# **Diagnostic Medical Sonography**



# **Application Interview Questions**

## **Consideration for Fall 2020**

## **Introduction**

To aid the Sonography Department in getting to know you, the applicant, it is important for you to share your personal insight, skills, and talents as you explore and invest your time and resources into a health profession program. The following questions are being provided to you as part of the application process with your responses being evaluated by two reviewers and scored based on adhering to instructions and quality of your responses. The scores are a portion of the decision-making criteria. Failure to submit this component of the application process will result in your application being removed from consideration.

## **Instructions**

In addition to being included in this letter, you can find the same word document on the program website at [www.misericordia.edu/dms](http://www.misericordia.edu/dms) under Certificate page and in the blue box titled DMS Application Process. The link for application questions will be in this section of the webpage. If taken from the website, please be sure you have the 2020 document. Contact Mrs. Sheryl Goss if unable to locate.

1. Place a cover sheet on the front to indicate name, date of completion, and your phone number.
2. In the document header, please place your first initial of your first name followed by month and day of your birthdate. For example, Applicant Susan Jones with birthdate of May 5, 1970 would appear in the header as S0505 ( S – 05 represents month of May –05 day of the month)
3. Please respond to each of the following questions. Responses must be typed, with the question placed first, a line space, then followed by your response. Document should be formatted for ease to differentiate the question and your response. Responses must demonstrate your ability to formulate a thoughtful and comprehensive response demonstrating college level writing experience.
4. To provide the maximal response, recommendation is to use referenced resources to create a comprehensive narrative to the questions. When applicable, please include the reference citation at the end of the respective response in APA citation format.
5. Completed document is to be printed one sided only. Do not staple the pages, paper clip is acceptable.
6. Place completed document in an appropriate sized sealed envelope to accommodate the 8 x 11” paper, submitted in person at the open information session you attend. Please place your name and birth month and day on the front of the envelope.
7. Bring your sealed envelope with you to the open information forum.

## **Questions**

1. Discuss the aspects of Misericordia University’s sonography program that attracted you to apply and your desire to invest your time to achieve your goal of becoming a credentialed diagnostic medical sonographer.
2. After researching the qualities desired of a sonographer and their job tasks, discuss your personal qualities and attributes that you possess that will aid you in becoming a reputable sonography student and a life-long sonography professional. Please include minimally three positive attributes or personal qualities and three areas in which you may desire to improve or accept mentoring to become the best team player in a healthcare environment.
3. Describe your experience(s) while obtaining the pre-requisite college level knowledge (courses) which is a requirement of this program’s application and decision making process.
	1. Knowing the prerequisite courses required, detail the relevance of knowledge gained from each of these required courses for application to the sonography curriculum and the knowledge required of a sonographer.
	2. What strategies did or do you apply to be successful in coursework? You can apply to the prerequisite courses or former degree.
	3. Discuss your strengths and challenges of balancing academic requirements with personal responsibilities during the timeframe in which you were/are completing the college level courses.
4. Share your thoughts on the expectations of a diagnostic medical sonographer to uphold the Code of Ethics and consequences to the patients, the healthcare community, and to the sonographer if the Code of Ethics is not upheld 100% of the time. Please read the Profession’s Code of Ethics at <http://www.sdms.org/about/who-we-are/code-of-ethics> to formulate your response.
5. Looking at the course sequence and course descriptions for the certificate program in DMS at [www.misericordia.edu/dms](http://www.misericordia.edu/dms); discuss what learning activities you are expecting to occur to facilitate development of a student enrolled in the program into a competent graduate.
6. Describe a situation when you had to adjust to changes over which you had no control.
7. Sonographers are unique as the accuracy of the outcome of the examination is 95% your responsibility. Thus, to develop competent entry-level sonographers, the program requires attendance in clinical education for 32 hours/week for a full year in addition to on campus coursework. Discuss your thoughts on being in a patient focused clinical environment in which you will receive constructive criticism regarding your image quality, patient communication, and behaviors that may be occurring and not conducive to quality outcomes from:
	* Program faculty
	* Staff sonographer(s)
	* Supervisor(s)
	* Physician(s)
8. Define emotional intelligence (EQ) and apply the significance for healthcare providers. Discuss steps to increase your own EQ for best success as a student in the classroom, clinical setting and preparing for a fulfilling career.
9. The sonography program requires students to participate in interprofessional education (IPE) activities. Please share the significance of the program’s requirement.
10. Tell the reviewers about a time you made a blunder on the job or in a course that resulted in additional time, money, or resources for the supervisor, company or professor. How did you manage the aftermath?
11. Describe a group project that yielded equitable participation and yielded a very positive outcome for the project in which all group members were proud of their efforts.
12. Looking at [www.ardms.org](http://www.ardms.org) discuss the requirements to maintain certification as an RDMS credentialed sonographer.

**Applicant Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate (MM/DD)**\_\_\_\_\_\_\_\_\_\_\_

*This form can be completed by hand written or typed. This document is required to be submitted with Application Questions.*

## **Inquiry for clinical**

Based on the information provided to you in the letter, please respond to the following three questions/statements:

Clinical Education sites are assigned by the program’s Clinical Coordinator. While attempt is made to place you at a site that is close to your resident location, there may be portions of the program in which to maximize your educational experience you may be assigned to a clinical site that requires travel of about 1 hour to 1.5 hours each way. Are you willing to enter the program knowing that your clinical education may require this distance?

\_\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_\_ not sure

I have reviewed the list of Essential functions/technical standards for a student in this program and are applicable to an employed sonographer.

 \_\_\_\_\_\_\_ yes \_\_\_\_\_ no

If I have questions regarding any of the Essential function/technical standards, I will contact the Chair of Sonography.

 \_\_\_\_\_\_\_ yes \_\_\_\_\_ no

## **Educational background and information required for program decision making process.**

Clinical placement is assigned in the same geographical area for the duration of clinical education (Jan 2021 through March 2022).

Please specify your geographic/residence location while attending the clinical portion this program (1/2021 thru 3/2022)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any alternate location that you may be willing to be placed to complete clinical requirements? If so, please indicate location.

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## **Educational History:**

Graduation from High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

College/University Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

Degree(s) or certifications held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Pre-requisite course history**

Please indicate where you completed, in progress (IP), or the semester in which you plan to complete the following program pre-requisites (N):

 Completed In progress(IP) or need( N)

 (college abbrev)

College Math – algebra \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Physics \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Communication (writing or oral) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anatomy and Physiology I \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anatomy and Physiology II \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Ethics (philosophy) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Medical Terminology \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

*Patient Care \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

 *(offered here as a 1 credit course fall 2020 semester)*

All transcripts and reference forms must be received no later than January 30, 2020 to be considered an applicant for the initial round of decisions. Please have them sent to my attention.