Frequently Asked Questions and Answers

Accreditation Process Questions	JRC-DMS Response
Annual Reports	All annual reports submitted to the office in 2021 are completed using electronic submission through the JRC-DMS portal.
What are program requirements to be in compliance with the transition to the CAAHEP 2020 Standards?	Cohorts who are enrolled in the program prior to September 1, 2020, will be evaluated under the 2011 Standards. If programs choose to include some or all aspects of the 2020 Standards for these cohorts, that is program prerogative. For cohorts enrolled in mid-late August 2021 and after, these cohorts are required to meet the 2020 Standards.

Comparison of 2011 to 2020 Standards
 	
• Clinical Coordinator – In the 2011 Standards, a Clinical Coordinator was required if the program had 8 or more clinical affiliates.
• In the 2011 Standards, the required number of exams available at each clinical site was provided as a guideline.
• Minimum timeframe for each concentration – In the 2011 Standards, a guideline suggested that each additional concentration add 6 months.
• Learning concentrations have changed. In the 2011 Standards, the concentrations were General (Abd and OB/GYN), Adult Cardiac, Pediatric Cardiac and Vascular.
• Maximum 40 hours per week attendance.
	2020 Standards
	
	• A Clinical Coordinator is required for all programs. The Standards do not specify the number of hours per week or status of full-time or part-time employment. The program can determine how many hours the position requires to meet the responsibilities as stated in the Standards.
	• Programs are responsible for ensuring every student is provided the opportunity to achieve all clinical competencies applicable to the concentration(s) in which the program is accredited. Competency requires a progression of learning in medically referred examinations to document both normal and abnormal findings.
	• Length of program – this is an institutional prerogative. The program is expected to meet all Standards and the thresholds for each outcome. It is also important to accept feedback from the communities of interest regarding graduates to ensure the length is appropriate.
	• The learning concentrations were revised to reflect the current practice of sonography. General programs may remain the same and will be reflected as being accredited in the Abdominal-Extended and OB/GYN concentrations.
	  ○ The program can combine concentrations to offer a curricular track in more than one specialty area.
	  ○ Programs must be transparent in their publications for each curricular track for which national credentialing exam(s) the students can apply for.
	  ○ CAAHEP accredits the concentration; thus, each concentration must meet the Standards regardless of the program track.
	• The limit of 40 hours per week for student attendance was removed. In fact, all numbers have been removed from the 2020 Standards. It is important to ensure the program is following best

	practices for the safety of the student and the clinical/lab environment, as well as allowing sufficient time for the student to be successful in course work. The program can establish its own policy if desired but not required.
COVID – The COVID-19 pandemic has impacted our program and clinical education for the students. How do we manage the adaptations the program made?	• It is recognized that the COVID-19 pandemic greatly impacted programs. Curricular or policy changes must be documented. If the changes made due to COVID become a permanent curricular change that affects the number of clinical hours or curricular credits, contact the office to request a Request for Change in Curriculum process and forms. • Students are required to obtain clinical competencies as specified in the Standards in the clinical setting. The program may alter the number of clinical competencies from pre-covid requirements, but there must be at least one clinical competency per examination as stated in the Standards. Simulation is not a substitute for clinical competency demonstration and evaluation. • Completion of the program – if a reduction of clinical hours occurs, the program must have an evaluation process in place to ensure each student achieved the clinical competency and the student who is planned to graduate has the skills to be employed as an entry-level sonographer. Documentation must be present and signed by both the program and student to ensure both parties are in agreement the skills have been acquired and documented. • Any effects on JRC-DMS outcomes should be documented.
Will the JRC-DMS continue the Clinical Exemption process for designated clinical competencies?	The request for clinical competency exemption ended with the 2011 Standards.
What are the best practices recommended by the JRC-DMS in terms of templates for the assessment of clinical competencies? Is there any specific format that DMS programs must adopt?	Clinical competency and evaluation forms are designed by the program to be able to evaluate the student's ability to perform a specific physician-referred sonographic examination and obtain quality images by applying their cognitive knowledge and optimizing their images using the equipment functions. National published guidelines and clinical affiliate protocols should be considered when developing competency forms.
Where should competencies required for graduation be listed? In the program handbook?	This is program prerogative, but they must be published in at least one document that is made available to the students. Competencies can be listed in, but not limited to: clinical syllabi, clinical manual or program handbook.
Personnel Questions	

Personnel Requirements	For the key academic personnel, Program Director, Concentration Coordinator (if applicable) and Clinical Coordinator, the Standards state the minimal academic degree, credential requirements, and responsibilities of each position. Please refer to the *guideline* for examples on how the key personnel can meet the portion of the Standard that states: experience in educational theories and techniques. In addition, the personnel must meet the requirement of the Institution requirements.
Clinical Instructor(s)	The primary approved JRC-DMS Clinical instructor(s) are responsible for overseeing the student's clinical education while assigned to their diagnostic clinical environment. The Clinical Instructor(s) must possess the appropriate credential(s) for the concentration(s) the program is seeking accreditation in, and students are placed to develop and be evaluated on their cognitive, psychomotor, and affective domain abilities. If students are assigned to attend clinical affiliates in late afternoon, evening, or weekend shifts, the program must include clinical instructor(s) who are present during these shifts. There must be a clinical instructor(s) assigned for each department, campus, or office the student is assigned to. Students can work with other sonographers and as designated by the Clinical Instructor. Sonographers who are conducting evaluations on the student must possess the appropriate credential for the examination or evaluation is being performed. Refer to the Standards for qualifications and responsibility of a clinical instructor.
Fair Practices Questions	
Why should applicants be notified about policies for withdrawal?	Providing withdrawal information in advance allows applicants to be aware of any financial loss if they choose to unenroll.
Is there a minimum timeframe that student records must be kept?	Student record retention is Institutional Prerogative. Records must be kept and secured long enough for a JRC-DMS site team to evaluate past classes (3-5 years) records and documents when they undergo review. Documents that must be available, but not limited to, include Admission files, health files, student files, clinical competency forms, lab proficiency forms (2020 Standards), grades from each course, and official transcript. Student documentation should never have information that has patient identifying information on it. All clinical documentation must be HIPAA compliant.
Program Lab Policies	Programs must be responsible for ensuring all personnel and students follow best practices for their on-campus simulated lab. The program must have a policy to ensure safety which includes, but is not limited to, the use of

	volunteers, infection control processes, and in the event of an emergency if the program offers open lab hours for students to practice. A recommendation is to have a policy on the management of incidental findings or minimally provide faculty and students education on management.
Can a volunteer in the lab setting be the students, or do they have to be "non-student" volunteers?	Volunteers can be students or other community members. All volunteers must sign a consent form understanding the examination is for educational purposes and not diagnostic.
Curriculum Common to All Concentrations Questions	
Is there a list of specific courses that would meet the communication prerequisite requirement?	No, there is not a list of courses. It is an institutional prerogative. Programs want to consider which courses will prepare the student to succeed in the DMS courses and in the profession. Examples only could include, but are not limited to: Composition, Oral Communication, Interprofessional Communication, English I, etc.
Can documentation of knowledge include completion of courses prior to enrollment in the sonography program (e.g., knowledge and application of patient care is covered in a program-required prerequisite course)?	Yes, program prerogative on when Patient Care is taught.
What happens if sonographic guidance is not performed in the ultrasound departments where the students rotate?	The Standard is to **demonstrate knowledge in sonographic guided procedures**. The minimum expectation is the student would have cognitive knowledge in this area. The addition of lab demonstration, activity or clinical requirement is at the discretion of the program.
What do you mean by patient care partnership and patient care directives?	Patient Care Partnership was formerly referred to as the Patient Bill of Rights. Students should be aware of Patient Care Partnership and Patient or Health care Directives to know the patient's legal rights.
Under Section 2: Learning Competencies Common to All Concentrations, Section C, Item 16D mentions first aid and resuscitation techniques. Does first aid mean we need to teach first aid such as wounds, tourniquets, etc.? Or is this referring to Basic Life Support and CPR only?	Basic life support and CPR for the health care worker. It broadly refers to the ability to respond to an emergency or a patient who is hurt - within the DMS Scope of Practice.
In "demonstrating knowledge and application of patient care," should we incorporate hands-on IV instruction with a lab component for "IV insertion and injection with the use of contrast-enhanced imaging?"	It is the program's choice on how they choose to incorporate. The minimum expectation is for it to be taught in a didactic-type format; however, lab or other mechanism is certainly welcomed. The program may wish to ask what they want their graduate to know, and if the program desires to prepare their graduates on how to inject contrast, then that would be above expectation but is program prerogative.
A proficiency can be performed in a non-clinical setting, but a competency must be performed in a clinical setting.	Proficiencies, if specified in the concentration, are located as the next to last Standard for the concentration, preceding the Standard for Demonstrating Clinical Competency. Proficiencies can be performed in the program's lab or can be required as a clinical competency. The last Standard in each concentration is the Clinical Competency Standard. This provides the requirements for students to complete during their clinical education within their clinical affiliates.

Overall Concentration Questions	
Do schools currently teaching General and Vascular as separate programs need to apply for a separate accreditation of the Ob-Gyn concentration?	When the program's next accreditation review cycle comes up, they would be applying for Abd-Extended and OB/GYN for their one program and Vascular for their other program. If all students graduate with all three specialty areas, then it would be Abd- Extended, OB/GYN, and Vascular. They do not need to do anything different until they submit their next self-study. If curricular changes are made to create new program tracks or delete a concentration, a request for curricular change must be submitted.
How will general programs look if the modalities are broken down as the proposed standards suggest?	General programs can continue to keep their curriculum as is by integrating both Abdomen Extended and OB/GYN Concentrations. The only changes that would need to occur would be to ensure the didactic content and specified clinical competencies are included in the curriculum.
Clinical Education Questions	
What if a program is only grading students in lab and not in clinicals?	The program would be out of compliance with the Standards.
Do the students need to show competency on a complete anatomy scan in the third trimester? On page 28, it states that the clinical competencies need to include second AND third trimester fetal and maternal structures, and then it lists 14 different structures. Do all these structures need to be completed in the 2nd AND third trimesters? Or will a 2nd-trimester complete anatomy scan satisfy that requirement?	It is recognized that fetal anatomy is evaluated in more detail in the 2nd trimester; therefore, if students can acquire all the anatomical structures in the 2nd trimester, it is considered in compliance. Students should have access to 3rd-trimester scanning.
Is there a minimum number of competencies required for accreditation?	There is no minimum number of competencies per organ or stated competency. All required competencies need to be completed in a clinical setting as per the Standards. Programs can choose to add additional clinical competencies and how many exams they want their students to perform and be evaluated on.
Abdomen-Extended Concentration Questions	
What do you mean by Abdominal versus Extended? Is there a difference in accreditation?	Abdominal and Abdominal Extended are the same. Extended allows for the distinction of anatomical structures and exams that are not specific to the abdomen but included in the ARDMS or ARRT(S) national Abdomen certification examinations.
Can the program still include breast content and/or clinical competencies even if they do not intend to pursue breast concentration in the near future?	Yes, this is the program prerogative.

In the 2020 Standards, under the Abdominal Sonography – Extended concentration it states students must demonstrate proficiency in gastrointestinal tract assessment. Is this assessment of the bowel, or is appendix proficiency satisfactory to meet this requirement?	It can be either or both, and it is the program's prerogative to meet the needs of their clinical sites as well as what is expected in other geographical areas. Educating students on how to image the appendix is most common.
How is the Gastrointestinal tract assessed?	Gastrointestinal tract assessment can be a proficiency, meaning lab simulation, or can be clinical competency. The program can determine what aspect of the GI tract. It can be an evaluation of normal appendix, bowel wall thickness, etc.
What recommendations do you have for non-cardiac chest competency?	Non-cardiac chest language was removed from the 2020 Standards and revised to Pleural Space. This anatomical area could be incorporated into an abdomen competency or could be thoracentesis, etc.
What is the reference to "extremity- non-vascular"?	Baker's cyst, lipoma, foreign body, lumps and bumps, etc.
For the interventional procedure competency, must it be related to the abdomen?	The interventional procedure competency can relate to the abdomen or superficial structures included in this concentration.
For the Abdominal Sonography - extended concentrations, are there any required Pediatric competencies?	None required by the Standards. Programs can include them if desired and if the program has clinical affiliates for all students to achieve the required competencies.

OB/GYN Concentration Questions	
What was the rationale for adding outflow and 3-vessel view as clinical competencies for the fetal heart?	The AIUM Practice Parameter for OB includes all these views. For entry to practice, it is important for students completing an accredited OB program to be able to attain these images.

The list of anatomical structures listed under the 2nd and 3rd-trimester competencies; must they all be documented for each trimester?	The minimum expectation is for all the listed structured to be documented in either the 2nd trimester, 3rd trimester, or within a combination of the two semesters. There must be at least one competency applicable to each trimester. Competencies can be completed per individual structure or can be combined in a manner that allows the student to demonstrate the competency required of an entry-level sonographer.
Adult Cardiac Concentration Questions	
For Adult or Pediatric Cardiac clinical competencies, must each student perform an exam for each of the specified pathologies?	The list of clinical competencies is the minimum competencies a program must include. The program can determine the expectations for each of these clinical competencies. The goal is for the student to be able to perform a complete normal echo as per institutional protocol. The clinical pathology competencies can be a complete echo on a patient with the pathology or can be limited to performing the specific images/measurements as recommended by the national professional organization guidelines or practice parameters. Competency for contrast-enhanced cardiac examination is to provide all students the opportunity to observe echocardiogram(s) performed with contrast in the clinical setting. The program can determine the expected knowledge to be gained from the observation.
How can students demonstrate proficiency with stress echo and contrast studies?	The expectation for proficiency is for the student to know the set-up, technique, pre/post imaging, etc. Students are not expected to have volunteers undergo the actual stress maneuver or injection of contrast echo.
Vascular Concentration Questions	
Does visceral vascular competency include Doppler assessment of the renal vessels, hepatoportal vascular, and mesenteric system?	For the vascular concentration, the visceral vascular testing area is in the Proficiency area of the 2020 Standards. Thus, these can be performed and assessed in the clinical setting or simulated in the lab setting. Visceral would include flow to and from the abdominal structures; mesenteric, renal, and liver.
What if there are not enough clinical affiliates for all students to achieve a required competency? (Insufficiency studies) Will there be an exception to any of the requirements?	At this time, there are no plans for clinical competency exemptions. The examinations or areas in the Proficiency section were the areas deemed to be less available in the clinical setting.
What is expected with the venous insufficiency comp?	The graduate can perform a venous insufficiency exam upon graduation and be prepared to be an entry-level vascular technologist.