



Be bold. Be a Viking.

Diagnostic Cardiac Sonography and Diagnostic Medical Sonography Patient Care Skills Verification Form

Direct Hospital Patient Care Experience for the candidate applying to the Diagnostic Cardiac and/or Medical Sonography Programs is required so that the applicant can enter into the program with basic patient care skills and knowledge of how to take care of a patient during a sonography examination.

The applicant for the Diagnostic Cardiac and/or Medical Sonography Programs **must** have **ALL** of the major core skills, tasks and experiences listed below before they are accepted into the program.

To be eligible, the applicant must be able to demonstrate all of the following **MAJOR** minimal core clinical skills necessary to establish eligibility for “Direct Hospital Patient Care Experience.” Any “N” below will result in a non-acceptance into the program until all clinical skills are met. Demonstration of the major minimal core clinical skills means that the sponsor directly observed the applicant performing the skills listed in the **MAJOR** minimal core clinical skills independently and effectively listed in the **MAJOR** column. Minor minimal core clinical skills will be considered in addition to MAJOR minimal core clinical skills but are **NOT** a substitute for any major minimal core clinical skill. Applicants are responsible for meeting the requirements before acceptance can occur. Applicants must sign this form attesting to their experience. Failure to meet all requirements could result in dismissal from the Diagnostic Cardiac or Medical Sonography Programs. There are three signature lines, one for the applicant and two for the supervisor who will be directly working over the applicant and can attest to the applicant’s skill level. Applicants must have the supervisor that was directly involved with the applicant sign this verification form attesting to the applicant's abilities. This same supervisor must sign this form attesting the applicant has completed 400 **PAID** hours of service to the organization where the experience was obtained. The supervisor’s name, phone number, e-mail address, name of organization and credentials are required for verification and in cases that these experiences need to be verified. If the applicant has worked at several organizations that will total 400 hours the applicant may need to have several of these forms filled out.

This form cannot be signed by a relative of the applicant; this form must contain original (signed) signatures. Facsimiles and photocopies of signatures, initials or document are not acceptable.

College documented patient care course or program can serve as verification of this level of basic patient care skills as long as the course or program encompasses these skills.

MAJOR MINIMAL CORE CLINICAL SKILLS APPLICANT MUST HAVE	
Patient Information Assessment and Evaluation:	
Verifies Patient identification according to OSHA/HIPPA Standards	Y / N
Patient Confidentiality HIPAA	Y / N
Observes abnormal vital signs, respiratory distress, chest pain, altered mental status, choking patient. Takes appropriate action within scope	Y / N
Defibrillator/AED (should be done during CPR/BLS training)	Y / N
Fall- takes appropriate actions within scope	Y / N
Perform, measure and report patient vital signs	Y / N

Blood Pressure aneroid cuff and electronic device	Y / N
Greets patient and introduces self and gives first name to them	Y / N
Clearly explains your role to the patient and why you're there.	Y / N
Honors patients with respect and attention.	Y / N
Exhibits and attitude of empathy and compassion while caring for patients.	Y / N
Actively listens to the patient acknowledging and responding to and recording all concerns.	Y / N
Knowledge of advance directives, DNR	Y / N
Patients rights	Y / N
Height and weight	Y / N
Sufficient basic computer skills, word processing, e-mail etc.	Y / N
Transfer and Transportation:	
Maintain a safe patient environment at all times and transports stable patients to procedure or room	Y / N
Reports any changes in a patient's condition or behavior immediately to appropriate personnel. Seeks assistance and guidance as needed to ensure that patient care is delivered in a safe, high quality and effective manner at all times.	Y / N
Bed to chair/Chair to bed	Y / N
Bed to Wheelchair/Wheelchair to bed	Y / N
Bed to Stretcher/Stretcher to bed	Y / N
One Person	Y / N
Assist Nurse/PCA/patient to toilet	Y / N
Assist in pulling and lifting patients	Y / N
Identifies and defines body mechanics, body posture and common body rest positions.	Y / N
Body alignment	Y / N
Modification of bed rest positions	Y / N
Moving and lifting while avoiding back strain	Y / N
Range of motion	Y / N
Common position, support devices and methods in which are applied	Y / N
Proper procedure for placing a patient on his side	Y / N
Prepare patient for exam/gown/positioning	Y / N
Protects the patient's modesty (i.e. drape female with towel)	Y / N
Ensure/provides for patient's protection when patients must be left unattended	Y / N
Ambulation:	
Contact guard	Y / N
One person assist	Y / N
Two person assist	Y / N

Communication and Patient Education	
Ensures safe environment reflecting specific needs of various age groups	Y / N
Ability to interact effectively with patients, families, colleagues, and other health care professionals	Y / N
Cultural Diversity, equality, respect, non-verbal messages	Y / N
Communicates with patient/family at a grade level that is easily understood	Y / N
Telephone etiquette, takes and receives messages	Y / N
Assists patient in unfamiliar environment	Y / N
Infection Control:	
Universal precautions and isolation categories	Y / N
Demonstrates the proper recommended procedure for removing personal protective equipment	Y / N
Proper hand washing and alcohol-based hand rub techniques	Y / N
Gloves - application and removal	Y / N
Latex allergy	Y / N
Disposal of biohazard infectious material	Y / N
Clean used equipment and patient's environmental surfaces	Y / N
Linen handling - clean and soiled	Y / N
Isolation/Reverse techniques	Y / N
Airborne/contact/droplet precautions	Y / N
Provides a clean and safe environment for the patient to avoid injury and litigation (patient falls, nosocomial infection, safety hazards, electrical hazards, fire code protocols etc.)	Y / N
Evaluates patient for comfort and climate	Y / N
Maintains a sterile field, set up sterile tray/procedure	Y / N
Handing of indwelling catheters and catheter bag	Y / N
Assist patient in the use of bed pans and urinary receptacles	Y / N
Handling and disposal of bed pans and urinary receptacles	Y / N
MINOR MINIMAL CORE CLINICAL SKILLS THAT WILL BE TAKEN INTO CONSIDERATION. THESE SKILLS ARE NOT A SUBSTITUTE TO THE REQUIRED MAJOR MINIMAL CORE CLINICAL SKILLS.	
Uses Interviewing techniques to gather relevant information from patient's representative and patient's medical records regarding health status and medical history.	Y / N
O ₂ Saturation devices	Y / N
Suctioning patients, oxygen masks	Y / N
Disposal of sharps	Y / N
Informs patient/family of wait times or delays	Y / N
Contacts interpreter services	Y / N

Sponsoring Verification Statement

Applicant Name _____

H00# _____

I certify that I, _____ (Name of Applicant) successfully demonstrated the minimum core clinical skills required to full-fill the “Direct Hospital Patient Care Experience” required to enter the Diagnostic Cardiac and/or Medical Sonography Programs.

For the Employer – Supervisor:

I, _____, (Observer/Supervisor Name and Credentials), certify that the applicant named hereon has worked _____ hours as a _____ (Title of Position Held) and has successfully demonstrated the minimum core clinical skills necessary to establish acceptance for “Direct Hospital Patient Care Experience.”

Name of Observer/Sponsor _____

Observer/Sponsor Place of Employment _____

Employment Address _____

E-mail Address of Supervisor _____