



**Diagnostic Medical Sonography Program
Portfolio of Clinical Experience
2023**

ADVANCED BEGINNER

PRAC 290 & 295 & 296 & 299

Student Name

If found, please call: **250-370-3161**

My HSPnet # : _____

What if I cannot log into my Island Health Windows account?
Call the Service Desk (local 18777; 250.370.8777; toll-free 877.563.3152) and have your HSPnet number handy.
They will give you a service ticket number. Please record your service ticket number for future reference.

Table of Contents

- Student Acknowledgment..... 3
- Use of Portfolio..... 4
- Supervision 4
- Levels of Participation (O, A, U) 5
- Suggested Weekly Goals 6
- Daily Case Logs..... 7
- Self-Reflections (bi-weekly)..... 76
- Technologist Feedback Forms (bi-weekly) 81
- Formative & Summative Evaluations 89

Student Acknowledgment

This form must be signed and submitted to the D2L Dropbox before entering patient care or procedure areas.

By signing below, I verify that:

- I understand that my *Portfolio of Clinical Experience and Competence* must be adequately completed in order to meet the goals and criteria established for the clinical skills-based courses, *PRAC 290, 295, 296 & 299*. Failure to adequately complete my portfolio may result in the ineligibility to complete the Camosun Diagnostic Medical Sonography Program, and thus ineligibility to write the Sonography Canada certification examination.
- I have read and agree to abide by the guidelines and expectations described in the course outline and course content posted to D2L.
- I have read and agree to abide by my placement site policies.
- I understand that failure to abide by any aspect of the school policies and placement site policies may result in non-completion of the program.

Student Signature

Date Signed

Use of Portfolio

This Portfolio should be used on a daily basis to keep track of clinical experiences. This includes; a daily log of cases, self-reflection notes, technologist feedback forms, formative and summative assessment forms, and the Sonography Canada CCSA manual.

The portfolio should remain outside of patient care areas and be updated by the student in conjunction with the Preceptor and Clinical Liaison.

Supervision

Students must complete all orientation requirements before being permitted to interact with patients independently while on a clinical site.

The student will be permitted to work under indirect supervision during their clinical practicum (**PRAC 290 + PRAC 295/296/299**) provided all prerequisite assessments are complete from the preceding MIDS Clinical Skills Labs.

Where patient complexity/acuity is deemed too high, assistance from a technologist is required to ensure high-quality, safe patient care.

Levels of Participation (O, A, U)

Observed (O)

- **Must** be observant of all steps of the procedure; likely minimal patient interaction; assist with simple tasks (e.g. room clean up)
(Most likely when a new examination type is encountered or when the patient complexity and/or acuity are too high.)

Assisted (A)

- Demonstrate **some** criteria listed below and **must** observe or assist technologist with steps of the procedure not performed independently
 - Selected appropriate examination protocol
 - Explained procedure to patient and introduced the supervising technologist
 - Used measurements and/or colour Doppler as appropriate for part(s) imaged
 - Identified and documented any relevant pathology
 - Completed appropriate write-up for the anatomical part(s) per department protocol

(Most likely when experience with the examination type is limited or there is a sudden change in patient status or an unexpected complication.)

Unassisted (U)

- Demonstrate **all** criteria listed below with **minimal guidance or completely independently**
 - Selected appropriate examination protocol
 - Explained procedure to patient and introduced the supervising technologist
 - Used measurements and/or colour Doppler as appropriate for part(s) imaged
 - Identified and documented any relevant pathology
 - Completed appropriate write-up for the anatomical part(s) per department protocol

(Most likely when a similar examination type has already been observed or assisted with or the patient complexity/acuity is low.)

Suggested Weekly Goals

Week	Activities/Goals
0-1	<ul style="list-style-type: none"> Attend any orientation activities scheduled on D2L & complete the associated assignment and submit to D2L by the due date Receive your Portfolio Learn the basic workflow of the department, participate in a variety of procedures, and aim to perform your first unassisted procedure under direct supervision
2-4	<ul style="list-style-type: none"> Technologist Feedback forms are due in week 2 and 4. Submit these forms to D2L Pocketbook Reflections are due in week 2 and 4. Submit these forms to D2L Continue to practice key procedures and attempt as many unassisted cases as possible You will be meeting with your Clinical Liaison in week 4 Complete the CCSA Goal Assignment in week 3 and submit to D2L by the due date
5-10	<ul style="list-style-type: none"> Technologist Feedback forms are due in weeks 6, 8 and 10. Submit these forms to D2L Pocketbook Reflections are due in weeks 6, 8 and 10. Submit these forms to D2L Formative Evaluations will be completed by your preceptor in weeks 5 and 9. Submit these forms to D2L Continue to practice key procedures and attempt as many unassisted as possible. By now, you should be working on completing CCSA's You will be meeting with your Clinical Liaison in week 8
11-15	<ul style="list-style-type: none"> Technologist Feedback forms are due in weeks 12 and 14. Submit these forms to D2L Pocketbook Reflections are due in weeks 12 and 14. Submit these forms to D2L Formative Evaluation will be completed by the preceptor in week 13. Submit this form to D2L Summative Evaluation will be completed by the preceptor in week 15. Submit this form to D2L Continue to practice key procedures and attempt as many unassisted as possible. By now, you should be working on completing CCSA's You will be meeting with your Clinical Liaison in week 12
16	<ul style="list-style-type: none"> Complete remedial requirements as necessary

Note: the schedule and due dates are subject to change based on scheduling of the academic term and availability of clinical rotations.

Daily Case Logs

SONO CLINICAL PORTFOLIO

Week 1 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 1 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 1 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 1 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 2 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 2 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 2 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 2 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 3 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 3 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 3 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 3 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 4 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 4 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 4 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 4 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 5 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 5 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 5 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 5 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 6 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 6 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 6 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 6 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 7 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 7 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 7 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 7 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 8 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 8 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 8 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 8 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 9 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 9 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 9 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 9 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 10 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 10 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 10 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 10 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 11 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 11 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 11 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 12 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 12 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 12 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 12 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 12 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 13 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 13 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 13 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 13 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 14 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 14 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 14 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 14 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 15 – Day 1

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 15 – Day 2

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 15 – Day 3

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 15 – Day 4

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 16 – Day 1 (if needed)

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 16 – Day 2 (if needed)

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 16 – Day 3 (if needed)

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week 16 – Day 4 (if needed)

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week __ – Day __

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week __ – Day __

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week __ – Day __

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

SONO CLINICAL PORTFOLIO

Week __ – Day __

Type of Exam (ex. abdomen, pelvis)	Date (DD/MM/YY)	Time on Schedule	Participation (O, A, or U)	Validation
1				
Difficulty Level/Notes:				
2				
Difficulty Level/Notes:				
3				
Difficulty Level/Notes:				
4				
Difficulty Level/Notes:				
5				
Difficulty Level/Notes:				
6				
Difficulty Level/Notes:				
7				
Difficulty Level/Notes:				
8				
Difficulty Level/Notes:				
9				
Difficulty Level/Notes:				
10				
Difficulty Level/Notes:				
11				
Difficulty Level/Notes:				
12				
Difficulty Level/Notes:				
13				
Difficulty Level/Notes:				
14				
Difficulty Level/Notes:				

Self-Reflections (bi-weekly)

Technologist Feedback Forms (bi-weekly)

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #1: Week 2

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #2: Week 4

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #3: Week 6

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #4: Week 8

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #5: Week 10

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #6: Week 12

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

SONO CLINICAL PORTFOLIO

Technologist Feedback Form #7: Week 14

Date: _____

of hours spent with student: _____

Rate your overall impression of the student:

0-never; 1-rarely; 2-sometimes; 3-often; 4-always

Demonstrates punctuality according to posted schedule	
Communicates whereabouts	
Makes productive use of time	
Takes initiative to participate in procedures	
Works cooperatively as member of team	
Openly receives feedback and suggestions for improvement	
Shows improvement from one shift or case to the next	

Any suggestions for improvement? Other comments?

Technologist name and initials:

Formative & Summative Evaluations

SONO CLINICAL PORTFOLIO

Guidelines for Formative Evaluations

- Formative evaluations are to be completed 3 times during the practicum and in week 16 (if needed).
- All formative evaluations must be submitted to D2L within 2 clinical days after completion.
- If a student is not progressing as expected, the preceptor should indicate this by rating the student at 4 or below and recommend strategies for improvement; a verbal or written plan for remediation may be necessary. The preceptor should additionally notify the Clinical Liaison if there are any concerns regarding progress
- For any serious incident, the Clinical Liaison and Program Leader should be notified right away.

Guidelines for Determining Formative Evaluation Rating

Below Expectations	Needs Improvement	Meets Expectations	Exceeds Expectations
1-2	3-4	5-8	9-10
Showing no progression.	Showing minimal progression or inconsistent.	Consistently showing progression toward the next level.	Highly consistent and working at a higher level.
<i>Indicators/examples:</i> <ul style="list-style-type: none"> • Does not follow instructions, policies, or guidelines • Caused a safety incident • Does not seek appropriate supervision • Unprofessional 	<i>Indicators/examples:</i> <ul style="list-style-type: none"> • Struggling to maintain reasonable level of achievement • Needs a lot of prompting to seek appropriate learning opportunities 	<i>Indicators/examples:</i> <ul style="list-style-type: none"> • Continuously strives for personal improvement and seeks out learning opportunities • Appropriately prepares self for each learning activity, competency assessment, or other as relevant 	<i>Indicators/examples:</i> <ul style="list-style-type: none"> • Able to function independently in all/most routine situations • Demonstrates highly efficient workflow • Makes effective decisions and is ready to take on more challenging situations
<i>Action Needed:</i> <ul style="list-style-type: none"> • Should be removed from clinical site until plan for remediation has been laid out. • Any safety incident or other serious incident must be reported to Clinical Liaison and Program Leader right away; even if evaluation form is not due yet. 	<i>Action Needed:</i> <ul style="list-style-type: none"> • May continue with practicum however, plan for remediation must be laid out in a timely manner to demonstrate improvement on next formative evaluation. • Written feedback may be requested. 		
NC		Must at least “meet expectations” on final summative evaluation in order to receive a “COM” for the course.	

SONO CLINICAL PORTFOLIO

Formative Evaluation #1: Week 5

Student's Name _____ Evaluator's Name _____

Date _____ Clinical Site _____

Based on the current rotation, evaluate the student using the following rating scale:

*Below Expectations 0-2; Needs Improvement 3-4; Meets Expectations 5-8; Exceeds Expectations 9-10
(see pg. 46 for more guidance on how to apply rating scale)*

Professionalism and Responsibility <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates punctuality according to posted schedule and communicates whereabouts • makes productive use of time and takes initiative to participate in procedures • works cooperatively as member of team and openly receives feedback and suggestions for improvement • demonstrates accountability for actions and takes personal responsibility for learning • adheres to program and clinical site policies and guidelines 	
Rating 0-10:	Comments
Overall Clinical Competence (Knowledge, Skills, and Judgement) <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates increasing knowledge and applies knowledge to practice situations • shows improvement from one shift, one case, or one week to the next • maintains appropriate level of completion of CCSA requirements • communicates effectively with patients and staff 	
Rating 0-10:	Comments

.....

Status of Completion of Course Requirements:

Attendance	Days attended this evaluation period: _____
CCSA's Completed	Total number completed to date: _____

Result:

- At least **Meets Expectations**
- Remediation plan required (4 or less on any criteria); please notify Clinical Liaison; written feedback may be requested

Student Signature _____ Preceptor Signature _____

Date Reviewed _____

SONO CLINICAL PORTFOLIO

Formative Evaluation #2: Week 9

Student's Name _____ Evaluator's Name _____

Date _____ Clinical Site _____

Based on the current rotation, evaluate the student using the following rating scale:

*Below Expectations 0-2; Needs Improvement 3-4; Meets Expectations 5-8; Exceeds Expectations 9-10
(see pg. 46 for more guidance on how to apply rating scale)*

Professionalism and Responsibility <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates punctuality according to posted schedule and communicates whereabouts • makes productive use of time and takes initiative to participate in procedures • works cooperatively as member of team and openly receives feedback and suggestions for improvement • demonstrates accountability for actions and takes personal responsibility for learning • adheres to program and clinical site policies and guidelines 	
Rating 0-10:	Comments
Overall Clinical Competence (Knowledge, Skills, and Judgement) <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates increasing knowledge and applies knowledge to practice situations • shows improvement from one shift, one case, or one week to the next • maintains appropriate level of completion of CCSA requirements • communicates effectively with patients and staff 	
Rating 0-10:	Comments

.....

Status of Completion of Course Requirements:

Attendance	Days attended this evaluation period: _____
CCSA's Completed	Total number completed to date: _____

Result:

- At least **Meets Expectations**
- Remediation plan required (4 or less on any criteria); please notify Clinical Liaison; written feedback may be requested

Student Signature _____ Preceptor Signature _____

Date Reviewed _____

SONO CLINICAL PORTFOLIO

Formative Evaluation #3: Week 13

Student's Name _____ Evaluator's Name _____

Date _____ Clinical Site _____

Based on the current rotation, evaluate the student using the following rating scale:
Below Expectations 0-2; Needs Improvement 3-4; Meets Expectations 5-8; Exceeds Expectations 9-10
 (see pg. 46 for more guidance on how to apply rating scale)

Professionalism and Responsibility <i>Expectations:</i> <ul style="list-style-type: none"> demonstrates punctuality according to posted schedule and communicates whereabouts makes productive use of time and takes initiative to participate in procedures works cooperatively as member of team and openly receives feedback and suggestions for improvement demonstrates accountability for actions and takes personal responsibility for learning adheres to program and clinical site policies and guidelines 	
Rating 0-10:	Comments
Overall Clinical Competence (Knowledge, Skills, and Judgement) <i>Expectations:</i> <ul style="list-style-type: none"> demonstrates increasing knowledge and applies knowledge to practice situations shows improvement from one shift, one case, or one week to the next maintains appropriate level of completion of CCSA requirements communicates effectively with patients and staff 	
Rating 0-10:	Comments

Status of Completion of Course Requirements:

Attendance	Days attended this evaluation period: _____
CCSA's Completed	Total number completed to date: _____

Result:

- At least **Meets Expectations**
- Remediation plan required (4 or less on any criteria); please notify Clinical Liaison; written feedback may be requested

Student Signature _____ Preceptor Signature _____

Date Reviewed _____

SONO CLINICAL PORTFOLIO

Formative Evaluation – (As Needed)

Student's Name _____ Evaluator's Name _____

Date _____ Clinical Site _____

Based on the current rotation, evaluate the student using the following rating scale:

Below Expectations 0-2; Needs Improvement 3-4; Meets Expectations 5-8; Exceeds Expectations 9-10 (see pg. 46 for more guidance on how to apply rating scale)

Professionalism and Responsibility <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates punctuality according to posted schedule and communicates whereabouts • makes productive use of time and takes initiative to participate in procedures • works cooperatively as member of team and openly receives feedback and suggestions for improvement • demonstrates accountability for actions and takes personal responsibility for learning • adheres to program and clinical site policies and guidelines 	
Rating 0-10:	Comments
Overall Clinical Competence (Knowledge, Skills, and Judgement) <i>Expectations:</i> <ul style="list-style-type: none"> • demonstrates increasing knowledge and applies knowledge to practice situations • shows improvement from one shift, one case, or one week to the next • maintains appropriate level of completion of CCSA requirements • communicates effectively with patients and staff 	
Rating 0-10:	Comments

.....

Status of Completion of Course Requirements:

Attendance	Days attended this evaluation period: _____
CCSA's Completed	Total number completed to date: _____

Result:

- At least **Meets Expectations**
- Remediation plan required (4 or less on any criteria); please notify Clinical Liaison; written feedback may be requested

Student Signature _____ Preceptor Signature _____

Date Reviewed _____

SONO CLINICAL PORTFOLIO

Summative Evaluation

Student's Name _____ Evaluator's Name _____

Date _____ Clinical Site _____

Based on the current rotation, evaluate the student using the following rating scale:
Below Expectations 0-2; Needs Improvement 3-4; Meets Expectations 5-8; Exceeds Expectations 9-10
 (see pg. 46 for more guidance on how to apply rating scale)

Professionalism and Responsibility <i>Expectations:</i> <ul style="list-style-type: none"> demonstrates punctuality according to posted schedule and communicates whereabouts makes productive use of time and takes initiative to participate in procedures works cooperatively as member of team and openly receives feedback and suggestions for improvement demonstrates accountability for actions and takes personal responsibility for learning adheres to program and clinical site policies and guidelines 	
Rating 0-10:	Comments
Overall Clinical Competence (Knowledge, Skills, and Judgement) <i>Expectations:</i> <ul style="list-style-type: none"> demonstrates increasing knowledge and applies knowledge to practice situations shows improvement from one shift, one case, or one week to the next maintains appropriate level of completion of CCSA requirements communicates effectively with patients and staff 	
Rating 0-10:	Comments

Status of Completion of Course Requirements:

Attendance	Days attended this evaluation period: _____
CCSA's Completed	Total number completed to date: _____

Result:

- At least **Meets Expectations**
- Remediation plan required (4 or less on any criteria); please notify Clinical Liaison; written feedback may be requested

Student Signature _____ Preceptor Signature _____

Date Reviewed _____