Nova Scotia College of MIRTP

DIAGNOSTIC MEDICAL SONOGRAPHY

PRECEPTOR GUIDE

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PROGRAM OVERVIEW

Preceptor Guide

The preceptor guide is intended for both the candidate and preceptor to gain a full understanding of the roles and responsibilities in supervision and evaluation.

Introduction

The NSCMIRTP Refresher Program in Diagnostic Medical Sonography (DMS) provides sonographers who have not practised for a 5 (five) year period or more the opportunity to reattain professional competence and currency to practice. Prospective candidates should verify that successful completion of this refresher program meets the requirements of their provincial licensing body for reinstatement of professional certification. The refresher program includes two components: academic and clinical. Both components must be completed within 18 months.

Program Goals

- Attain/demonstrate current knowledge in DMS procedures, imaging equipment, safety and protection practices, and patient care/ethics.
- Re-orient to the healthcare environment and the role of the DMS in the healthcare team.
- Practice competently within the profession, meeting competencies as specified in the Sonography Canada Generalist Competency Profile.
- Value the importance of continuing professional development.

Pre-requisites

Candidates for the refresher program must have previously:

- Passed the Sonography Canada Generalist and Core Certification Exam; and
- Been a registrant of a professional licensing body where regulated, or a member of an association where unregulated, within Canada in the practice area of DMS in Canada;
- OR been approved by a regulatory body in your jurisdiction to take the program.

Academic Component

The academic portion of the refresher program is self-directed. Individuals are directed to the Required Materials and Objectives for each unit. Candidates are provided learning activities and questions to assess their theoretical competence. The topics covered and examined mirror the Sonography Canada Generalist and Core Competency Profile.

Appendix A includes a comprehensive list of objectives and procedures covered in the academic portion of the program.

When all units are completed, candidates must write a supervised final exam. The exam is 150 multiple choice questions and includes all material from the academic portion of the refresher program. Candidates must attain a mark of 65% to proceed to the clinical portion of the program.

Topics covered and refresher exam weighting in the Academic Component are outlined in the tables below:

Topic	Exam Weighting
Patient Care and Assessment	1-3 %
Professional Responsibilities	1-3%
Sonography Principles and Instrumentation	14-16%
Health & Safety	2-3%
Ultrasound Examinations	
Abdomen	9-11%
Gynecology	9-11%
Obstetrics	5-7%
Superficial Structures (thyroid, scrotum, breast)	5-7%
Vascular (peripheral veins, extracranial arteries)	5-7%
Interventional Procedures	1-2%
Image Quality (recognizing normal, variants and artifacts)	22-25%
Critical Thinking (modifying scope of exam, correlation with symptoms and patient history)	13-15%

Clinical Component

Candidates are required to secure their own clinical placements, which must be approved by the NSCMIRTP refresher program supervisor. Candidates and potential clinical sites are encouraged to reach out to the refresher program supervisor with any questions related to clinical site requirements.

A minimum of 420 clinical hours must be completed within a 6-month period. A designated preceptor will track clinical proficiency via the clinical summary to record successful attainment of required clinical competencies. **If a clinical site is unable to deliver all required procedures candidates may be required to arrange further clinical experiences at an alternate clinical site.**

If a candidate is unsuccessful in meeting the clinical requirements in the allotted 420 hours, a one-time extension to a maximum of 210 hours of clinical time may be requested from the refresher program coordinator.

CLINICAL COMPONENT

Pre-Requisites

Prior to commencing the clinical component candidates must meet the following criteria:

- Successful completion of the academic component
- Proof of current CPR Basic Life Support (BLS) for Healthcare Providers
- Proof of Professional Liability Insurance
- Additional requirements of the clinical site
- Additional requirements of applicable provincial regulatory body

Site Criteria

It is important when selecting a clinical site to ensure the required procedures are attainable. The process of site approval requires that the candidate submit a clinical site proposal to the refresher program coordinator. Once a clinical site is approved, a clinical site agreement must be signed. The required documentation is in **Appendix C** and must be completed prior to commencing clinical component.

Sites must meet the following criteria to be considered appropriate:

- There must be a variety of ultrasound examinations performed to include abdomen, pelvic, obstetrics, superficial structures, and arm/leg veins.
- There must be ultrasound equipment capable of performing entry to practice required exams.
- Clinical preceptor(s) must be available and willing to assist in meeting the learning needs of the candidate.
- In regulated jurisdictions clinical preceptor(s) must be a registrant in good standing with their regulatory body. In non-regulated jurisdictions they must be a practicing member with Sonography Canada.
- A quality assurance program to monitor equipment performance must be in place.
- A radiologist must be available on-site a minimum of 50% of the time.

Time Requirements

Minimum Requirement: **420 hours**, completed within a 6-month period.
Additional: When required, a one-time 210-hour extension may be granted.

Total: Total hours must not exceed **630**.

Preceptor Expectations

Once a clinical site has been secured, the director/manager of the department will assist the candidate in finding a principal preceptor. The principal preceptor should demonstrate a desire to actively participate in the continuing professional development of themselves and others. While the principal preceptor will oversee placement it is expected that multiple technologists will act as clinical preceptors during the placement.

The preceptor(s) is/are responsible for:

- Orienting the candidate to the department.
- Assessing performance level and providing ongoing feedback for continued growth.
- Ensuring proper supervision and support.
- Selecting clinical experiences to assist the candidate achieve the required competencies.
- Facilitating growth by increasing responsibilities and promoting independent decision-making opportunities as the candidate gains competence.
- Assessing the candidate's performance in accordance with specific evaluation guidelines.
- Demonstrating professionalism through modeling of professional practice.
- Guiding candidate with reflective practice, gap analysis and learning plans throughout the clinical component.
- Providing formal evaluations, constructive feedback through completion of required evaluation forms and ongoing discussions with candidate.

Preceptor Resources

It is recommended that preceptors review the suggested resources prior to candidates starting their clinical component. Preceptors must be aware that refresher program candidates are not students beginning their studies in sonography. Refresher candidates have previously completed entry-to-practice requirements and may have many years of work experience in the field. Although the concepts presented are applicable for both types of learners, the preceptor techniques should be tailored accordingly.

Canadian Association of Medical Radiation Technologists. Effective Preceptorship: A Guide to Best Practice. PreceptorGuidelines.pdf (camrt.ca)

Dalhousie University. Preceptor eLearning Course. Preceptor eLearning Course - School of Communication Sciences and Disorders - Dalhousie University

Orientation

On the first day of the clinical component, it is compulsory that candidates are familiarized with hospital and department policies and procedures. The preceptor should assist the candidate with locating resources and interpreting departmental policies and procedures. An orientation checklist is provided in **Appendix B**.

Direction Levels

For the duration of the candidate's clinical experience, it is essential that preceptors appreciate that the candidate is participating in this program to regain competence after a lapse in practice. While the candidate is progressing through the clinical portion of the program it is required that they be properly supervised. This means even once the candidate has demonstrated competence, they must always have a technologist available to them.

As the candidate progresses through the program the preceptor must determine the required level of supervision. Candidates may perform at a higher level of independence for some procedures while still requiring significant assistance with other procedures.

Candidates are not licensed technologists and should never deem a study complete and ready for reporting, or release a patient, without first checking with the supervising technologist.

To guide the preceptor and the candidate, three levels and descriptions of direction/supervision are provided.

1) **Guided Decision Making:** The supervising technologist must always be in the room with the candidate. Decisions or procedures/tasks performed must be done through direct supervision.
2) **Supervised Performance:** The candidate can make decisions and perform procedures/tasks accurately with minimal supervision or direction from the supervisor. The supervising technologist must always be present and check to ensure all components of the procedure are completed accurately.
3) **Independent Performance:** The candidate can make all decisions and perform procedures/tasks independently and efficiently while under indirect supervision. The preceptor must always be available to the candidate and check the final product prior to submission for reporting.

Evaluation

Competency assessments should be completed throughout the clinical component of the program. Following the competency assessment guidelines candidates will be evaluated regularly for level of clinical performance. Procedures are signed off in the summary when the candidate has achieved competency as defined below:

Competence:

- Demonstrated ability to perform a procedure or task of diagnostic quality.
- Proven understanding of MR procedures demonstrating integration of theory to practice.

Candidate must:

- Provide the preceptor guide and all necessary documentation and tracking tools to the principal preceptor.
- Collect all completed documentation and evaluations and return to the refresher program coordinator at the conclusion of clinical.
- Track all clinical hours.
- Fulfill additional requirements specific to the selected clinical site (such as a Criminal Records Check or a Vulnerable Sector Check).

Assessment Procedure

The candidate will indicate to the preceptor when they feel competent to perform a clinical assessment for a specific procedure or examination. The preceptor will select an appropriate examination and the candidate will perform the examination under direct supervision. When a candidate meets the competency expectations the preceptor will complete the proper documentation with date, procedure type and signature.

Any cause for interruption or intervention by the preceptor during the competency assessment will result in a rating of “needs development.” The candidate must be able to perform the procedure from start to finish unassisted. In the event of a rating of “needs improvement”, the candidate will then be required to perform the assessment at another time.

Preceptors will:

- Assess candidate performance and identify competencies met/not met.
- Provide the candidate with constructive feedback, identifying strengths and areas for development.

Evaluation Tools

The preceptor will give all original paperwork back to the candidate once completed. It is the responsibility of the candidate to ensure all original paperwork is sent to the refresher program coordinator at the completion of the clinical component. There are six evaluation and tracking tools associated with the clinical component of the refresher program. These tools are provided in the summary of clinical competence package.

- Orientation Check list
- Tracking of Clinical Hours
- Assessment of Clinical Performance – self, formative, and summative evaluations
- Clinical Competency Assessment Rubric
- Clinical Assessment and Quality Control Tracking Table
- Program Feedback

Orientation Checklist

With the assistance of the preceptor, the candidate must complete an orientation checklist on the first day of the clinical component. This ensures the candidate is aware of all safety procedures and departmental policies and that they always adhere to safe work practices.

Tracking of Clinical Hours

Candidates must complete the tracking table with the dates and hours worked. A total of 420 hours is required. Should the candidate not be successful in fulfilling the clinical requirement a one-time request can be made to the refresher program coordinator for an additional 210-hour extension.

Assessment of Clinical Performance

1) **Self-evaluation** must be completed by the candidate prior to each formative evaluation. The intent is to encourage the candidate to reflect on their strengths, skills, and areas for development. At the performance review, the candidate and preceptor ratings will be compared and discussed.
2) **Formative evaluation** of a candidate's clinical performance must be completed at approximately 150 hours and 300 hours during the practicum. This will provide formal feedback to the candidate on their progress. Assessment will focus on the performance of the candidate since the last clinical evaluation. Preceptors should discuss the evaluation with candidates and provide them an opportunity to add written comments.
3) **Summative evaluation** of the candidate must be completed at the conclusion of the clinical component, which will consider the overall performance of the candidate during the clinical placement and their current ability to re-enter the clinical environment as a working technologist.

Clinical Competency Assessment Rubric

The Clinical Competency Assessment Rubric will be used throughout the clinical component of the program to help supervising technologists in assessing the candidate's competency in performing required procedures.

Clinical Assessment and Quality Control Tracking Table

The Clinical Assessment and Quality Control Tracking Table is a tool to track the progress of a candidate. Each clinical assessment and quality control assessment must be signed as they are successfully completed. All required procedures must be signed off to complete the clinical component of the refresher program.

Program Feedback

Feedback is an essential element of program evaluation and contributes to continuous improvement of the refresher program. Candidates and preceptors can provide feedback at the completion of the clinical component. Completed forms should be forwarded to the refresher program coordinator.

APPENDIX A – ACADEMIC OBJECTIVES

Professional

- Describe the Provincial Regulator (if applicable) and CAMRT code of ethics and relate it to clinical practice.
- Explain the sonographer's scope of practice, based on the candidate's jurisdiction, and specifically, based on the candidate's education and skill set.
- Discuss Sonography Canada's best practice guidelines for sonographers.
- Outline Diagnostic Medical Sonographer (DMS) regulation in the candidate's practising province or territory, including Standards of Practice.
- Outline sexual abuse prevention guidelines.
- Identify ethical issues and actions appropriate to the practice of sonography.
- Discuss patient rights and legislation governing privacy of patient information and their implication on practice.
- Describe qualities of professional behaviour.

Communicator

- Discuss the importance of verifying patient identity and obtaining informed consent.
- Examine the components required during an appropriate patient assessment and the factors that contribute to effective communication.
- Understand the use of verbal and non-verbal communication in clinical environments.
- Recognize the language and actions that reflect respect and dignity in practice.
- Examine when to adapt communication strategies based on the individual patient.
- Discuss how to identify clinically relevant details and provide accurate updates to the care team.
- Discuss the importance of a sonographer's technical impression and how to communicate the sonographic findings to the reporting physician.

Collaborator

- Understand the sonographer's role in interprofessional healthcare teams.
- Discuss the importance of interprofessional collaboration.
- Understand what to communicate during the transfer of care for patients.
- Discuss conflict management techniques.

Care Provider

- Describe the proper procedure and precautions when caring for patients with ancillary equipment.
- Explain the use of vital signs, including proper assessment, normal values and terms associated with deviations from normal.
- Describe the technique of palpating an area of interest to aid in sonographic assessment.
- Describe the correlation between performing dynamic and provocative maneuvers (for example: Valsalva) throughout examining a patient sonographically.
- Explain how a patient's ability to tolerate the ultrasound exam is assessed.
- Describe the safety measures for the patient and technologist when transporting and transferring patients.
- Explain the process of conducting relevant patient-centered care assessments.
- Understand patients' different developmental stages with provision of age specific care.
- Describe how to provide compassionate care based on the patient's physiological, cognitive, and psychological needs.
- Discuss correct administration of drugs including rights, routes, handling, and equipment.
- Discuss infection prevention and control standards.
- Explain the appropriate procedure to respond to changes in patient condition and medical emergencies.
- Discuss how to provide education and support to patients and their families.

Leader

- Describe how to give guidance and constructive feedback to students and less experienced sonographers.
- Understand the importance of professional advocacy.
- Understand the importance of advocating for patient- and family-centered care.

- Discuss quality improvement practices.
- Understand how leadership can be applied to practice.

Scholarly Practitioner

- Appreciate why scholarly practice is an expectation of practice.
- Recognize the importance of reflective practice.
- Appreciate the significance of continual competence and professional learning.
- Identify research activities and relate them to evidence-informed changes in practice.
- Integrate best practices into personal practice.

Clinical Expert

Health and Safety

- Explain the concepts and application of standard precautions and disease transmission.
- Describe proper body mechanics when transferring, transporting, and positioning patients.
- Describe the importance of monitoring output display indices (thermal and mechanical) and adjusting power output as necessary.
- Explain methods for adhering to the ALARA principles.
- Explain the ergonomic techniques used by sonographers to reduce the risk of injuries.
- Discuss how sonographers can create a safe clinical environment.

Critical Thinking and Problem-Solving

- Describe examination planning strategies to include:
  - Interpret and correlate patient signs, symptoms, and history.
  - Formulate sonographic scanning strategies.
  - Modify scope of exam based on patient information.
  - Use knowledge of anatomy and disease processes.
- Explain the process of correlating relevant diagnostic data from a wide variety of sources including other diagnostic imaging exams, lab tests, aspirations, biopsies, and obstetrical tests (non-stress test, D&C, amniocentesis).
- Describe the importance of scanning strategies including changing patient position, employing breathing techniques and using optimal acoustic windows.
- Recognize normal sonographic appearance and differentiate that from normal variants and

artifacts.

- Discuss the importance of modifying the scope of the exam based on the patient, the patient history, and sonographic findings.

Sonography Principles and Instrumentation

- Discuss the importance of adjusting sonographic imaging parameters: depth, focus, gain, TGC, compression, harmonics, sector width.
- Describe how transducers generate ultrasound pulses and receive echoes.
- Describe the Doppler principles and the artifacts associated with the use of Doppler.
- Compare the various types of transducers.
- Explain the concepts of frequency, propagation speed, attenuation, resolution and impedance and the importance of these principles in sonography.
- Identify sonographic artifacts describing the various causes and how to correctly interpret the artifacts.

Abdomen

- Discuss the anatomy, physiology, and pathologies of the abdomen to include the peritoneal cavity and the retroperitoneal organs and structures.
- Describe the normal sonographic appearance of the abdominal structures to include aorta, IVC, pancreas, liver, biliary system, kidneys, adrenal glands, spleen, gastrointestinal tract, muscles, and the abdominal wall.
- Discuss the associated laboratory values and other diagnostic tests associated with the abdominal organs and structures.
- Describe the scanning planes and the patient positions used to effectively assess the abdomen sonographically.
- Discuss the anatomical relationship of the various structures of the abdomen.
- Describe the normal measurement ranges of the various structures in the abdomen.
- Correlate patient history and symptoms with the sonographic appearance of abnormalities detected.

Gynecology

- Discuss the anatomy, physiology, and pathologies of the female reproductive tract.
- Describe the normal sonographic appearance of the organs and structures of the female pelvis.
- Discuss the scanning techniques and imaging planes used in transabdominal and transvaginal scans.

- Discuss when a transvaginal exam is indicated and its advantages over transabdominal imaging.
- Discuss normal sonographic measurements of the female pelvic structures.
- Describe the sonographic appearance and the correlation with patient history, signs and symptoms and lab tests and other diagnostic imaging studies of the following:
  - Uterine pathology: endometrial, myometrial, cervical, and vaginal pathology.
  - Ovarian pathology: neoplastic and non-neoplastic abnormalities.
  - Tubal and adnexal pathology.
  - Infection, injury, congenital anomalies, and other conditions.

Male Pelvis and Scrotum

- Discuss the anatomy, physiology, and pathologies of the male reproductive tract and male pelvis.
- Describe the normal sonographic appearance of the organs and structures of the male pelvis and scrotum.
- Discuss the scanning techniques and imaging planes used in scrotal ultrasound and transabdominal male pelvic imaging.
- Discuss normal sonographic measurements of the male pelvic structures.
- Describe the sonographic appearance and the correlation with patient history, signs and symptoms, associated lab tests and other diagnostic imaging procedures of the following:
  - Scrotal pathology: injury, torsion, infection, benign and malignant intratesticular and extra-testicular masses.
  - Epididymal pathology: torsion, infection, masses.
  - Prostate pathology: hyperplasia, cancer, cysts.
  - Pathology in other related structures: seminal vesicles, urinary bladder, groin.

Obstetrics

- Describe the sonographic appearance of the embryo, yolk sac and gestational sac in early pregnancy.
- Explain how the gestational age is sonographically determined in the first trimester.
- Describe the sonographic appearance of the placenta throughout pregnancy, its location with respect to the maternal cervix and the abnormalities that may be identified in the placenta.
- Describe how gestational age is sonographically determined in 2nd and 3rd trimester to include the biparietal diameter, head circumference, abdominal circumference, and femur length.

- Discuss the sonographic appearance of the amniotic fluid, what factors affect the fluid volume, the various techniques used to measure the fluid volume and the abnormalities that may be detected.
- Discuss the normal sonographic appearance of the fetal:
  - Heart and outflows tracks.
  - Musculoskeletal system.
  - Central nervous system.
  - Thoracic, abdominal, and pelvic cavities.
  - Face, neck, head, soft tissues, skin.
- Describe the normal sonographic appearance of maternal structures and any abnormalities that may be detected during pregnancy.
- Describe the sonographic appearance of the various abnormalities that could be detected in the fetus throughout pregnancy and the correlation with patient history, symptoms, and other diagnostic data.
- Discuss the process of determining the fetal position, presentation/ malpresentation, and situs.

Thyroid and Neck

- Discuss the anatomy, physiology, and pathologies of the neck to include the thyroid gland and parathyroid glands and all related anatomical structures.
- Describe the normal sonographic appearance of the thyroid gland, parathyroid glands, and neck structures.
- Discuss the associated laboratory values and other diagnostic tests associated with thyroid and parathyroid glands.
- Describe the scanning planes and the patient positions used to effectively assess the neck sonographically.
- Correlate patient history and symptoms with the sonographic appearance of abnormalities detected in the neck.
- Recognize the importance of using the Thyroid Imaging and Reporting Data System (TI-RADS) to differentiate between benign and malignant sonographic features of thyroid nodules.

Other Superficial Structures

- Discuss the anatomy, physiology, and pathologies of the breast and other soft tissue.
- Describe the normal sonographic appearance of the breast, popliteal fossa, and other superficial tissues.
- Describe the scanning planes and the patient positions used to effectively assess the breast,

popliteal fossa, salivary glands, and inguinal region sonographically.

- Correlate patient history and symptoms with the sonographic appearance of abnormalities detected in the superficial structures.

Peripheral Veins

- Discuss the anatomy, physiology, and pathologies of the peripheral veins.
- Describe the normal sonographic appearance of the peripheral veins.
- Describe the scanning planes and the patient positions used to effectively assess peripheral veins.
- Correlate patient history and symptoms with the sonographic appearance of deep venous thrombosis.

Extracranial Arteries

- Discuss the anatomy, physiology, and pathologies of the extracranial arteries.
- Describe the normal sonographic appearance of the extracranial arteries.
- Describe the scanning planes and the patient positions used to effectively assess the carotids.
- Correlate patient history and symptoms with the sonographic appearance of abnormalities detected in the extracranial arteries.

Interventional Procedures

- List the interventional procedures that are routinely performed under ultrasound guidance.
- Discuss the advantages of performing a procedure under ultrasound guidance.
- List the indications, contraindications and possible complications that can occur during interventional procedures.
- Discuss the role of the sonographer in drainages, fine needle aspirations, core biopsies, thoracenteses, cyst drainages, and abscess drainages.
- Describe the role of the sonographer as part of an interprofessional team during ultrasound-guided interventional procedures.
- Discuss the role of the sonographer in needle visualization and using sterile technique.

APPENDIX B - SAFETY AND ORIENTATION CHECKLIST

Candidate Name:

Clinical Site:

The safety and orientation checklist are to be completed by the candidate and the preceptor upon the candidate's arrival in the clinical area. It is essential the candidate is aware of all safety procedures and departmental policies and always adheres to safe work practices. The following checklist is designed to help guide the candidate's orientation to the department. The preceptor will provide a tour of the clinical site and ensure all policies are followed.

The candidate will read the following hospital/departmental documents to apply procedures to practice as appropriate:

- Hospital/department organisational chart
- Radiation safety policy and procedures
- Disaster planning policies (bomb threat, mass casualty, pandemic etc)
- Fire policy and procedure
- Emergency codes and cardiac arrest procedure
- WHMIS policy and procedures
- Incident reporting policy and procedures
- Protocol or procedures manual

Within Diagnostic Imaging, the candidate should locate:

- Crash cart, emergency equipment and exits, fire alarms, and fire extinguishers
- Patient reception and booking, patient changing area and waiting rooms, and patient washrooms
- Imaging areas/units (CT, US, etc), image processing area, reporting, other relevant areas

Preceptor Name: _____ Date: _____

Signature: _____

Candidate Name: _____ Date: _____

Signature: _____

APPENDIX C - CLINICAL SITE PROPOSAL

Candidate:

Anticipated Start Date:

Proposed Preceptor:

NOTE: If additional space is required, please attach to this form.

List all ultrasound equipment available on site:

How many ultrasound exams in total does the department perform monthly?

How many of the following examinations are performed monthly?

- Abdomen:
- Transabdominal Pelvis:
- Transvaginal:
- Obstetrics (1st trimester):
- Obstetrics (2nd/ 3rd trimester):
- Thyroid:
- Scrotum:
- Leg veins:

If these are not deemed sufficient, how does the candidate propose competency will be gained in these areas?

How many radiologists are on site?

Provide a basic description of the workings of the department.

Preceptor: Having reviewed the required clinical competencies outlined in the clinical guide, do you believe the candidate will have ample opportunity to gain competence during the clinical period? Explain.

Other comments or concerns:

Preceptor Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

Approval NSCMIRTP refresher program coordinator: _____

Date: _____

APPENDIX D - CLINICAL SITE AGREEMENT

(between)

Site	Candidate
Name: Signature: Address:	Name: Signature: Address:

1. **<u>Role and Responsibilities of Clinical Sponsor/Site:</u>** Name one individual responsible to act as lead preceptor and be the contact person at the clinical site.
2. Receive verification from the Refresher Program Coordinator of the candidate's successful completion of the *Academic Exam.*
3. Ensure that the physical resources available to the candidate are equal to those normally required in the current practice of the profession.
4. Ensure that precepting staff have been identified and adequately prepared to fulfill this role.
5. Ensure that precepting staff practice in the same area of practice as the candidate.
6. Ensure that precepting staff are physically present and available to assist the candidate in the performance of restricted activities.
7. Forward a verification of the candidate's completion of the clinical component to the Refresher Program Coordinator.
8. Not be obligated to provide any salary, medical benefits or other compensation whatsoever to the candidate.
9. Reserve the right to request a security clearance check from the candidate.
10. Reserve the right to request the removal of any candidate from its supervision by written notification to the Refresher Program Coordinator.

Role and Responsibilities of Upgrading Candidate:

1. Become familiar with, and adhere to, all clinical site policies governing the conduct of staff on-site.
2. Act in accordance with the requirements of any regulation governing the profession.
3. Exhibit initiative to inquire for clarification, to perform tasks, and to seek opportunities to increase knowledge and skills.
4. Perform all duties in an ethical and professional manner.
5. Establish and maintain effective communication channels with preceptors, tutors, and instructors.
6. Pay any clinical site fees, if applicable, prior to commencement of the clinical component of the refresher program.

Clinical Component Projected Timeline:

Start date: _____ Projected end date: _____

Candidate Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

This signed agreement will be provided to the Refresher Program Supervisor. The candidate will receive a copy, and the clinical practicum site will retain a copy on file.