the HSEWI and DUTEC Program Chair for approval before resuming the program.

Procedure:

1. Students in didactic and clinical practicum courses must request leave of absence to Director of HSEWI and DUTEC program chair, and faculty for each class in writing.
2. After a leave of absence, the student may submit a request for reinstatement in the program through the Director of HSEWI, and the program chair.
3. Reinstatement will be granted to students in didactic courses with approval of the Director of HSEWI, didactic faculty and the program chair.
4. Reinstatement may be granted to students in clinical practicum with the approval of the Program Chair, Clinical Coordinator, and Clinical Site Instructor on a space available basis.
5. A plan and date for re-entry into the program will be developed by the program chair and faculty, and approved by the Director of HSEWI for didactic students.
6. This plan may result in courses having to be repeated in the next year, delaying entry into clinical practicum.
7. A request to be reinstated must be received in writing no later than June 15th of the year the student would graduate.
8. If the student does not reapply in a timely manner as specified in this policy, the student must reapply for admission to the program with the incoming candidates for first year students.
9. Students in their second year (clinical practicum students) on a leave of absence, must submit a request for reinstatement within 6 months (180 days) of the first day of the formal leave of absence.
10. Students reinstated to clinical practicum will be on a space available basis may not be the same clinical site they were assigned to at the onset of their leave of absence, and may be a site any distance from their home.
11. Students returning to clinical practicum after a leave of absence may be required to undergo a scanning skills evaluation (at a BC Clinical Affiliate Site and/or on campus in a laboratory setting).
12. Students returning to Clinical Practicum after a leave of absence may be required to take a written exam to assess clinical knowledge.
13. Students that do not accept the clinical site offered upon reinstatement will forfeit their place in the program and may apply for admission the following year.
14. Re-admission may require repeating the entire program, regardless of previous grades.
15. To be considered for re-admission to the program, students must be in good academic standing with the college. (meeting the minimum GPA per quarter at the onset of the leave of absence)
16. Additional fees and tuition may be required when re-admitted.
Policy:

Society student membership (SDMS, SVU or ASE) is required. Meetings sponsored by sonographic organizations are available locally, and many educational resources are provided with professional journals and online CME. Faculty may require attendance at local professional meetings, or use of professional society educational resources, if the subject matter is part of a course being taught. Other meetings in the field of ultrasound may also be attended by students with faculty permission.

Procedure:

1. A request to attend a professional meeting (or other outside activity such as a job fair or seminar) that requires a clinical or didactic absence should be submitted to the instructor, or Clinical Instructor and Clinical Coordinator, at least two weeks prior to the scheduled event.
2. All absences from clinical practicum to attend such events must be approved.
3. Students may be asked to share their experience from professional events and meetings to the class or clinical consortium day.
4. Faculty will provide current information and applications to students for the SDMS, SVU and ASE.
5. Faculty will make every effort to notify students of regional professional events and encourage students to participate.
Policy:

Immoral or unethical behavior will be cause for immediate probation, suspension, or dismissal. The unlawful manufacture, distribution, dispensation, possession, use, sale, disposal, introduction or transfer of drugs, alcohol, narcotics, or any other regulated/controlled substance will be grounds for immediate suspension and dismissal from a clinical site. Additional standards of professionalism, patient care and privacy, use of facilities and resources and interpersonal behaviors may be required by the clinical practicum site. DUTEC students are required to become familiar with these criteria at their assigned clinical site, and through didactic instruction.

Procedure:

1. Students are expected to use verbal and written language which does not intentionally exclude or demean members of society.
2. Students convicted of any criminal drug statute must notify the program director no later than 5 days after such a conviction. Note: This policy meets the requirements of the Drug-Free Workplace Act of 1988.
3. Sexual misconduct with a patient, staff, or student will result in disciplinary action. See Title IX at the bottom of the Bellevue College Home page.
4. You, the student, are expected to conduct yourself with integrity. If you cheat, or aid someone else in cheating, you violate a trust. Cheating includes, but is not limited to copying answers on tests or assignments, glancing at nearby test papers, sharing papers, stealing, plagiarizing, illicitly giving or receiving help on exams or assignments, using pre-marked tests or answer sheets, cribbing, or using texts, notebooks, copying, or any similar means to score an answer sheet. The following actions will be taken against anyone who engages in the above practices:
   - You will receive a grade of zero on the work (exam, assignment, lab, quiz, etc.) where the cheating occurred.
   - You will be assigned a final course grade of “F” in the course where the cheating occurred. A report of the event will be sent to the Dean of Student Success.
   - A report of the incident will be sent to the Diagnostic Ultrasound Program Chair, Director of the HESWI and Dean of Student Success Services.
• Cheating is grounds for dismissal from the Diagnostic Ultrasound Program.
• A report of the Incident will also be sent to the Dean of Students. He/she may file a report in your permanent record or take further disciplinary action such as suspension or expulsion from the college.
• The DUTEC program adheres to all BC policies and procedures related to disciplinary action, the student code of conduct, and dismissal. Complete policy and procedure information may be found in the BC Student Handbook, and at www.bellevuecollege.edu.
Policy:

Students are to wear name tags while in the clinical setting. Name tags are considered part of the dress code requirement for the DUTEC program. BC DUTEC students are required to carry official student identification while on campus, and attending school sponsored or supervised events off campus.

Procedure:

1. Once assigned to a clinical site, the student will adhere to the policies of the clinical site with regards to identification and security.
2. In clinical sites that do not provide name tags, students will wear BC Student name tags, or other name tag approved by the clinical site.
3. Students are to use the term “intern” on the badge unless instructed otherwise by the clinical site.
4. Students may use academic degrees earned on their name badge as long as their full name is included on the badge.
Policy:

In accordance with the JRCDMS accreditation standards, students will not be in attendance at their clinical sites more than 40 hours per week. However, students are expected to complete an exam they are involved in at the end of a day in clinical. If the student would like to stay beyond the 40 hours to see a special exam, authorization from the Clinical Instructor must be documented.

Students are permitted to accumulate clinical internship hours on second shifts, holidays, Saturday or Sunday, only with permission of the clinical coordinator and clinical instructor on site.

Students will be supervised by a designated, qualified Clinical Instructor at any time they are in the clinical site for BC clinical practicum.

Clinical practicum schedules will be determined at the pre-clinical “interview”, signed by the student and clinical instructor, and faxed into the DUTEC office before the first day of clinical practicum for each quarter.

Any changes to the clinical practicum schedule MUST be approved by the Clinical Coordinator and the Clinical Instructor.

All clinical practicum schedules will be signed and submitted to the BC Clinical Coordinator, with a copy maintained in the Clinical Binder. All clinical practicum schedules will be at the agreement of the student, the clinical coordinator, and clinical instructor.

Students may not be paid for any scheduled clinical practicum time accumulated as a program requirement.

Procedure:

1. If a student is participating in a procedure which would be in excess of an 8 hour period for that day, it is expected that the student will complete the exam and patient
care responsibilities. Should the student be required to stay in excess of 45 minutes of the day’s schedule, the student should receive compensatory time off the next scheduled day.

2. Compensatory time off will not be accumulated or used at the student’s discretion.
3. Compensatory time will not transfer to subsequent quarters.
4. Compensatory time will not be used to complete the program clinical requirements early.
5. ANY change to the student clinical schedule during or between quarters must be approved by the clinical instructor, and the clinical coordinator must be notified of these changes immediately. Students will submit a “revised clinical practicum schedule” via fax to the DUTEC office. (425) 564-4193.
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SUBJECT: Mental, Emotional and Physical Requirements

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:
Students are required to maintain their physical, and mental health throughout the DUTEC program so they will be successful meeting in the didactic and clinical aspects of the program requirements.

Procedure:

1. Students suffering from any disabilities, such as arthritis, hearing loss or any other condition that might impact their ability to successfully complete the program, are urged to seek medical advice before entering the program.
2. Students are strongly encouraged to have the hepatitis B vaccination. If they choose not to do so, they would be required to sign a waiver.
3. Students who sign a waiver or who do not get all their immunizations completed on time may lose their clinical site. Clinical sites must be notified if the student’s immunizations are not completed. The clinical site may choose to deny the student a clinical rotation.
4. While performing their clinical training, the student will be required to:
   - Stoop
   - Stand for long periods of time
   - Visually focus for extended periods of time on small image detail and subtly.
   - Differential colors and audible signals
   - climb stairs
   - walk (smooth or uneven, level or inclined surfaces)
   - reach above and below the shoulder
   - lift 100 lbs, carry 50 lbs
   - be able to push or pull equipment
   - have near and far visual acuity
   - have depth and color perception
   - hear ordinary conversation
   - hear both high and low frequencies
   - perform repetitive hand coordination activities requiring both hands for gross and fine manipulation
   - twist and grasp
   - power grip and feel
• maintain emotional and mental stability in stressful situations on a regular basis
• assist clients/patients to and from stretchers, exam tables, wheel chairs and other transfers

5. Ultrasound has been known to cause such conditions as rotator cuff and shoulder tendonitis, elbow pain as in tendonitis, and tennis elbow. Wrist neuromas, carpel tunnel and repetitive stress syndrome, and numbness in the fingers. Tendencies towards these conditions should be reviewed with your health care provider as to the appropriateness of this career.

6. Resources for services related physical and mental health are available through BC student services, and students are encouraged to seek support and assistance provided by the college at any time.
Policy:

Students enrolled in clinical practicum during the second year of the program are allotted 2 days per quarter to use for illness or personal business.

Students using more than 2 days per quarter for illness, or other personal reasons must make up the time during the break before the next quarter starts.

Personal Days do not accumulate and roll over to subsequent quarters. Personal days may be used for emergencies, or scheduled personal business.

All Personal days used must be recorded on the Attendance Log / Record each quarter. Falsifying the attendance record by not recording Personal days used is grounds for dismissal from the program.

Students that exceed the allowed number of absences for clinical practicum in any given quarter may be required to take a leave of absence. (refer to “Leave of Absence” policy DUTEC Student Handbook)

Procedure:

1. Students who are sick MUST phone BOTH the clinical site and the DUTEC clinical coordinator by 8:00 am on the day they are sick.

2. Students are required to email the Clinical Coordinator of their Personal day used for illness or emergency.

3. Students are required to enter the Personal day used on their attendance sheet each quarter.

4. Students cannot accrue overtime to be used as Personal days.

5. Students are reminded about program requirements established by the JRCDMS concerning clinical hours.
6. Students are not to compromise the health of patients and hospital staff by coming to clinical with contagious conditions.

7. Students missing more than 3 consecutive days of clinical due to illness may require a physicians release (at the discretion of the clinical coordinator) to return to clinical practicum.

8. Students taking Personal days, for any reason, that do not notify the clinical instructor and email the clinical coordinator EACH DAY OF ABSENCE, will receive a reduction in their clinical grade and may be placed on academic probation for unprofessional conduct.

9. Students that do not record their Personal days/absences accurately may be subject to disciplinary action based upon falsifying records.
Policy:

Change in policy may take place during the program.

Procedure:

Due to a number of reasons, changes in DUTEC or BC policy may occur.

It may be necessary to institute new policies, or revise existing policies at any time.

The student is expected to adhere to all policy and procedure revisions during their term as a DUTEC student. This includes all / any changes or additions in policy at the time they are incorporated.

The program is responsible for notifying the students of these changes or additions in a timely fashion.

Current Policy and Procedures are available in the DUTEC Student Handbook, BC Student Handbook, BC College Catalog and online at MyBC.

Updated policies and procedures will be sent to students in the form of a revision to the student handbook.

BC policy and procedures are available at www.bellevuecollege.edu anytime.
Policy:

The program director may require action, including dismissal of a student from the program, for a variety of reasons. Immediate dismissal from the program may be indicated, based on the nature and severity of the infraction. Progression and dismissal may be based upon academic and/or disciplinary actions. The following may be considered criteria for academic performance in the clinical setting as a part of professionalism and standards of patient care.

Grounds for immediate dismissal from the DUTEC program include (but are not limited to) the following:
- Disregard of program rules and regulations
- Unsatisfactory performance
- Insubordination
- Misconduct
- Neglect of duty
- Breech of medical, legal or moral ethics.
- Chronic absenteeism or tardiness.
- Unexcused absence from clinical practicum.
- Theft of or unauthorized use of clinical site or BC property, at the hospital or on college premises.
- Substance abuse (drugs, medications, alcohol etc.)
- Use of, possession of, or intent to deliver controlled substances
- Possession of or use of a firearm on hospital or college grounds
- Failure to maintain the minimum required passing grade in all course work including clinical practicum
- Breech of confidentiality
- Willful destruction of/or defacement of property
- Willful abuse of/or neglect of a patient, visitor, employee or other persons
- Inappropriate verbal or non-verbal behavior
Procedure:

- The nature and severity of the infraction will be reviewed by the program chair, clinical instructor or other faculty, and presented to the Director of HSEWI.
- The program chair, director, clinical coordinator and faculty involved will inform the Dean of Student services that a disciplinary action plan and advising session is requested.
- The findings and recommendation of the director, program chair, clinical coordinator and faculty involved will be submitted to the Dean of Student Services for review.
- A meeting with the student, the director, the program chair, clinical coordinator and faculty involved will be scheduled as soon as possible.
- The student will be notified of the disciplinary infraction, either verbally or in writing, and asked to meet with the BC representatives and a student advocate.
- The meeting will serve to gather more information about the infraction, discover the student perspective on the infraction, and determine a plan for disciplinary action, if any. The student will be notified of the college disciplinary action grievance process at the meeting. (BC Student Handbook)
- A written summary of the meeting and decisions regarding disciplinary action will be given to the student, a copy placed in their permanent record and the plan/action will be implemented immediately.
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SUBJECT: Progression & Dismissal  
Academic  

EFFECTIVE DATE: March 2012  

POLICY: DUTEC  

Policy:  
All DUTEC students must earn a minimum academic grade point of 2.0 in each course, and a minimum overall GPA of 2.5 each didactic quarter to maintain acceptable academic status in the DUTEC program.  

Procedure:  
1. Students carrying a failing grade in a course at midterm are automatically placed on academic probation.  
2. A mandatory advising session with the program chair and a plan for improvement will be developed for any student with a failing grade at midterm in any DUTEC course.  
3. If the final grade in any DUTEC course is below a “C” (78%) 2.0, the student is automatically dismissed from the program.  
4. All criteria in the academic plan must be met for the student to pass, and continue in the DUTEC program.  
5. Students who have a GPA for any quarter of less than a 2.0 will be automatically dismissed from the program.  
6. Students may not receive a “W” for any course and continue in the program.  
7. Students who receive an “F” in any DUTEC course will be dismissed from the program. The student may reapply to the program.  
8. Other reasons for dismissal: Refer to the Bellevue College Student Code of Conduct.  
9. Students may appeal their grades through the academic grievance process identified in the BC Student Handbook.
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SUBJECT: Progression & Dismissal  
Clinical / Academic

EFFECTIVE DATE: March 2012  
POLICY: DUTEC

Policy:
The program permits only full time clinical students. The program requires a minimum clinical grade of (78%) 2.0 (“C”) to pass. Students earning less than a “C” at midterm in clinical practicum are put on academic probation. All clinical practicum course requirements for personal and professional behaviors, scanning skills, patient care, scope of practice, attendance, ethical practices, technical knowledge and judgment comprise many, but not all of the categories of learning objectives. Clinical grades are awarded through collaboration of the Clinical Instructor and the Clinical Coordinator, and are derived from points earned during clinical practicum, which are identified in each clinical practicum syllabus.

Procedure:
1. Students that receive a midterm clinical practicum grade of less than a “C” are automatically put on academic probation, and are advised by the BC clinical coordinator and clinical instructor on site regarding areas of weakness.
2. A plan for improvement is developed based upon individual student needs, and a written version of this plan is signed by the student and the clinical coordinator. This becomes a part of the student record.
3. Should the student fail to meet the criteria of the plan for improvements by the end of the quarter, they will receive a failing grade and may be dismissed from the program for poor academic performance in the clinical setting.
4. Students on academic probation for clinical performance will receive weekly evaluations to monitor progress.
5. Students that do not meet the didactic knowledge, scanning skills or technical skills requirements at any given time during the quarter, may be required to undergo a standard “clinical performance assessment”

6. The Clinical Performance Assessment includes one or more of the following:
A standard written exam testing their didactic knowledge base in the specialty area in question – students will need an 80% to pass this exam to be allowed to continue in the clinical portion of the program.

A scanning skills evaluation in the DUTEC lab in campus observed and evaluated by the clinical coordinator and program chair. The student will be evaluated using the standard clinical evaluation forms. – students will need an 80% or better to continue in the clinical portion of the program.

A third party, neutral evaluation of clinical skills and knowledge at a BC clinical affiliate for 1-2 weeks. – students will need an 80% on each evaluation to continue in the clinical portion of the program.

7. All assessments will be reviewed, and the student advised and counseled on the results.

8. A plan for continuation or dismissal for poor academic performance will be generated, and submitted for approval to the HESWI Director, within 3 working days of this review and advising session.

9. Students may be reinstated to their current clinical site, or placed in another clinical site appropriate to the students learning needs.

10. If the current clinical site requests that the student be removed form the site for any reason, and the student is found to be qualified to remain in the program, every effort will be made to place the student in another site as soon as possible. Due to the limited clinical resources, we cannot guarantee the location or availability of any additional clinical sites once a student has lost their original site. This may delay student graduation and eligibility to take the ARDMS exams. BC is not held responsible for procuring a second clinical site within the same quarter that a student is removed from a clinical site at the request of the clinical site.

11. Additional grounds for dismissal can be found by referring to the Bellevue College Student Code of Conduct.
Policy:

Smoking is prohibited in all medical facilities. Smoking is permitted only in designated areas on BC campus.

Procedure:

1. Compliance with all BC and clinical site smoking policies is expected.
2. Failure to comply in clinical sites may result in being dismissed from the site.
3. Students also need to be mindful of the odors associated with smoking, and the impact this may have on patients.
Policy:

General supervision of students in the first year of the program is provided by the program chair, clinical coordinator and designated faculty for each class.

Procedure:

1. Direct supervision will be provided by the faculty for each class the student is required to take in the program.
2. Students having issues or suggestions regarding course content, grades, exams, classroom management, or lab activities should first discuss the matter directly with the faculty teaching the class.
3. In addition, if there is a consensus amongst students in a particular class, the class representative may bring the issue to the program chair for resolution.
4. Students may grieve the issue to the program director only after they have spoken with the faculty member.
5. Students may grieve the decision of the program chair through the office of the Director of the HEWSI, and Dean of Student Services.
6. Students are expected to adhere to BC policies with regards to classroom conduct, mutual respect for other students, faculty and BC facilities.
7. Students and faculty are encouraged to contact security at (425) 564-2400, or call 911 in the event of an emergency or threatening situation in the classroom or DUTEC lab if needed.
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SUBJECT: Supervision
2nd Year Students

EFFECTIVE DATE: July 2007

POLICY: DUTEC

Policy:

Direct and indirect supervision of students in the second year of the program is provided by the clinical instructor, qualified sonographers and the BC clinical faculty member assigned to the student.

Procedure:

1. Direct supervision of clinical performance in the clinical areas will be provided by the clinical instructors. Qualified staff sonographers may also provide direction.

2. 
   a) supervising individuals will make judgments with respect to the capability of the student to perform an examination with reasonable success; or
   b) to determine if the content of the examination is beyond the scope of the students progress in the program; or
   c) to be physically present in the room if any doubt is present as to the students ability to perform the examination;
   d) all clinical evaluations must be conducted by a qualified Sonographer, registered in the clinical specialty for which they are providing a clinical evaluation. For example, a carotid must be evaluated by an RVT, an OB by an OB GYN registered Sonographer.
   e) Students may work under the direct supervision of the interpreting physician.

2. Students will receive one to two site visits per quarter by the BC clinical faculty member assigned to them.

   Students are expected to be prepared and communicate any issues or problems they are experiencing at the time of these visits.

3. A Site Visit Report will be completed by the clinical site visitor, and signed by the student, clinical instructor and site visitor.
4. The BC clinical coordinator faculty issues a site visit schedule at the beginning of each quarter.

5. Students and their Clinical Instructors are expected to be at the site at the time of the visit.

6. If a student, or their clinical instructor will be absent on a scheduled clinical site visit day, it is the STUDENTS responsibility to contact the clinical site visitor in person, by phone and email at least 24 hours before the scheduled visit. (great expense and effort goes into each site visit, especially our of the immediate Seattle/Bellevue area)

7. Date and time conflicts are to be communicated immediately after the list is received.
Policy: 
Students are required to be punctual for both didactic and clinical training.

Procedure:
1. Students who are late reporting to their clinical site will be warned once verbally.
2. The second time they are tardy the clinical site will document the tardiness on the students attendance form for the quarter.
3. The third time the student is put on probation, and this may lead to program dismissal.
4. Students are expected to be in the classroom before the start of class. Students who are more than ten minutes late for class may be asked to leave.
5. Quizzes or exams are not lengthened for students who are tardy.
Bellevue College
Diagnostic Ultrasound Technology Program
www.bellevuecollege.edu/ultrasound

Leslie Heizer Newquist, Ph.D.
Dean – Health Science Education & Wellness Institute
leslie.newquist@bellevuecollege.edu
(425) 564-2191

Terry Hatcher, M. Ed., RDMS
Program Chair/Instructor
Terry.Hatcher@bellevuecollege.edu
(425) 564-2051

David Goodwin, M.Ed., RDCS
Clinical Coordinator/Instructor
David.Goodwin@bellevuecollege.edu
(425) 564-3407

Joseph Augustyn, B.A., RDMS, RMSK, RVT
Clinical Coordinator/Instructor
Joseph.Augustyn@bellevuecollege.edu

Rama Shivashankara, RDMS, RVT
Instructor
Rama.Shivashankara@bellevuecollege.edu

Program Office:
Mail Stop: T208
3000 Landerholm Circle SE
Bellevue WA 98007-6484
Phone: (425) 564-2013 FAX: (425) 564-4193
Email: imaging@bellevuecollege.edu

Statement of Equal Opportunity:

BC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. This policy applies to all programs and facilities, including, but not limited to, admissions, educational programs, and employment. BC is committed to providing access and reasonable accommodations in its services, programs, activities and education for individuals with disabilities. To request disability accommodation in the admission application process contact the Office of Disability Support Services at - VOICE: (425) 564-2498 TTY: (425) 564-4110 FAX: (425) 564-4138 Email: drc@bellevuecollege.edu

Any discriminatory action can be a cause for disciplinary action. Coordination of the compliance efforts at BC with respect to discrimination laws is under the direction of the Vice President for Human Resources, Bellevue College, 3000 Landerholm Circle SE, Bellevue, WA 98007-6454, VOICE: (425) 564-2274, TTY: (425) 564-4184