

**Educational Programs in Collaboration (EPiC) Consortium
CT Program**



**Student Handbook
2023-24**

EDUCATIONAL PROGRAMS IN COLLABORATION (EPIC) CONSORTIUM
CT PROGRAM

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EDUCATIONAL PROGRAMS IN COLLABORATION CONSORTIUM
CT PROGRAM

Computed Tomography Technologists are highly skilled professionals trained to operate CT equipment, which produces cross-sectional images of patients' bones, organs and tissue that are used to diagnose medical conditions in medical facilities and outpatient centers under the direct supervision of a health care provider. According to the 2015 U.S. Bureau of Labor Statistics Occupational Outlook Handbook the field has a 9% growth outlook through 2022. The CT program is designed not only to foster the skills and knowledge necessary for competent practice, but also places emphasis on professional attitudes, values and behaviors that encourage the professional growth of the individual student.

The CT program is a certificate program. Students must have graduated from an accredited program and be a registered radiographer RT(R). The program has been developed to be consistent with standards and requirements of the American Registry of Radiologic Technology (ARRT). Upon completion of the CT program graduates will be eligible to take the ARRT-CT exam. Upon passing the CT exam, Radiologic Technologists have earned their RT(R)(CT).

The EPiC CT program is designed not only to foster the skills and knowledge necessary for competent practice in CT, but also places emphasis on professional attitudes, values and behaviors that encourage the professional growth of the individual student.

Clinical learning experiences are provided by affiliating hospitals, clinics and other CT provider facilities. Didactic learning experiences occur in supportive college course work delivered through an online environment. Both are equally important to the development of the competent CT technologist.

Under these philosophies, the program assumes the responsibility of a facilitator of learning. Specifically, it will plan, select, administer, and assess learning experiences. These experiences are developed to meet established objectives and eligibility requirements of the American Registry of Radiologic Technologists (ARRT) to complete the CT certification exam.

The handbook serves as an informational document listing the policies and processes students are subject to during both didactic and clinical education. The handbook is not all-inclusive addressing all situations and circumstances that may present therefore, should there be an occurrence not addressed in this document, an addition may be added in the form of an addendum.

The EPiC CT program prepares students to become eligible to complete the CT certification exam administered by the American Registry of Radiologic Technologists (ARRT). The program terminates in an award of a Certificate of Completion as determined by the college issuing the award. The program has been developed to be consistent with standards and requirements of the American Society of Radiologic Technologists (ASRT); the American College of Radiology (ACR); the American Registry of Radiologic Technologists (ARRT) and the EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC) consortium.

COMPLETION REQUIREMENTS

1. There are 16 core program credits is required for program completion.
2. A student must maintain the minimum grade requirement as indicated for each course or and in accordance with the policies of the college issuing the certificate.
3. Application to complete the certification examination administered by the ARRT is granted only if the student fulfills all academic and clinical criteria established by the ARRT, the EPiC program and the college issuing the terminal award of a degree or certificate. Please refer to the ARRT Certification Handbook or contact the ARRT for eligibility requirements.
4. Effective January 1, 1994, individuals having been convicted of a felony or misdemeanor must file a pre-application with the ARRT in order to obtain a ruling on the impact of the conviction on their eligibility to complete the ARRT certification examination. Information about the pre-application

process may be found on the ARRT's website. Visit www.ARRT.org. The pre-application process can be found within the "Ethics" link. It is strongly encouraged that students pursue the pre-application process either prior to entering the program or as early in the program as possible to avoid investing time, money, and effort should they be found ineligible to complete the certification exam.

5. A student must complete and pass all clinical access requirements as determined by clinical education providers. These include health related evaluations, criminal background check(s) and drug screening. Failure to successfully pass any of these requirements will require that the student withdraw from the CT program.
6. All policies regarding certificate or degree completion can be found in the catalog of the college issuing the certificate or degree, or by contacting the EPiC Consortium Council member of the college issuing the certificate or degree (Radiography Program Director).

PROGRAM MISSION STATEMENT AND GOALS

The mission and purpose of the EPiC CT Program is to provide for both the personal and professional career development of each CT student. The general goals of the program are:

1. The students will demonstrate entry level knowledge and competency in the practice of CT.
2. The students will demonstrate professional attitude values and behaviors necessary for professional success.
3. Students that will demonstrate critical thinking and communication skills as responsible members of the health care team.
4. Graduates will be employable and meet the needs of the health care community.
5. Graduates of the program will be well prepared to successfully complete the ARRT certification examination.

PROGRAM LEARNING OBJECTIVES

Graduates of the EPiC CT program will be entry-level CT technologist prepared to complete the ARRT certification exam.

Upon program completion, students will:

1. Apply knowledge of anatomy, physiology, positioning, and CT parameters to accurately demonstrate anatomical structures.
2. Determine imaging parameters to achieve optimum imaging and reduce radiation exposure.
3. Evaluate images for appropriate positioning and image quality.
4. Apply the principles of radiation safety and contrast application for the protection of the patient, technologist, and others.
5. Recognize emergency patient conditions and initiate life-saving first aid and basic life-support procedures.
6. Evaluate the performance of CT systems, know the safe limits of equipment operation, and report malfunctions to the proper authority.

7. Participate in CT quality assurance programs.
8. Provide care and comfort in regard to the holistic health of the patient, technologist, and others.
9. Provide patient education related to MCT procedures.

PROFESSIONAL ORGANIZATIONS

Students are encouraged to join and actively participate in their local, state and national professional organizations. The professional journals and activities of these organizations provide a stimulating educational resource for the student. Applications are available on the respective website.

1. American Society of Radiologic Technologists (ASRT) – www.asrt.org (national level)
2. Michigan Society of Radiologic Technology (MSRT) – www.msrt.org (state level)

GENERAL PROGRAM POLICIES

Program Code of Conduct – ARRT Standards of Ethics

The following ten principles comprise the Standard of Ethics for the profession of CT, as established by the American Registry of Radiologic Technologists. This Standard of Ethics serves as the program's Code of Conduct and is a guide by which CT Technologists may evaluate their professional conduct as it relates to patients, colleagues, other members of the allied health professions and health care consumers. The Standard of Ethics is not law, but is intended to assist CT Technologists in maintaining a high level of ethical conduct. Student Technologists shall conduct themselves in accordance with these standards.

1. The radiologic technologist acts in a professional manner, responds to patient needs, and supports colleagues and associates in providing quality patient care.
2. The radiologic technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.
3. The radiologic technologist delivers patient care and service unrestricted by the concerns of personal attributes or the nature of the disease or illness, and without discrimination on the basis of sex, race, creed, religion, or socio-economic status.
4. The radiologic technologist practices technology founded upon theoretical knowledge and concepts, uses equipment and accessories consistent with the purposes for which they were designed, and employs procedures and techniques appropriately.
5. The radiologic technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient.
6. The radiologic technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.
7. The radiologic technologist uses equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice, and demonstrates expertise in minimizing radiation exposure to the patient, self, and other members of the healthcare team.
8. The radiologic technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiologic technology care.
9. The radiologic technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or the community.
10. The radiologic technologist continually strives to improve knowledge and skills by participating in continuing education and professional activities, sharing knowledge with colleagues, and investigating new aspects of professional practice.

CONFIDENTIALITY/HIPPA POLICY

The following confidentiality policy is based upon the Health Insurance Portability and Accountability Act (HIPAA). The basis of the policy is to protect an individual's private health information. Detailed HIPAA requirements and policies are available at each clinical education provider institution.

Policy: Students have the responsibility for maintaining confidentiality at all times, both within and beyond the clinical setting. During the course of clinical education participation, students will have knowledge of patient information and it must never be shared with anyone other than those on the healthcare team immediately involved with the patient's care. Breach of patient confidentiality will result in dismissal from the program.

Examples of breach of confidentiality include such things as inappropriate sharing of information about patients, their visitors, family members, or friends with any persons, organizations, or media who have no reason or right to have the information. Breach of confidentiality also includes inappropriate accessing of clinical facility computers for information about classmates, instructors, family members, friends of any other

individuals for whom the student has no direct responsibility for patient care and therefore, no need or right to know. It is also a breach of confidentiality to have in your possession patient data sheets, care plans, interpersonal process recordings, or other patient information that can be clearly identified with patient names. You may be asked to shred your paperwork when assignments are completed. This list of examples is not all-inclusive. Students must be very cautious not to breach patient confidentiality when sharing case studies within the program for educational purposes.

Students are required to sign the Confidentiality/HIPAA Statement located on the last page of the handbook to indicate their understanding of this policy. Clinical providers often have a separate confidentiality form for students to sign.

ACCESS TO RECORDS

Pursuant to the Family Education Rights and Privacy Act of 1974, (FERPA) as amended, any person who is or has been in attendance at a EPiC Consortium member college shall have the right to inspect and review any and all educational records directly related to that person after a request for access to such records has been made in accordance with the college procedure for record access.

ACADEMIC INTEGRITY

If it is suspected that you are cheating, fabricating, facilitating academic dishonesty, or plagiarizing, there may be serious consequences. The incident will be documented and may be reported to the academic chair and/or program director for possible disciplinary actions up to and including course, program, or college expulsion.

AMERICANS WITH DISABILITIES ACT AND SECTION 504

Americans with Disabilities Act and Section 504: The EPiC Consortium does not discriminate in the admission or treatment of students on the basis of disability. The EPiC Consortium is committed to compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

REMEDIATION

Students maintain the primary responsibility of recognizing their own academic or clinical deficiencies. The student has many resources available for self-evaluation and recognizing the need for individual help in the CT didactic and clinical settings. These resources include but are not limited to the student's progress as evidenced by exams, quizzes, and assignment scores, clinical competency assessments, professional growth assessments, and attendance. The faculty and administration expect that the responsible and serious student will seek out assistance as needed from his/her didactic instructor, Clinical Instructor or Program Director.

In the event that a student fails to recognize the potential for academic or clinical failure, the student will be notified of the potential for failure by the didactic instructor or Program Director. The need and process for remediation will be determined. While the program is committed to student success, the student must assume the primary responsibility for their own success.

DISMISSAL FROM THE PROGRAM

A student may be dismissed from the CT program for any of the following reasons:

1. Failure to maintain the required course grades or GPA as required by the certificate or degree granting college.
2. Violation of policies set forth by the clinical education provider or the EPiC program.

3. Violation of the code of conduct set forth by the clinical education provider or the EPiC program.

DUE PROCESS

The decision to dismiss a student will be made by the EPiC Consortium Council with consideration given to the recommendations of the Program Director, Clinical Instructor and faculty related to the incident. Dismissal may be related to academic performance, policy violation or code of conduct. The student will be informed in writing within five school days of a dismissal decision.

Should a student wish to appeal the dismissal, they must submit their appeal in writing to the EPiC Consortium Council Director(s). Members of the Council shall meet with the student to discuss the circumstances for the dismissal.

The following offenses represent situations that are intolerable in the clinical environment. Violations of the following offenses will result in appropriate action.

Blatant disregard of any of the offenses listed in either group, or of any program and/or hospital policies may be considered as grounds for instant program dismissal.

Group I

ANY OFFENSE IN THIS GROUP RESULTS IN PERMANENT DISCHARGE FROM THE CLINICAL SITE AND MOST LIKELY, THE PROGRAM.

1. Obtaining, possessing or using marijuana, narcotics, amphetamines, hallucinogenic substances or alcohol on the hospital premises, or reporting to the clinical assignment under the influence of any of these substances.
2. Theft, abuse, misuse or destruction of the property or equipment of any patient, visitor, student, hospital employee, or of the hospital itself.
3. Disclosing confidential information about any patient, student, or hospital employee without proper authorization.
4. Immoral, indecent, illegal, or unethical conduct on hospital premises.
5. Possession of weapons, wielding or threatening to use firearms, knives etc. on hospital property.
6. Assault or threat on any patient, visitor, student, or hospital employee.
7. Misuse of patient, student, or official hospital records.
8. Removal of patient, student, or official hospital records without proper authorization.
9. Altering one's own time card, another's time card or inducing any student or employee to do so.
10. Insubordination and refusal to obey directions.

GROUP II

1st Offense: A three-day suspension from the clinical assignment allowing the student time to reflect and re-focus on their commitment to their education. The missed time will be considered as clinical absence. The student will be given the opportunity to make-up the three days. An "incomplete" will be

documented with the time scheduled as the first three days following the end of the semester. Upon completion, the “incomplete” will be changed to the grade earned.

2nd Offense: Permanent discharge from the clinical assignment and most likely, from the program.

1. Failure to adhere to any hospital and/or program policies and procedures
2. Engaging in disorderly conduct.
3. Leaving the hospital premises during assigned clinical hours without proper authorization.
4. Sleeping during scheduled clinical hours.
5. Restricting or impeding clinical procedure output.
6. Clinical absence without prior notification.
7. Violation of safety rules, regulations, or policies. Failure to use safety equipment and/or radiation monitoring devices provided.
8. Violation of the personal cell phone and pager policy.
9. Violation of the internet usage policy.
10. Violation of the clinical supervision policy.
11. Using equipment and supplies without proper authorization.
12. Smoking in restricted areas.
13. Posting, removing or tampering with bulletin board notices without proper authorization.
14. Soliciting, vending, or distributing without proper authorization.
15. Individual acceptance of gratuities from patients.
16. Inappropriate dress or appearance based upon program and department policy.
17. Inappropriate or offensive comments, conversation, or language

Disciplinary Reporting Procedure

1. A written disciplinary report stating the alleged offense and disciplinary action shall be issued to the student for each violation of an alleged offense no later than three (3) clinical days following the determination of the alleged offense. The student must sign the disciplinary report. This signature does not signify admission of guilt. It merely signifies receipt of the disciplinary report.
2. The student is encouraged to discuss the alleged offense and disciplinary action with the clinical coordinator/instructor and program director.
3. Students desiring to contest the alleged offense and disciplinary action must submit to the program director a written statement of intent to contest. This statement must be submitted within three (3) clinical days following receipt of the disciplinary report.

4. Within three (3) clinical days following receipt of the student's written intent to contest, the program director shall contact college administration to review the matter at the earliest possible time. Both the student and the clinical coordinator/instructor shall have the opportunity to provide evidence and witnesses deemed pertinent by the college administrative members, and shall be permitted to question the evidence and witnesses.
5. Based strictly on the evidence of record, the college administration representatives shall render a decision in writing within five (5) working days after review of all the evidence is complete. The student shall be notified of the decision immediately and shall also be mailed a written copy of the decision without delay.

Consideration and final determination regarding any and all policies and procedures of the EPiC CT program is the responsibility of the program administration in accordance with college standards and policies, those of our affiliating hospitals, and the accreditation standards set forth by the JRCERT.

PROGRAM RE-ADMISSION

Students who are dismissed or who voluntarily withdraw from the program may qualify for re-admission.

Readmission into the CT program is contingent upon the following:

1. Didactic standing throughout the program up to the time of dismissal/withdrawal.
2. Clinical standing throughout the program up to the time of dismissal/withdrawal.
3. Available space within the program

Students requesting re-admission must submit their request in writing to the Program Director. The decision to be re-admitted will be made by the EPiC Program Director in agreement with the Consortium Council.

Students re-admitted to the program must meet all program requirements at the time of re-admittance.

DIDACTIC SPECIFIC POLICIES & PROCEDURES

GRADES (DIDACTIC)

The college issuing the terminal award of a degree or certificate determines the acceptable passing grade required to secure the degree or certificate upon program completion.

Students are responsible to be knowledgeable of the certificate/degree requirements of their degree/certificate granting college and strive to meet those requirements in each course so that they qualify for the certificate/degree upon completion of the program. Refer to the college catalog or EPiC Program Director should you have any questions.

Students are responsible to stay abreast of their progress in courses and consult with the instructor if they find themselves struggling and in need of extra help. The course instructor may consult with the EPiC Program Director to secure remediation if necessary.

A score will be based on total points earned from a combination of exams, quizzes, discussion board responses, and individual assignments. The score will then be converted to a percentage.

CLASS PARTICIPATION

Class participation is mandatory given the delivery method of the course and the amount of information that must be covered as defined by the ARRT/ASRT CT program content requirements. The student is expected to participate in all class discussions and provide feedback to their classmates. In order to be successful in the

class the student should read the required material prior to answering the discussion questions as well as review all supplemental material provided. Also, students are encouraged to post their questions to the main forum for all students to review. Many times your question may be the same or similar to one of your classmates. Students are also encouraged to answer their fellow classmate's questions, this will only further the discussion of the material. If there is a question that a student does not feel comfortable asking in the main forum, they are encouraged to contact the instructor via e-mail or phone. All e-mail questions to the instructor will be answered with 24 hours.

ATTENDANCE POLICY

Attendance is mandatory. Due to the delivery method of the course, attendance will be based on the student's participation on discussion board questions and/or course assignments.

The initial response to the discussion board question must be a minimum of 150 words. Students will then be expected to respond to two of their classmates throughout the week, providing them with either feedback or additional information related to their response. Points will be deducted for responses that do not meet the minimum word requirement or do not add to the course discussion. Answering with a response of I agree or disagree will not count towards the student's participation points. See the course calendar for due dates.

DISCUSSION BOARD POSTING SCALE

| 5 Points | 4 Points | 3 Points | 2 Points | 0 Points |
|--|---|--|--|--|
| Initial posting consists of 150 words or more, provides a substantial response to the question and the student responds to two other classmates during the week. | Initial posting consists of 125 - 149 words, provides a fair response to the question and the student responds to two other classmates during the week. | Late initial posting that meets all other criteria for 4 points, Initial posting of less than 125 words, poor response to the question and the student responds to two other classmates during the week. | Late initial posting that meets all other criteria for 3 points, Initial posting of less than 75 words, poor response to the question, and does not respond to two other classmates during the week. | Late initial posting that meets all other criteria for 2 points, no posting at all, the posting is not related to the question and does not respond to two other classmates during the week. |

DISCUSSION RESPONSE SCALE

| No deductions | Deduct 1 points | Deduct 2 points | Deduct 3 points | Deduct 5 points |
|--|--|---|--|---|
| A separate response was made to another student posting, the response added to the course discussion | A separate response was made to another student posting, the response was not substantial, but was more than 125 words | A separate response was made to another student posting, the response contained less than 125 and was not substantial | A separate response was made to another student posting late, regardless of the content. | A separate response was not posted by the due date. |

ASSIGNMENT AND EXAM POLICY

Students will be expected to turn in assignments by the due date. Failure to turn in assignments or complete exams by the due date will result in a 10% deduction for the first late submission, 20% for the second, after which a zero will be given for all future late assignments and exams.

All exams must be completed in order to receive a final grade in the course. If there are extenuating circumstances that may prevent you from completing an assignment or exam on time, please contact the instructor via e-mail.

All discussion postings are expected to show proper etiquette and respect for other student opinions and discussion. Students using improper language, being verbally abusive, and/or not showing respect for other students' opinions will receive 0 points for the discussion posting and other disciplinary action may be taken. Discussion postings are required to contain each student's individual thoughts and work. Do not copy another student's response and use it as your own. This is a violation of the student academic integrity policy.

METHODS OF INSTRUCTION

Discussions are supplemented with visual supports such as PowerPoint Presentations, video demonstrations, and web links. The instructor will also be available for online discussion and questions during their office hours. These times will vary throughout the week in order to accommodate the students' various schedules. See the course calendar for specific times and dates.

CLINICAL SPECIFIC POLICIES & PROCEDURES

****Students are accountable to all policies and procedures of the clinical education provider to which they are assigned.**

The policies listed in this handbook are program-related policies that encompass issues not addressed by the clinical education provider.

Students must adhere to both clinical provider policies and program policies.

CLINICAL ASSIGNMENT POLICY

Student schedules will be determined by the EPiC Program Director and Clinical Education Provider to align student competency needs with the CT procedure/exam schedule. Students can expect to spend approximately 16 hours a week participating in clinical education. Students are not required to participate in assigned clinical hours before 5 am or after 7 pm Monday through Friday. If a student chooses to participate in clinical education during evening (before 5 am or after 7 pm) and weekend hours the student must document the hours on the clinical timesheet (see page 25).

*To ensure the safety of students and patients, not more than ten (10) hours shall be scheduled in any one day. Scheduled didactic and clinical hours combined will not exceed forty (40) hours per week. Hours

exceeding these limitations must be voluntary by the student.

CLINICAL ACCESS REQUIREMENT POLICY

Students are required to follow the clinical access requirements of the program prior to and during clinical education participation. These may include but not be limited to the following:

- Physical examination without limitations for full clinical education participation
- Evidence of immunity to specified disease via laboratory titers
- Immunizations
- Negative TB test
- Criminal Background Checks
- Pre-Application status letter from the ARRT Ethics Committee
- Drug Screens
- Maintenance of Healthcare Provider level CPR
- Professional liability insurance coverage

The EPiC Program Director will provide direction to students to assure clinical access compliance. Cost incurred is the responsibility of the student.

CLINICAL SUPERVISION POLICY

Students are required to be under direct supervision of the Clinical Instructor, physician or designated supervising technologist at all times while engaged in patient care activities or CT imaging procedures until competency is confirmed by the Clinical Instructor or Program Director, at which time, indirect supervision may be imposed. The clinical instructor must be an ARRT Registered CT Technologist.

DIRECT SUPERVISION: A CT Technologist is present with the student at the operator's console while a student is performing an CT imaging procedure and with the student and patient while the student is performing a patient care activity.

INDIRECT SUPERVISION: A CT Technologist is available within hearing distance should a student need assistance while performing a patient care activity or CT imaging procedure but may not necessarily be present in the operator's console during the CT imaging procedure or with student and patient during patient care activities. The supervising CT technologist must remain in a location within voice hearing distance of the student should the student need to call out for assistance.

All imaging exams and associated documentation and, all patient care records that are completed by a student regardless of level of competency must be reviewed and initialed by the Clinical Instructor, physician or supervising technologist. In other words, a technologist must assume the responsibility for all imaging exams, patient care activity, and documentation.

CLINICAL DRESS CODE POLICY

The professional status of any health care worker depends in a large part upon the manner in which that person is perceived. Clothing is an important part of our professional image. For this reason, a student is expected to be neat and clean in appearance and appropriately dressed for all clinical assignments.

Students will be expected to adhere to the EPiC dress code as follows:

1. Students will adhere to the dress code of the clinical education provider to which they are assigned. Students are responsible for the purchase of required uniforms.
2. If no dress code exists, the program requires students will wear business casual attire with safe and professional shoes. Gym/athletic shoes are prohibited with business casual dress. If a student has a

question on whether something is considered business casual they should consult with the Educational Coordinator.

3. Students will adhere to the standards of the clinical education provider to which they are assigned with regards to personal appearance, such as hair color/styles, cosmetics, scents, fingernails, body art (piercings and tattoos), jewelry etc.

IDENTIFICATION POLICY

Students must wear a student identification badge according to the policies of the clinical education provider at all times during participation in clinical education. Students must always represent themselves as students to patients, staff and others.

CLINICAL ATTENDANCE POLICY

The opportunity to participate in clinical education is a privilege and students are expected to practice the same exemplary work ethic with clinical education attendance as they would if it were their employment post-graduation. Besides being crucial in developing the necessary knowledge and competence of the successful CT technologist, clinical education offers the student an opportunity to showcase their knowledge and competence, as well as the practice of a favorable work ethic important to potential employers.

Students are expected to report to clinical education on the scheduled days and time and, remain for the duration of the scheduled time. In other words, arriving late and/or leaving early constitutes absenteeism.

Day 1 missed results in no consequences to the final grade.

Day 2 missed: final grade reduced by 1 step in the letter grade

Day 3 missed: final grade reduced by 1 step in the letter grade

Day 4 missed: final grade reduced by 1 step in the letter grade

Day 5 missed: final grade reduced by 1 full letter grade

* 1/2 days count the same as full days

* 3 late arrivals and/or early departures will be the equivalent to one absence

(A late arrival/early departure is arriving/departing within an hour of scheduled start/end time, beyond that, it counts as an absence) (Any late arrival/early departure beyond the 3 result is a reduction of a step in the letter grade).

While clinical attendance is mandatory, it is realized that there are times when it is unsafe, unhealthy, or impossible for a student to report to their clinical assignment. It is expected that adult students will use sound judgment when making the decision to miss assigned clinical opportunity. It is also expected that students understand and consider the potential consequences to their grade and to their professional reputation when making decisions regarding attendance.

While the list offered here may not be all-inclusive and do still count as an absence, it represents examples that may warrant clinical absence:

- illness or injury of the student
- emergent situation of the student
- non-routine or emergent medical/dental appointments of the student
- subpoenaed legal appearances of the student
- unsafe travel conditions for the student due to inclement weather

While the following list is not all-inclusive and do count as an absence, it defines examples that would NOT be considered acceptable reasons for clinical absence:

- vacation days

- personal days
- class-related activities outside the CT curriculum
- hunting season
- children's school activities
- routine medical/dental appointments

******AGAIN, SOUND JUDGEMENT OF THE STUDENT IS EXPECTED IN MAKING DECISIONS WITH REGARD TO CLINICAL ABSENCE.**

Should a student present for clinical education with an illness or injury the Clinical Instructor or EPiC Program Director deems unsafe or unhealthy, the student will be sent home.

Should a student encounter extenuating circumstances, such as those related to a serious and extended illness or injury, for which the student will incur excessive absenteeism that reduces the final grade to failure, the EPiC Program Director may allow days missed beyond the passing grade to be made up so that a passing grade can be realized if the following conditions are met:

1. The clinical provider institution and the Clinical Instructor are willing to allow assignment of a student beyond the clinical semester.
2. The student has maintained good standing in both the didactic and clinical aspects of the program to the point of the.
3. The student provides physician documentation of the extended illness or injury that includes physician restrictions of clinical participation and a release to return to full clinical participation.
4. The number of days necessary to be made up to the point of a passing grade can be accomplished prior to the start of the next clinical semester.

CALL-IN POLICY

If a student must be absent from clinical education on short notice, they are required to call their Clinical Instructor and EPiC Program Director prior to the beginning of their assigned start time. Each Clinical Instructor will have instruction as to the call-in procedure expected of the specific clinical education provider. "No call-no show" is considered highly unacceptable within the health care profession and will reflect poorly on a student's professional judgment.

LUNCH AND BREAK POLICY

Breaks and meal schedules during clinical education time will be assigned by the Clinical Instructor or supervising technologist adhering to the policies and practices of the clinical education provider.

PHONE USE POLICY

Personal telephone calls are not permitted except for emergencies. Cell phone use is limited to lunch and break periods and includes making or receiving calls, texting, checking email, voicemail etc. Department phones may never be used for personal calls except with permission of the Clinical Instructor or other supervising professional. The presence of cell phones is prohibited in the CT environment.

HEALTH INSURANCE POLICY

It is strongly encouraged that students maintain health insurance coverage while participating in the program but falls within the responsibility of the student.

CLINICAL ILLNESS/INJURY POLICY

A student must report any injury or possible illness directly obtained during participation of their clinical education immediately to their Clinical Instructor or supervising technologist. The Clinical Instructor or supervising technologist will assist the student in completing the clinical provider's incident report. The EPiC Program Director must be notified by the Clinical Instructor as soon as possible. The student must complete an incident report with the college security department as soon as reasonably possible. Students participating in clinical education are not covered by "Workman's Compensation" policies of either the clinical provider or the college. It is the student's choice to seek medical attention for an injury or illness obtained during the course of educational pursuits and is the student's financial responsibility.

TB EXPOSURE POLICY

Occasionally a student works with a patient who is later diagnosed with TB. When this occurs, the clinical provider notifies the EPiC Program Director. The cost of the TB test is incurred by the student and can be obtained through their personal physician or the County Health Department. The test results must be submitted to the EPiC Program Director.

PREGNANCY POLICY

1. While suggested, declaration of pregnancy status is strictly voluntary and will not be used to adversely to discriminate against the student. Should a student choose to declare pregnancy, it must be done so in writing using the form provided in the appendix of this Student Handbook. The declaration must be submitted to the EPiC Program Director and will be shared with the Clinical Instructor of the clinical education provider institution where the student is assigned for the duration of their pregnancy.
2. The student will have the option of withdrawing from the program but must understand that re-admittance will be contingent upon space availability within the program.
3. Should the student elect to remain in the program, they will be expected to fully participate in clinical education and wear fetal monitoring badge.
4. If a physician documents physical restrictions that do not limit the student's ability to achieve clinical competency, every effort to provide accommodations within the ability of the clinical education provider and program will be made.
5. The student accepts full responsibility for any complications occurring during her pregnancy or to the fetus during the course of the CT program.
6. The student may elect to withdraw the declaration of pregnancy status at any time.

CLINICAL GRADING PROCEDURE

The EPiC Program Director will work closely with the Clinical Instructor to assess student progress in both the clinical skill and professional growth components of the program. The following grade system will be followed for clinical education.

100 - 93

A

75 - 73

C

| | | | |
|---------|----|------------|----|
| 92 - 90 | A- | 72 - 70 | C- |
| 89 - 87 | B+ | 69 - 67 | D+ |
| 86 - 83 | B | 66 - 63 | D |
| 82 - 80 | B- | 62 - 60 | D- |
| 79 - 76 | C+ | 59 or less | |

CLINICAL EDUCATION STAFF

Clinical Instructor: The Clinical Instructor is a CT technologist employed by the clinical education provider and designated as the Clinical Instructor. They are on-site at the clinical facility and the “go-to” person for students on a daily basis. Clinical Instructors work with the EPiC Program Director to assure student learning outcomes and clinical competency are achieved. They work within the guidelines and process of the CT program with regard to student supervision, instruction and assessment. The Clinical Instructor is responsible to assess student progress in both clinical skill and in professional growth.

CT Staff Technologists: These skilled and knowledgeable technologists will serve the students as supervisors, instructors and mentors as the students engage in clinical education. They may participate in assessment of the student as determined by the program policies and procedures.

Educational Coordinator: This person serves to support both the student and the Clinical Instructor to assure student learning outcomes are achieved. The EPiC Program Director is an employee of the EPiC Consortium of colleges and will make periodic visit to the clinical facility to assess student progress and address any questions or concerns. The EPiC Program Director is available via phone or email in between clinical visits. Their role is to serve as the liaison between the program and the clinical education provider to establish student schedules that assure ARRT clinical competency requirements are achieved. The EPiC E Program Director makes certain the Clinical Instructor is knowledgeable of the program objectives and processes and provides support as they are carried out.

COMPETENCY-BASED CLINICAL EDUCATION

Clinical education is competency based and students will be assessed on defined learning objectives.

GLOSSARY

The following is a list of terms common to clinical education:

COMPETENCY: The student's ability to perform within a realm of limited supervision and assume those duties and responsibilities set forth in course and clinical objectives. The minimum level of competency is 90%.

CATEGORY: A group of CT examinations that exemplify an area of the human body. For example: EXTREMITIES, HEAD AND SPINE, ABDOMINAL/ THORAX.

ARRT COMPETENCY ASSESSMENT: The procedure in which a student's performance is evaluated and confirmed. Students are evaluated according to the ARRT Primary Pathway Competency requirements in the three area of CT Imaging Procedures, Patient Care, and Quality Control.

PROFESSIONAL GROWTH ASSESSMENT: The procedure in which students are evaluated on the professional values, attitudes and behaviors necessary for success as an CT technologist.

DIRECT SUPERVISION: A CT Technologist is present with the student at the operator's console while a student is performing an CT imaging procedure with the student and patient while performing a patient care activity. If a student has not achieved clinical competency on a patient care activity or CT imaging procedure, he/she must be under direct supervision.

INDIRECT SUPERVISION: A CT Technologist is available within hearing distance should a student need assistance while performing a patient care activity or CT imaging procedure but may not necessarily be present in the operator's console during the CT imaging procedure or with student and patient during patient care activities. The supervising CT technologist must remain in a location within voice hearing distance of the student should the student need to call out for assistance.

REPEAT POLICY: If any part of an CT exam must be repeated, the student must be under direct supervision by an CT Technologist. The CT Technologist must be present at the operator's console when the student is repeating the procedure.

THE CLINICAL COMPETENCY ASSESSMENT PROCEDURE

The student begins his/her clinical education participation by first observing the Clinical Instructor or designated CT Technologist while performing patient care activities and CT imaging procedures gradually evolving from observation to a more active assistant role. As the student acquires a stronger knowledge base of various patient care and CT procedures, he/she will assume more independence with a somewhat limited level of direct supervision. Before any level of student independence is allowed, the student must first demonstrate competency in the specific patient care or imaging procedure. Until competency is confirmed by the Clinical Instructor or Educational Coordinator, the student will remain under strict direct supervision.

All student clinical competency assessments will be completed according to program requirements and aligned with the standards set forth by the ASRT and ARRT.

Students will be required to achieve competency of a specified number procedures each semester. Students will follow the competency requirements set forth by the ARRT Primary Pathway process. Competency achievement will be monitored by the EPiC Program Director and shared with the student.

CT imaging procedure competency will be assessed during the course of an actual imaging procedure while some patient care competencies will be simulated.

While designated CT technologists may assess student competency skills, all clinical competency validation is confirmed by the Clinical Instructors or EPiC Program Director and documented only using program

designated forms.

Assuring the clinical competency requirements is the joint responsibility of the student, Clinical Instructor and Program Director. All three parties must remain aware of the number of competencies required each semester and work together to maximize opportunity for the student to achieve the requirements.

It is the student's responsibility to submit completed competency forms to the EPiC Program Director for grading purposes. It is strongly encouraged that students maintain copies of all forms submitted for their own records should a form be misplaced. Competency scores below 90% are considered failing and must be repeated at a later date, post remediation.

It is suggested that students practice each procedure several times before requesting a competency assessment. The student must notify the Clinical Instructor when they are ready for a clinical competency assessment.

COMPETENCY REQUIREMENTS-ARRT

CT Procedures Requirement:

Candidates must document the performance of compete diagnostic procedures according to the following requirements:

- Choose a minimum of 25 different procedures out of the 62 procedures on the following pages.
- Complete and document a minimum of three and a maximum of five repetitions of each chosen procedure; less than three will not be counted toward the total.
- A minimum total of 125 repetitions is required.
- A minimum number of 30 repetitions must be done with iodinated IV contrast.
- A maximum of 9 repetitions may be logged from each day.
- No more than one procedure may be documented on one patient per day. For example, if an order requests chest, abdomen and pelvis scans for one patient, only one of these may be documented for clinical experience documentation.

*requires contrast with the examination

PROCEDURES

A. HEAD, SPINE, AND MUSCULOSKELETAL

1. HEAD WITHOUT CONTRAST
2. HEAD WITH CONTRAST*
3. TRAUMA HEAD
4. ARTERIOGRAPHY HEAD (CTA)*
5. VENOGRAPHY HEAD (CTV)*
6. BRAIN PERFUSION*
7. TEMPORAL BONES/IACS
8. ORBITS
9. SINUSES
10. FACIAL BONES/MANDIBLE
11. CERVICAL SPINE
12. THORACIC SPINE
13. LUMBAR SPINE
14. SPINAL TRAUMA
15. UPPER EXTREMITY
16. LOWER EXTREMITY
17. SHOULDER AND/OR SCAPULA
18. BONY PELVIS AND/OR HIPS
19. MUSCULOSKELETAL TRAUMA
20. ARTERIOGRAPHY EXTREMITY/RUNOFF (CTA)*
21. VENOGRAPHY EXTREMITY (CTV)*

B. NECK AND CHEST

1. SOFT TISSUE NECK
2. ARTERIOGRAPHY NECK (CTA)*
3. VENOGRAPHY NECK (CTV)*
4. CHEST WITHOUT CONTRAST
5. CHEST WITH CONTRAST*
6. HRCT
7. LOW DOSE LUNG SCREENING
8. CHEST TRAUMA*
9. PULMONARY ANGIOGRAPHY/PE STUDY (CTPA)*
10. VASCULAR CHEST (CTA, CTV, AORTA, SVC)*

11. HEART (E.G., CORONARY ANGIOGRAPHY, TAVR, PVS)*

12. CORONARY ARTERY CALCIUM SCORING

C. ABDOMEN AND PELVIS

1. ABDOMEN/PELVIS WITHOUT CONTRAST

2. ABDOMEN/PELVIS WITH CONTRAST*

3. LIVER (MULTI-PHASE)*

4. KIDNEYS (MULTI-PHASE)*

5. PANCREAS (MULTI-PHASE)*

6. ADRENALS

7. ENTEROGRAPHY STUDY

8. APPENDICITIS STUDY

9. RENAL STONE PROTOCOL (WITHOUT IV CONTRAST)

10. ABDOMINAL TRAUMA*

11. ARTERIOGRAPHY ABDOMEN/PELVIS (CTA)*

12. VENOGRAPHY ABDOMEN/PELVIS (CTV)*

13. UROGRAM*

14. RETROGRADE CYSTOGRAM

15. PELVIC TRAUMA*

16. COLORECTAL STUDIES (RECTAL CONTRAST)

D. ADDITIONAL PROCEDURES

1. BIOPSIES

2. DRAINAGES

3. ASPIRATIONS

4. PEDIATRIC (12 AND UNDER)

5. ARTHROGRAPHY

6. ABLATIONS

7. MYELOGRAPHY

E. IMAGE DISPLAY AND POST PROCESSING

1. GEOMETRIC, DISTANCE, OR REGION OF INTEREST (ROI) MEASUREMENTS

2. MULTIPLANAR RECONSTRUCTION (MPR)

3. 3D RENDERING (MIP, SSD, VR)

4. RETROSPECTIVE RECONSTRUCTION WITH DIFFERENT PARAMETERS (E.G., DFOV, ALGORITHM, SLICE THICKNESS)

F. QUALITY ASSURANCE AND QUALITY CONTROL

1. CALIBRATION CHECKS

2. CT NUMBER AND STANDARD DEVIATION (WATER PHANTOM)

**** THE USE OF IODINATED IV CONTRAST IS MANDATORY TO DOCUMENT THIS PROCEDURE.***

EPIC-CT PROGRAM COMPETENCY EVALUATION

NAME _____

“P” = Pass - acceptable

“F”
Fail

=
-

| | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| Room Prepared: Clean (medical aseptic technique) Set-up for procedure(linens, coil, power injector, etc) | | | | | |
| Patient Greeting: Pt. identity confirmed Student/Tech introduced | | | | | |
| Patient Transfer: Assess pt. (condition, ability, medical devices, etc) Determined mode of transfer Secured necessary help Facilitated safe and comfortable transfer | | | | | |
| Patient Preparation: Attire (gown, jewelry, medical devices) Procedure explained | | | | | |
| History Documented Complete and appropriate | | | | | |
| Contrast Media: Proper selection and preparation Proper administration | | | | | |
| Positioning Accurate Patient and equipment | | | | | |
| Protocol Selection Correct Proper acquisitions, | | | | | |
| Repeats Ability to explain why repeats were necessary Radiation safety practices were followed | | | | | |
| Images Processed and Displayed Properly Images display correct pt. identification (correct spelling, medical record number, birth date, etc...) Images were processed per the department protocol | | | | | |
| Efficiency Time duration with regards to image quality and pt. care | | | | | |
| Patient Discharge: Instructions | | | | | |
| Post Exam Follow-through Images placed for interpretation Paperwork correct Room readied for next pt. | | | | | |
| RT's initials **Must be registered by ARRT | | | | | |

needs improvement

EXAM _____

“N/A” = not applicable

EPIC- CT CLINICAL TIME SHEET

Name: _____

Month: _____

| DATE | DAY | TIME IN | TIME OUT |
|------|-----------|---------|----------|
| | Sunday | | |
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |

| DATE | DAY | TIME IN | TIME OUT |
|------|-----------|---------|----------|
| | Sunday | | |
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |

| DATE | DAY | TIME IN | TIME OUT |
|------|-----------|---------|----------|
| | Sunday | | |
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |

| DATE | DAY | TIME IN | TIME OUT |
|------|-----------|---------|----------|
| | Sunday | | |
| | Monday | | |
| | Tuesday | | |
| | Wednesday | | |
| | Thursday | | |
| | Friday | | |
| | Saturday | | |

Remember to fax your time sheet at the end of each month to: 269-565-2055.

Clinical Instructor Signature: _____

STUDENT PROFESSIONAL GROWTH ASSESSMENT FORM

| | |
|--|---|
| <p>INSTRUCTOR GUIDELINES FOR COMPLETION MID-TERM REVIEW (Informal)</p> <p>Please conduct a mid-term review with your student to assist in their progress during the work term. Using this form as a guideline, the mid-point discussion is an opportunity for the Clinical Instructor and student to discuss topics such as :</p> <ul style="list-style-type: none"> • Overall expectations and goals • Student's work performance • Training or mentoring | <p>END OF TERM EVALUATION</p> <p>The end-of-semester performance evaluation allows the Clinical Instructor and student to fulfill the evaluation process. The return of this completed evaluation form is required for the student to receive a final grade for the semester. Please fill out this form near the end of the semester and:</p> <ul style="list-style-type: none"> • Discuss the evaluation process with your student. • Review: <ul style="list-style-type: none"> – Strengths/areas for development • Provide the student with an opportunity to complete the "Student's Comments" section. • Make one copy of the completed evaluation for the student, one copy for your records and return the original to the Educational Coordinator. |
|--|---|

On a scale from 0-4, with 4 being the highest score possible and zero being the lowest please evaluate the student based on each statement.

Leadership: The student follows policies and procedures and encourages others to do the same.

4 3 2 1 0

Attitude: The student comes in with a positive attitude and maintains that attitude throughout the day.

4 3 2 1 0

Team Work: The student is cooperative and willing to help the entire health care team when needed.

4 3 2 1 0

Dependability: The student is on time and does not have attendance problems.

4 3 2 1 0

Communication: The student communicates very well with patients, co-workers, and support staff. The student is not argumentative when being asked to perform their duties.

4 3 2 1 0

Initiative: The student is willing to step outside of their comfort zone to try new procedures and help out without being asked.

4 3 2 1 0

Problem-solving: The student is willing to ask questions and uses critical thinking to work out problems.

4 3 2 1 0

Work Quality: The student makes minimal mistakes while performing all of their duties including but not limited to: positioning, coil selection, technical factors, etc...)

4 3 2 1 0

Overall Performance: The students overall performance is of high quality, they are always prepared, willing to help out, and punctual.

4 3 2 1 0

Instructor Comments: (Please provide the student with ways to improve for future evaluations if necessary)

Student Comments:

Advisement/Improvement Plan

Student Name _____

The student has demonstrated behavior or performance that places student success at risk and warrants an improvement plan.

Describe behavior/performance and improvement plan: (use additional sheets if necessary)

Clinical Instructor

Date

Student

Date

Educational Coordinator

Date

**Signature indicates all parties in agreement.

DECLARATION OF PREGNANCY

FORM LETTER FOR DECLARING PREGNANCY

This form is required in declaring pregnancy.

DECLARATION OF PREGNANCY

TO: Educational Coordinator

I am declaring that I am pregnant. I believe I became pregnant in _____ (only the month and year need be provided).

I choose the following course of action: (please initial)

_____ 1. Continue educational program without interruption or modification

_____ 2. Continue in the CT program with modification in clinical assignment – documented physician restrictions required so that accommodations can be made

_____ 3. Withdraw from the program with request to return as soon as availability allows

_____ 4. I elect to withdraw my declaration of pregnancy.

(Student Signature)

(Student Name Printed)

(Date)

STUDENT AGREEMENT FORM

In consideration of my enrollment and acceptance, I, intending to be legally bound, hereby, for myself, my executors, administrators, and heirs, waive the EPiC Consortium member colleges, their agents, representatives, committees, members and affiliating clinical education providers of any and all claims or rights to damages from injuries or losses suffered by me directly or indirectly, while attending, completing and fulfilling both my off-campus and on-campus didactic course and clinical education requirements and responsibilities.

I agree to abide by the policies and procedures set forth by the EPiC CT Program officials and the affiliating clinical education providers governing my conduct throughout my enrollment in the CT program.

Student Signature

Date

Print Name

.....

CONFIDENTIALITY/HIPAA STATEMENT

I have received, read and understand the Confidentiality/HIPAA Policy defined by the EPiC CT Program officials and the information contained within this 2012-13 Student Handbook. I understand and agree that any patient information acquired during my participation in clinical education must forever and always be held in the strictest confidence. I understand that any violation of the policy could result in immediate dismissal from the program.

Student Signature

Date

Print Name

Release of Information
EDUCATIONAL PROGRAMS IN COLLABORATION Consortium

In signing this document, I agree to allow faculty, administrators and support staff of the six member colleges and their affiliating clinical education providers participating in the EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC) Consortium to exchange information related to my admission to the program, academic and clinical access records and documents, and of academic progress. The six member colleges are as follows:

- Grand Rapids Community College
- Kellogg Community College
- Lake Michigan College
- Lansing Community College
- Mid Michigan Community College

This agreement will remain in effect for the duration of my admission and enrollment in a EPiC Consortium course or program.

PRINT NAME

SIGNATURE

DATE

Photo/Video/Audio/Interview Comment Release
EDUCATIONAL PROGRAMS IN COLLABORATION Consortium

I hereby grant permission to the EDUCATIONAL PROGRAMS IN COLLABORATIONS (EPiC) Consortium member colleges; Grand Rapids Community College, Kellogg Community College, Lake Michigan Community College, Lansing Community College, Mid Michigan Community College and Grand Valley State University to use my image and/or voice in photograph(s), video or audio recording in any of its publications, on any of its instructional inline websites, online websites utilized by the EPiC Consortium member colleges including social media, and in any or all other media without further consideration. I acknowledge that the EPiC Consortium member colleges may choose not to use my photo or video image, comments, or audio recordings at this time, but may do so as its own discretion at a later date. I understand that my images and/or voice in photograph(s), video or audio recordings will be used with the respect and consideration to which I am entitled.

I also grant permission to the EPiC Consortium member colleges to interview me and use my comments in any of its publications, on any of its instructional online sites and in any or all other media without further consideration. I hereby waive any right to inspect or approve the finished photograph, video or audio recordings, or printed text that may be used in conjunction with said photography, video, audio, or electronic matter.

I understand I will not be compensated for my image, voice, or comments. I will make no monetary or other claim against the EPiC Consortium member colleges for the use of the interview, photos, video, or audio. I agree that the EPiC Consortium member colleges own the images, voice recordings, and all rights related to them. All negatives, positives, digital files, together with the prints shall remain the EPiC Consortium member colleges' property, solely, and completely.

PRINT NAME

SIGNATURE

DATE

PHONE NUMBER

CITY OF CURRENT RESIDENCE

Course and Clinical Confidentiality Agreement

- A. I, _____, acknowledge that any and all information related to the treatment of patients at the clinical site I am assigned to during the CT program shall be kept in **strictest confidence** as required by the patients' Constitutional Right to Privacy. I agree not to disclose, either during my clinical rotations, or after my rotation has been completed, any information received while involve in patient care and treatment, to others not directly involved in the patient's treatment, unless required by law. Information covered by this agreement includes patient lists, patient files, records and reports, or other related information learned while providing direct patient care.
- B. I further agree that during the period described above, I shall not use, take, retain, or copy any information about the clinical sites' patient records, fee schedules, files, provision of health services, business records, financial condition, or other activities. I acknowledge that this information is confidential and is the exclusive property of the clinical sites.
- C. I understand that any patient information that is used for homework assignments or class activities must be approved by the clinical site prior to use. All patient identifiers must be removed from any images or information used.
- D. I understand that a breach of confidentiality is a serious matter, and could result in both legal action by the patient or clinical site, and academic sanctions up to and including dismissal from the CT program.
- E. I further agree to maintain confidentiality with regard to all examinations, including lab evaluations, I take during the CT program.

Signature

Print Name

Degree-granting Institution

Date

Employer Contact Release

Upon completion of the CT program and after obtaining employment in the field of CT, the EPiC Consortium has my permission to contact my employer. The purpose of this contract is an effort towards continuing quality improvement by requesting my employer to complete an **“Employer Satisfaction Survey”** of my skills and readiness as a CT technologist. This is intended as a reflection of the program, not myself as an individual. This information is used to determine if the program is successfully preparing students to work in the health care environment as a CT technologist. The request to my employer shall be made within one year of my graduation date.

Student

Date