



**Echocardiography and Diagnostic Medical Sonography  
Patient Care Skills Verification Form**

Direct Hospital Patient Care Experience for the candidate applying to the Diagnostic Medical Sonography and Echocardiography 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 Medical and Sonography and Echocardiography Programs must have these basic skills, tasks and experiences before they enter into the program.

To be eligible, the applicant must be able to demonstrate the following minimum core clinical skills necessary to establish eligibility for "Direct Hospital Patient Care Experience."

Demonstration of minimum core clinical skills means that the sponsor directly observed the applicant performing the minimum core clinical skills independently and effectively. Applicants are responsible for meeting the requirements before acceptance can occur. Applicants must sign this form attesting to their experience. 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 applicants 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 this 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 transcribed 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.

**Please check the column that applies to the skill level:  
3= very competent, 2 = some help needed, 1=needs direction, 0=never**

<b>SKILL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>Patient Information Assessment and Evaluation:</b>				
Verifies Patient identification according to OSHA/HIPAA Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Confidentiality/HIPAA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses Interviewing techniques to gather relevant information from patient's representative and patient's medical records regarding health status and medical history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observes abnormal vital signs, respiratory distress, chest pain, altered mental status, choking patient. Takes appropriate action within scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defibrillator/AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fall- takes appropriate actions within scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perform, measure and report patient vital signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure aneroid cuff and electronic device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of advance directives, DNR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SKILL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Patient rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O2 Saturation devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suctioning patient, oxygen masks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height/weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sufficient basic computer skills, word processing, e-mail etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Transfer:</b>				
Bed to chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed to Wheelchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bed to Stretcher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two Persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer patient to toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling and lifting patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies and defines body mechanics, body posture and common body rest positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modification of bed rest positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving and lifting while avoiding back strain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range of motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common position, support devices and methods in which are applied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper procedure for placing a patient on his side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare patient for exam/gown/positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protects the patient's modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure/provides for the patient's protection when patients must be left unattended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ambulation:</b>				
Contact guard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One person assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two person assist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication and Patient Education</b>				
Ensures safe environment reflecting specific needs of various age groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact effectively with patients, families, colleagues, and other health care professionals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informs patient/family of wait times or delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacts interpreter Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Diversity, equality, respect, non-verbal messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates with patient/family at a grade level that is easily understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone phone etiquette, takes and receives messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists patient in unfamiliar environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considers patient's needs and shows empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infection Control:</b>				
Universal precautions and isolation categories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates the proper recommended procedure for removing personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper hand washing and alcohol-based hand rub techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves – application and removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>SKILL</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
Latex allergy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of biohazard infectious material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean used equipment and patients environmental surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linen handling – clean and soiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation/Reverse techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airborne/contact/droplet precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates patient for comfort and climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal of sharps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains a sterile field, set up sterile tray/procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling of indwelling catheters and catheter bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling of bed pans and urinary receptacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b>				
Ability to exhibit appropriate professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Sponsoring Verification Statement**

#### **For the Applicant:**

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 Medical and Echocardiography Sonography Programs.

#### **For the Employer – Supervisor:**

I, \_\_\_\_\_, (**Sponsor 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."

Employer Address \_\_\_\_\_  
 \_\_\_\_\_

Direct Telephone Number of Supervisor ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address of Supervisor \_\_\_\_\_

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