

READING HOSPITAL SCHOOL OF HEALTH SCIENCES POLICY NO. 358

SUBJECT: Clinical Laboratory Volunteer Participation

Responsibility of: Program Directors / Diagnostic Medical Sonography and Medical Imaging
Originated: March 2020 Revised: Reviewed:

SCOPE: This Policy applies to all Reading Hospital School of Health Sciences (“RSHS”) faculty, instructors, employees and students in the RSHS programs (the “Programs”) who are involved in clinical simulation laboratories using volunteers for training purposes.

PURPOSE: The purpose of this Policy is to specify the procedures to be followed when students enrolled in RSHS Programs participate in laboratory educational experience activities involving demonstration and practice of sonography and radiographic positioning skills using Volunteers. The use of Volunteers in the Diagnostic Medical Sonography (“DMS”) lab and the Medical Imaging Skills (“MI”) laboratory allows students to gain additional review with continued improvement of general tactile skills including instrumentation and positioning that will enhance hands-on and experiential learning while developing proficiency.

POLICY: It is the policy of the RSHS to allow students enrolled in the Programs(s) to gain additional review and continued improvement of ultrasound and/or radiographic positioning skills, including instrumentation and optimization for images to prepare Students to develop proficiency, thus allowing RSHS graduates to have the skills needed to serve the community, and to ensure that Program faculty and students will follow specific guidelines and protocols, including obtaining consent, when RSHS students enrolled in Programs utilize volunteers during DMS lab and MI Skills lab to practice performance of non-diagnostic ultrasounds and radiographic positioning for education and training purposes.

DEFINITIONS: For purposes of this Policy, a “Volunteer” is an individual who voluntarily consents, without compensation, to participate in clinical lab training (DMS or MI Skills lab) conducted by RSHS students enrolled in the Programs. A Volunteer must be at least 18 years old and may be friends and family of Reading Hospital staff, RSHS faculty, and RSHS students but cannot be a student who is currently enrolled in the specific RSHS program in which students are performing practice, non-diagnostic ultrasounds or radiographic positioning procedures. Volunteers are not eligible to participate in non-diagnostic training (ultrasound or medical imaging) if they have any clinical symptoms (if any abnormal signs or symptoms, volunteer will be deferred at appointment time and referred to family physician).

PROCEDURE:**A. DIAGNOSTIC MEDICAL SONOGRAPHY**

1. Volunteers
 - a. Volunteers may be used for scanning by students in the Diagnostic Medical Sonography (“DMS”) lab.
 - b. Before any non-diagnostic training ultrasound is performed by a student a DMS lab, the Volunteer must be informed of the anticipated lab practices and how this compares with normal diagnostic practice and will sign a consent form, in the form attached to this Policy.
 - c. The Volunteer must have a family physician.
 - d. The Volunteer must have current health insurance coverage; however, neither the Volunteer, nor the Volunteer’s insurance company can be billed by Reading Hospital or any other Tower Health entity.
 - e. The Volunteer cannot ask any questions regarding any findings during or after the scan session.
 - f. The Volunteer may bring one other adult to accompany him/her.
 - g. No visitors under the age of 18 will be permitted in the DMS lab.
2. Ultrasound equipment. The ultrasound units used in the sonography lab are standard diagnostic sonography machines and cannot be modified. The Volunteer’s total scan time will be approximately one hour.
3. Permissible ultrasound that may be performed by students on Volunteers in the DMS lab. The ultrasound scanning procedures that may be performed on Volunteers are limited to the following:
 - Abdomen
 - Transabdominal pelvis
 - Thyroid
 - Carotid Doppler
 - Lower extremity venous Doppler
 - Obstetrical imaging on volunteers who have had an anatomical ultrasound (greater than 18 weeks) during which no abnormalities were noted. This prior negative scan will need to be documented as to date, ordering physician, facility, and report. Obstetrical Volunteers may only participate in two separate scan sessions.
 - Excluded ultrasounds: Students will not perform the following: (1) breast imaging; (2) scrotal imaging; (3) transrectal imaging; and/or (4) endovaginal imaging.

- a. Ultrasound scanning is done for in class demonstration only under the supervision of a registered diagnostic medical sonographer and is not diagnostic. No diagnosis will be provided to the Volunteers at the time of completion of the non-diagnostic training ultrasound.
 - b. All Volunteers who will receive non-diagnostic abdominal ultrasounds must be scanned first by a program faculty member who is a registered sonographer. Only Volunteers that have gone through this process may be scanned for the abdomen at a practice lab which is supervised.
4. Obstetrical volunteer ultrasounds. All obstetrical volunteers who will receive non-diagnostic obstetrical ultrasounds must be scanned first by a program faculty member who is a registered sonographer. Only Volunteers that have gone through this process may be scanned for obstetrics at a practice lab which is supervised.
- a. If a Volunteer is pregnant, the Volunteer must provide a note from the Volunteer's physician stating that the Volunteer may consent to participate in the DMS lab and receive a non-diagnostic OB ultrasound.
 - b. Students in the DMS lab may not perform first trimester obstetrical scans.
 - c. Students in the DMS lab may perform only second and third trimester scans only after the Volunteer has received a full anatomical scan as ordered by their physician at an imaging facility that has been read as normal (a copy of the report is required in order to permit the second and third trimester obstetrical scans for Volunteers).
 - d. No fetal gender will be discussed.
5. No images will be given to the volunteer.
6. Schedule of appointments will be based on student lab schedule and will be subject to change each semester.

Coordination of Volunteers in the Clinical Laboratory Setting:

1. Interested Volunteers or students requesting a scanning experience with a Volunteer should e-mail the DMS Program Director for an appointment.
2. The DMS program director will schedule the date and time based on the DMS lab schedule. The DMS program director will also inform the Volunteer of any preparations needed for the ultrasound exam.
3. The DMS program director will e-mail to the Volunteer the "Clinical Lab Volunteer Consent to Participate and Waiver of Liability" form which they should bring to the scheduled appointment and sign in front of the DMS program director/faculty at the time of their appointment.
4. Upon arrival to the DMS lab, the ultrasound procedure will be explained to the Volunteer to allow for any questions regarding the process of the ultrasound scanning.

5. The “Clinical Lab Volunteer Consent to Participate and Waiver of Liability” form must be signed by the Volunteer prior to participating in the ultrasound scanning clinical educational experience activity.
6. DMS students will scan the Volunteer for the scheduled time frame under the supervision of a registered diagnostic medical sonographer.
7. Upon completion of the scanning practice, the Volunteer will be escorted from the DMS lab by the DMS student.

Incidental Findings in Volunteers:

If a non-diagnostic DMS laboratory scanning experience demonstrates areas that are of question, the Volunteer will be given a “Hands-on Scanning Protocol Documentation of Possible Abnormality” form which will recommend that the Volunteer should seek the advice of their personal physician. The fact that a possible abnormality has been seen is not intended to be a diagnosis, or to substitute in any way for medical treatment.

Assurance of Patient Confidentiality:

All students in the Reading Hospital School of Health Sciences Diagnostic Medical Sonography program are bound by strict obligations to protect Volunteers’ rights of privacy. Students will be required to have on file a copy of the signed “Lab Volunteer Confidentiality” form.

B. MEDICAL IMAGING

1. Volunteers
 - a. Volunteers may be used by students in the Medical Imaging (“MI”) Skills lab during demonstration, skills lab instruction, practice, simulation and clinical proficiency exercises. At no time will radiation exposures be taken. At no time will radiographic contrast media be applied, ingested or injected.
 - b. The Volunteer must have a family physician
 - c. The Volunteers must have current health insurance coverage; however, neither the Volunteer, nor the Volunteer’s insurance company can be billed by Reading Hospital or any other Tower Health entity.
 - d. No visitors will be permitted in the MI lab.
2. Radiographic equipment. The radiographic, fluoroscopic and ancillary equipment utilized in the Medical Imaging Skills lab is standard as typically found in an operational radiology department. Simulation of radiographic procedures on volunteers will be up to but not including radiographic exposure. The average time commitment per laboratory session per volunteer is 90 minutes.

3. Permissible Medical Imaging procedures that may be simulated on Volunteers. Radiographic procedures that may be simulated on Volunteers in the MI Skills lab include the following:
 - Chest/Thorax
 - Upper Extremities
 - Lower Extremities
 - Head
 - Spine/Pelvis
 - Abdomen
 - Fluoroscopy studies
 - a. Volunteers will be physically placed into the positions protocolled for patients.
 - b. Students will be required to verify accuracy of their positioning via touch; physical touch involves palpation of bony landmarks, as is the case in daily professional practice.
 - c. Volunteers may have to modify dress in order to accommodate the anatomical structure being studied so that clothing/jewelry does not interfere with the educational process.
4. **At no time** will any level of radiation exposure be applied to living tissue (human or animal) using equipment located in or associated with the RHSHS MI Skills laboratory.
5. **At no time** will contrast media be injected, ingested, applied or otherwise administered to living tissue (human or animal) using equipment in or associated with the RHSHS MI Skills laboratory.
6. Schedule of appointments will be based on student lab schedule and will be subject to change each semester.

Coordination of Volunteers in the Clinical Laboratory Setting:

1. Interested Volunteers or students assisting with a radiographic positioning experience should e-mail the MI Course Coordinator.
2. The MI Course Coordinator will schedule the date and time based on the MI lab schedule. The Course Coordinator will also inform the Volunteer of any preparations needed for the radiographic procedure being simulated.
3. The MI Course Coordinator will e-mail to the Volunteer the “Clinical Lab Volunteer Consent to Participate and Waiver of Liability” form which they should bring to the scheduled appointment and sign in front of the MI faculty at the time of their appointment.
4. Upon arrival to the MI Skills lab, the procedure will be explained to the Volunteer to allow for any questions regarding the process for the radiographic procedure being simulated.

5. The “Clinical Lab Volunteer Consent to Participate and Waiver of Liability” form must be signed by the Volunteer prior to participating in the radiographic clinical educational experience activity.
6. MI students will position the Volunteer for the scheduled time frame under the supervision of a registered radiologic technologist.
7. Upon completion of the radiographic procedure simulation, the Volunteer will be escorted from the MI Skills lab by the MI student.

Assurance of Patient Confidentiality:

All students in the Reading Hospital School of Health Sciences Medical Imaging program are bound by strict obligations to protect Volunteers’ rights of privacy. Students will be required to have on file a copy of the signed “Lab Volunteer Confidentiality” form.

EDUCATION AND TRAINING: N/A

REFERENCES: Clinical Lab Volunteer Consent to Participate and Wavier of Liability, Lab Volunteer Confidentiality, Diagnostic Medical Sonography Program Hands-on Scanning Protocol Documentation of Possible Abnormality

COMMITTEE AND COUNCIL APPROVALS: SHS Director’s Meeting, (3/23/2020)

CANCELLATION: Tower Health policies directly related to this topic shall supersede this RSHS policy. This policy supersedes all previous policies, memoranda, and/or other communications pertaining to this policy.

Clinical Lab Volunteer Consent to Participate and Waiver of Liability

Name (Please Print)

Address

City, State, Zip Code

Phone Number

- I have voluntarily opted to participate in a healthcare clinical/laboratory educational experience at Reading Hospital School of Health Sciences.
- In consideration for participating in this educational experience, I hereby agree to assume all risks and responsibilities surrounding my participation.
- I affirm by my signature below that I am in good physical condition and do not suffer from any health conditions or disabilities that would prevent or limit my participation.
- I understand that the training ultrasound or radiographic positioning I will receive is not diagnostic and my participation will not establish any type of treatment relationship between myself, Reading Hospital or its agents or employees, or those performing the testing, and that supervision is required to try and prevent issues of confidentiality arising out of any aspect of my participation in this educational experience.
- I understand my participation is not intended to diagnose any medical condition and will not rule in or rule out any medical conditions, and the results of any test performed on me will not be reviewed by a physician.
- I understand the failure to detect any abnormalities during this activity does not mean that no abnormalities exist. I understand that I need to see my physician regarding any concerns I may have about my health.
- Any risks of the activity have been fully explained to me.
- For Medical Imaging Skills lab Volunteers: **At no time** will any level of radiation exposure be applied to living tissue (human or animal) using equipment in or associated with the RSHS MI Skill laboratory. **At no time** will contrast media be injected, ingested, applied or otherwise administered to living tissue (human or animal) using equipment in or associated with the RSHS MI Imaging Skills laboratory.

By signing below, I hereby waive and fully release and hold harmless Reading Hospital, doing business as the Reading Hospital School of Health Sciences, its, agents, employees, students, participants, successor, assigns, directors, officers, faculty and staff, from and against all liabilities to me or my dependents, assigns, personal representative, heirs and next of kin, for any and all damages, expenses (including attorney fees), claims , judgments, actions or causes of action as a result of any loss or injury to the person or property that I may sustain or suffer during or arising out of my participation in any health care clinical educational experience.

I understand that this waiver includes, without limitation, waiver of all rights, claims, demands, suits, liabilities or other actions for any accidents, injuries, damages, incidents or mishaps, foreseen or unforeseen, arising from or in any way related to my healthcare education experience participation.

I have read and understand this Clinical Lab Volunteer Consent to Participate and Waiver of Liability. I voluntarily consent to participate and accept all terms and conditions of my participation as a volunteer as set forth above.

Signature of Participant

Date

Signature of Witness (Faculty)

Date

Waiver must be signed before the volunteer may participate in any clinical educational experience activity

Lab Volunteer Confidentiality

All students and faculty in the Reading Hospital School of Health Sciences educational programs are bound by strict obligations to protect Volunteers' rights of privacy. Key points of the Confidentiality Policy are:

- All information about Volunteers must be treated with privacy and held in strictest confidence.
- Practice examinations are considered confidential and should be conducted discretely. This prohibits discussions concerning Volunteers in public areas (i.e. elevators, cafeteria, public spaces, etc.)
- All experiences pertaining to a Volunteer's participation are to be treated as confidential.
- Students and faculty are expected to understand their duty to each Volunteer at all times and not to disclose Volunteer information to any third party or other RSHS faculty or staff without a need to know.
- Failure to abide by this policy is grounds for dismissal from the Reading Hospital School of Health Sciences.

I have read the above statement and will conduct my interactions with lab scanning Volunteers in the manner stated.

Student Name (Please Print)

Student Signature

Date

Program Faculty Signature

Date

Diagnostic Medical Sonography Program Hands-On Scanning Protocol Documentation of Possible Abnormality

Name of Volunteer (Please Print)

Signature of Volunteer

Date of Educational Scan

Name of Family Physician

DMS Program Faculty

Student educational scanning of the _____ has
(Scanning Procedure)

shown a question in the area of the _____
(Organ)

The scanning procedure which you have voluntarily undergone is not intended to diagnose medical conditions. Rather, the purpose is solely for students in the Reading Hospital School of Health Sciences DMS program to gain experience. The scans are not read by any physician at Reading Hospital. The fact that a possible abnormality has been seen is not intended to be a diagnosis, or to substitute in any way for medical treatment. If an abnormality has been detected during the scanning process, you should contact your personal physician to schedule formal diagnostic studies and/or further evaluation as he/she deems appropriate.