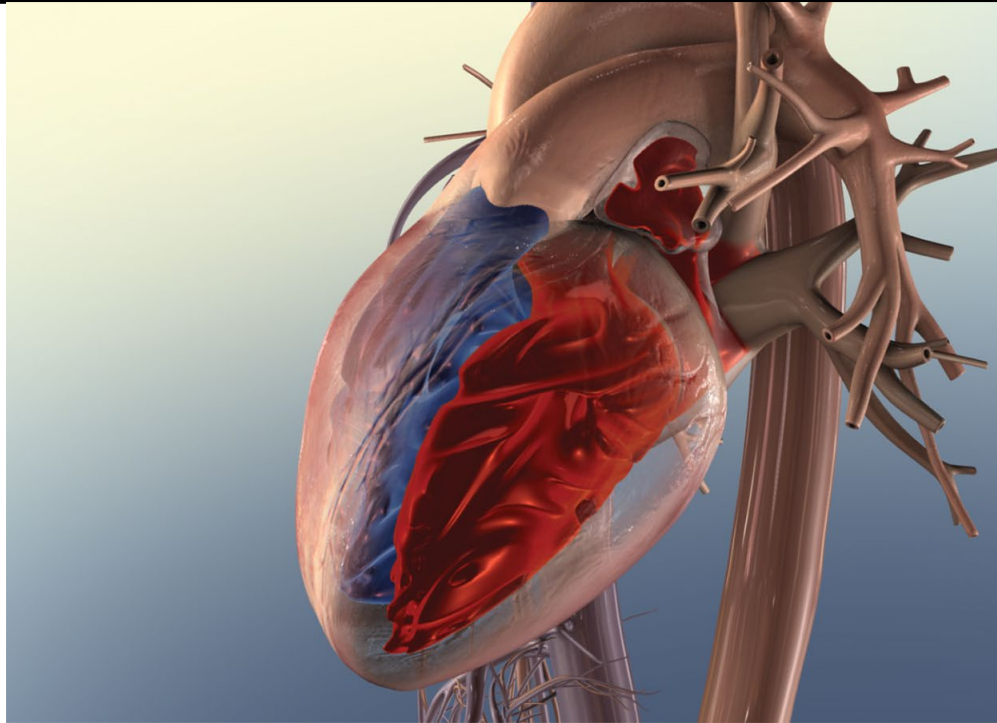


Educational Programs in Collaboration (EPiC)
Consortium

Cardiovascular Technology Program Student Handbook



Academic and Clinical
Policies

2023-
2024

**EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC) CONSORTIUM
CARDIOVASCULAR TECHNOLOGY (CVT) PROGRAM**

TABLE OF CONTENTS

Program Overview	
EPiC Consortium and CVT Program Information.....	4
Strengthening Community Colleges	5
Program Completion Requirements	5
Program Mission Statement and Goals	6
Program Learning Objectives	6
Professional Organizations	8
Program Admission Procedures and Course Requirements	
Admission Criteria	8
Academic Regulations and Policies	9
Essential Abilities and Standards	9
General Program Policies	
Code of Conduct.....	11
Confidentiality/HIPAA Policy.....	13
Access to Records.....	13
Academic Integrity.....	14
American with Disabilities Act and Section 504.....	14
General Disciplinary	
Remediation.....	14
Dismissal from Program.....	15
Due Process.....	15
Program Readmission.....	18
Didactic Specific Policies and Procedures	
Grades	19

Class Participation.....	19
Attendance Policy.....	19
Assignment and Exam Policy.....	20
Methods of Instruction.....	20
Laboratory/Clinical Specific Policies and Procedures	
Laboratory/Clinical Assignment Policy.....	21
BLS Certification Requirement.....	21
Clinical Clock Hour to Credit Hour Policy.....	21
Clinical Access Requirements Policy.....	22
Equitable Learning Policy.....	22
Clinical Supervision Policy.....	22
Clinical Dress Code Policy.....	23
Clinical Identification Policy.....	23
Clinical Attendance Policy.....	23
Clinical Call-In Policy.....	25
Lunch and Break Policy.....	25
Phone Use Policy.....	26
Health Insurance Policy.....	26
Clinical Illness/Injury Policy.....	26
TB Exposure Policy.....	26
Radiation Safety and Rules Regulation.....	26
Personnel Radiation Monitoring.....	27
Pregnancy Policy.....	28
Laboratory/Clinical Grading Procedure.....	29
Laboratory/Clinical Education Staff.....	29
Glossary.....	30
Clinical Competency Assessment Procedure.....	31
Competency-Based Education	

Competency Requirements- JRCCVT Core Curriculum Clinical and Didactic	32
Content Area 1: General Education.....	32
Content Area 2: Competencies in all Concentrations.....	33
Content Area 3: Electrophysiology.....	36
Content Area 4: Invasive Cardiology Technology.....	37
Credentialing Institution Requirements for Exam Eligibility.....	42
Clinical Role Definitions.....	42
Forms	
Student Professional Growth Assessment Form.....	43
Advisement/Improvement Form.....	45
Declaration of Pregnancy Form.....	46
Student Agreement Form.....	47
Confidentiality/HIPPA Statement Form.....	47
Release of Information Form.....	48
Photo/Video/Audio/Interview Comment Release for EPiC Consortium.....	49
Course and Clinical Confidentiality Agreement.....	50
Employer Contract Release.....	51

EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC)
CONSORTIUM
CVT PROGRAM OVERVIEW

Cardiovascular technologists (CVTs) are highly trained individuals that possess the advanced skills and knowledge necessary for competent practice. The ability to critically think and communicate is paramount to the success of a CVT technologist. They must have the ability to synthesize information and apply rational judgment in determining appropriate protocols that assist the physician in providing the best procedural outcome. They must find balance between equipment capabilities and patient condition to assist the physician in delivering high quality care. The CVT environment presents unique patient care and safety issues that require an exceptional attention to detail. The EPiC CVT program provides a sound base of clinical practice in conjunction with course work in the related sciences and general education.

The EPiC CVT program is designed not only to foster the skills and knowledge necessary for competent practice in CVT, 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 within Michigan. Didactic learning experiences occur in supportive college course work delivered through an online environment with an in person hands-on lab component. Both are equally important to the development of the competent cardiovascular 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 Joint Review Committee on Education in Cardiovascular Technology (JRCCVT) and Commission on Accreditation of Allied Health Education Programs (CAAHEP) to complete the Registered Cardiovascular Invasive Specialist (RCIS) exam through Cardiovascular Credentialing International (CCI).

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 CVT program prepares students to become eligible to complete the RCIS certification exam administered by Cardiovascular Credentialing International (CCI). The program terminates in an Associates of Applied Science degree in Cardiovascular Technology as determined by the college issuing the award. The program has been developed to be consistent with standards and requirements of the Higher Learning Commission (HLC), Cardiovascular Credentialing International (CCI), Commission on Accreditation of Allied Health

Education Programs (CAAHEP), the Joint Review Committee on Education in Cardiovascular Technology (JRCCVT), and the Educational Programs in Collaboration (EPiC) Consortium.

STRENGTHENING COMMUNITY COLLEGES

Through the Michigan Coalition for Accelerated Healthcare Pathways (MCAHP), strategic thinking is being put into creating vital education and training to meet the varied demand. Led by Grand Rapids Community College, the coalition is addressing barriers and building capacity to deliver online, hybrid training, and apprenticeships to those interested in entering the field of Allied Health.

For more information on health care programs related to this, please visit GRCC's website: <https://www.grcc.edu/programs/job-workforce-training/mcahp-program>

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COMPLETION REQUIREMENTS

1. There are 50 core program credits required for program completion.
2. A student must maintain the minimum grade requirement as indicated for each course and in accordance with the policies of the college issuing the terminal award of a degree or certificate.
3. Application to complete the certification examination administered by CCI is granted only if the student fulfills all academic and clinical criteria established by CCI, the EPiC Consortium Cardiovascular Technology program, and the college issuing the terminal award of a degree.
4. 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 Cardiovascular Technology program. Background check and 7-panel drug screen need to be performed upon acceptance into the program.
5. Individuals having been convicted of a felony or misdemeanor must file a pre-application with CCI in order to obtain a ruling on the impact of the conviction on their eligibility to complete the RCIS certification examination. Information about the pre-

application process may be found on the CCI's website. Visit cci-online.org. The pre-application process can be found within the RCIS tab under the "Credentials" option, then click on the "Apply for Exam" tab. From there, the form is available to download under "Download pre-application criminal matters". 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.

6. All policies regarding degree completion can be found in the catalog of the college issuing the certificate or degree, or by contacting the EPiC Governance Council member of the college issuing the certificate or degree (Program Representative).

PROGRAM MISSION STATEMENT AND GOALS

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

1. Graduates will demonstrate the knowledge and skills necessary for competency as an entry-level Cardiovascular Technologist.
2. Graduates will exhibit professional growth and development through the values, attitudes and behaviors necessary of an entry-level Cardiovascular Technologist.
3. To prepare entry-level cardiovascular technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.
4. To prepare graduate to communicate effectively and professionally.
5. Graduates will complete the program within the scheduled timeframe with the ability to earn Registered Cardiovascular Invasive Specialist (RCIS) credentials to successfully work in the field of Cardiovascular Technology.

PROGRAM LEARNING OBJECTIVES

Graduates of the EPiC Cardiovascular Technology program will be able to function as competent entry-level cardiovascular technologists in the cognitive, psychomotor, and affective

learning domains within the procedural room environment. After completion of the program, graduates will be eligible to sit for the RCIS exam.

Upon completion of the required courses within the Cardiovascular Technology program curriculum, the student will be able to:

1. Apply the principles of aseptic technique, sterile technique, and infection precautions. (Psychomotor) (Cognitive)
2. Interact professionally within the procedural room environment, concerning all parties. (Affective)
3. Function in the role of the cardiovascular technologist within the procedural team and the catheterization lab environment. (Psychomotor) (Cognitive)
4. Identify the structures and functions of the human heart and vasculature and commonly found pathologies. (Cognitive)
5. Identify and prepare for the specific uses of the essential furnishings, equipment, and supplies used for procedures within the cardiac catheterization lab. (Psychomotor) (Cognitive)
6. Protect and respect the patient's right to privacy and safety. (Psychomotor)(Cognitive) (Affective)
7. Prepare all sterile areas, instruments, and equipment required for a catheterization laboratory procedure. (Psychomotor)
8. Assist with the sterile draping, gowning, gloving, case management, and other preparations essential to cardiovascular procedures in the cardiac catheterization lab. (Psychomotor)
9. Assist with the procedure including: patient pre-procedure preparation, preparing equipment and procedure room, passing of instruments and equipment, correctly handling all sterile equipment and supplies, monitoring patient vitals and hemodynamics, proper documentation of procedure and vitals, provide patient education related to cardiovascular catheterization, and quality assurance of equipment. (Psychomotor) (Affective) (Cognitive)
10. Recognize changes in hemodynamics, patient vitals, and cardiac rhythms and respond accordingly while conscientiously adhering to required precautions in patient care. (Cognitive) (Psychomotor)
11. Dismantle a procedural room set-up following a procedure including: preparation of specimens for delivery to the laboratory, disconnecting equipment,

separation of disposable and non-disposable items, and caring for instruments according to hospital policy and procedure. (Psychomotor) (Cognitive)

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.

Alliance of Cardiovascular Professionals (ACVP)

<https://www.acp-online.org/>

American Heart Association

<https://www.heart.org/>

Cardiovascular Credentialing International

<https://cci-online.org/>

PROGRAM ADMISSION PROCEDURES AND COURSE REQUIREMENTS

ADMISSIONS CRITERIA

In order to be eligible for admissions into the Cardiovascular Technology Program, students must meet the following:

- Be a high school graduate or have passed the high school equivalency GED (General Educational Development) Test.
- Math competency must be demonstrated through any one of the following ways:
 - Math Placement Test (ALEKS) with a score of 30 or higher within the last five years or
 - Completion of MA 098 (or equivalent) or higher with a grade of C or higher within the last five years.
- Reading and writing requirement competency must be demonstrated through any one of the following ways:
 - EN 101 with a grade of C or better or
 - Score of 26 on ACT or 400+ on SAT within the last five years or
 - Accuplacer placement test scores of 249+ on the reading portion and 4+ on the written portion within the last five years (or exam equivalent at attending academic institution as they see fit)
- Earn a grade of C or higher within two attempts in BI 117: General Human Anatomy and Physiology
- Earn a grade C or better in GH110: Medical Terminology 1.
- Minimum GPA 2.0 or higher
- Pass a preliminary Criminal Background Check.

- Students with felony convictions may be prevented from taking the RCIS board exam for certification through Cardiovascular Credentialing International. This may impact employment options following completion of the CVT program. If you think this might apply to you, then you should complete the [Pre-Application Criminal Matters](#) through CCI as soon as possible.
- Pass a 7-panel drug screen
- In order to be eligible for admission into the Cardiovascular Technology program, students must have successfully completed any required foundational courses with a grade of at least C.
- In order to be eligible for graduation, Cardiovascular Technology students must earn a minimum cumulative GPA of 2.0 in the prescribed Radiologic Technology curriculum.

ACADEMIC REGULATIONS AND POLICIES

Academic support services are available to the student to provide effective guidance. Although academic support services are available, each student is responsible for completing their program and degree requirements to graduate.

1. A minimum of 50 semester hours are required for graduation in the Cardiovascular Technology major.
2. A minimum cumulative G.P.A. of 2.0 is required to remain, or graduate from the Cardiovascular Technology program.
3. A 75% minimum passing score is required for all components of the CVT courses. Students must pass the lecture and the lab components with a minimum of 75%. Final course grades below 75% in lecture or lab will require the student to repeat the course both lecture and lab components the next time it is offered. The student will not be allowed to enroll in the next semester's classes. A minimum of 75% is required to pass all clinic courses.

4. Certification to take the Registered Cardiovascular Invasive Specialist Examination as given by Cardiovascular Credentialing International is granted to the student that fulfills all academic and clinical courses in the CVT curriculum.

Policies are subject to change by Program administrative decision. Students will be notified of Program and course changes one semester before policies are implemented.

ESSENTIAL ABILITIES AND TECHNICAL STANDARDS

Students will be required to perform certain physical functions in order to successfully complete the program. You will perform them throughout your course work and/or clinical experience and later in your employment. These functions are not conditions for admission to the program; they are listed for the purpose of alerting you to what physical functions will be expected of you.

PHYSICAL STRENGTH

You will assist in transferring patients from wheelchairs and beds to procedural tables and vice versa. These patients may be comatose, paralyzed or suffer from some degree of incapacity. You may have to move heavy equipment or perform CPR in an emergent situation. You will also be expected to wear a protective lead uniform, weighing approximately 15-20 pounds for multiple hours at time.

MOBILITY

In the course of performing your duties in cardiovascular technology, you will be expected to stand while performing equipment preparation and assisting the physician with various tasks throughout the duration of the procedure; you must move quickly in an emergency; you must perform your work standing over a long period of time. Dexterity is necessary when placing small equipment, such as balloons and stents, over thin wires for placement within a patient's vascular system.

HEARING

You must have the ability to hear sound from a distance of 15 feet. Throughout procedures it will be expected to perform closed-loop communication with any staff circulating the room. During an emergent situation, it is important to be able to hear commands and instructions. You must also be able to hear faint sound signals and alarms emitted by equipment.

VISUAL DISCRIMINATION

You must have vision to enable you to see small pieces of equipment and working in areas with low light visibility. Procedures are performed with the assistance of fluoroscopy and lighting may be dimmed for better visualization of the working screen. CVT's may rotate rolls of scrub and documenter. Documenting requires visualization of a computer screen and monitoring patient vitals and hemodynamics for long periods of time.

COORDINATION

Good motor skills, eye-hand coordination skills, and sensory functions in both upper limbs are needed to align body parts of a patient with the film. Many other functions also require dexterity, including filling syringes, putting on surgical gloves, manipulating locks on equipment, loading small equipment on thin wires, and the ability to multi-task.

MANUAL DEXTERITY

Motor skills such as standing, walking, and writing are all required to perform your duties. In addition, you must have fine motor skills, such as, the ability to perform insertion of radial arterial lines, calibrate equipment, draw blood, and so on.

COMMUNICATION SKILLS

You must be able to communicate in English orally and in writing. Example: You must be able to read and give directions and instructions and to record health data from patients.

GENERAL PROGRAM POLICIES

Program Code of Conduct – CCI Position Statement Code of Ethics for Certified Individuals

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

All credentialed cardiovascular technologists awarded a CCI designation shall, in their professional activities, sustain and advance the integrity and honor of the profession by adhering to this Code of Ethics. Applicants, Candidates and Registrants who intentionally or knowingly violate any provision of the Code of Ethics will be subject to action by a peer review panel, which may result in revocation of the certification.

1. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will place the safety, health and protection of the patient above all other interests.
2. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will demonstrate and maintain professional competence in all aspects of patient care and within the scope of practice as defined by my employer.
3. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will represent my credential(s) accurately, honestly, and will not attempt to maintain CCI credentials by fraud, deception or artifice.
4. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will not knowingly assist another person or persons in obtaining or attempting to obtain or maintain CCI credentials by fraud, deception or artifice.
5. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will uphold professional standards by adhering to defined technical protocols and diagnostic criteria established by peer review.
6. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will represent my qualifications honestly and provide only those services for which I am qualified to perform.

7. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will defend and protect the patient's right to privacy and confidentiality, unless required to disclose such information by law.

8. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will consistently maintain and improve professional competence through regular assessment of skills, continuing education, experience and professional training.

9. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will accept responsibility for maintaining the credential by meeting renewal requirements and remaining in good standing with CCI.

10. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will voluntarily report any criminal behavior resulting in a conviction of a misdemeanor or felony.

11. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will avoid deceptive acts which misrepresent my academic or professional qualifications.

12. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will avoid compromise of professional judgment by conflicts of interest.

13. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will engage only in legal arrangements and practices in the health-care field.

14. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin, disability, social or economic status.

15. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I understand that the certificate, logo and marks are the property of CCI, and I will not misrepresent or inappropriately use the property of CCI. I agree to return the wallet card and certificate of my credentialing, upon request, to the CCI Board of Trustees.

16. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will act in a professional manner in my correspondence and interaction with the CCI National Office.

17. As a credentialed cardiovascular technologist / technician or Applicant / Candidate of CCI Examinations, I will uphold and follow all policies and procedures required by the CCI to remain in good standing, and I will abide by CCI's Code of Ethics.

18. As a CCI credential holder, candidate of CCI examinations, or applicant of CCI examinations, I shall inform CCI of any matters in the past, present, or future that may affect my capability fulfill the requirements to maintain my credential and/or comply with CCI's Code of Ethics.

CONFIDENTIALITY/HIPAA 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 an 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.

GENERAL DISCIPLINARY

While enrolled in the Cardiovascular Technology Program, all students must conduct themselves professionally. Students must abide by the Cardiovascular Technologist Code of Ethics, (https://cci-online.org/CCI/Content/Code_of_Ethics.aspx) and comply with the policies and procedures of EPiC Consortium, Michigan Colleges Online, and degree-granting college and the clinical affiliates of the Program. Any student who does not comply with policies and standards is subject to disciplinary action.

The Program Director and the EPiC Governance Council determine the type and severity of disciplinary action employed. The EPiC Governance Council program officials are responsible for all decisions regarding student dismissal. Students who have grievances regarding the Cardiovascular Technology program should discuss them first with the faculty member or clinical instructor involved. A problem that is not resolved at this level should then be brought to the program director's attention. If a problem is not resolved informally at this level, the student should follow the Student Appeal and Complaint Procedure, or the Student Grade Appeal Procedure as outlined in the degree-granting college catalog.

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 Cardiovascular Technology 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, Clinical Coordinator 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 CVT 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 CVT program.
3. Violation of the code of conduct set forth by the clinical education provider or the EPiC CVT program.

DUE PROCESS

The decision to dismiss a student will be made by the EPiC Governance Council with consideration given to the recommendations of the EPiC Program Director, Clinical Coordinator, 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 Governance Council Director(s). Members of the Council shall meet with the student to discuss the circumstances for the dismissal within two weeks of their appeal.

Students always have the right to be heard and to appeal decisions made by the program director and/or faculty.

- If an issue arises in class, you must speak to the course instructor first.
- If an issue arises in clinical, contact the clinical supervisor.
- If the issue is unresolved, then the program director will meet with the student and their instructor or clinical supervisor.
- If the student is still not satisfied and the issue is unresolved, the student may set up an appointment with their degree granting college's Dean representative.

- If the issue remains unresolved, the student may file a grievance according to college policy.

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 timecard, another's timecard 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 CVT 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 HLC.

PROGRAM RE-ADMISSION

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

Readmission into the CVT 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 CVT Program Director in agreement with the EPiC Governance 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, College Program Representative or CVT 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 CVT 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 CCI, JRCCVT, and CVT 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 and assignments 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 24-48 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 submission of course assignments.

Discussion board questions may be used to track attendance by requiring students to post multiple days out of the week with a minimum of 100-word responses. One post may be in response to the questions itself, all other posts must be responses to classmates or with relevant informational resources with a brief summary of their description.

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% reduction for each day the assignment is late.

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. If alternative hours are necessary, contact the instructor to discuss other options.

All lectures will be delivered in an online format. Students will be required to attend a lab section every other week. There will be some mandatory synchronous meetings and/or presentations for which students will be given a notice of at least two full weeks prior to the meeting. This may occur up to three times a semester.

LABORATORY/CLINICAL SPECIFIC POLICIES & PROCEDURES

****Students are accountable to all policies and procedures of the laboratory and 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 laboratory and clinical provider policies and program policies.

LABORATORY/CLINICAL ASSIGNMENT POLICY

Student schedules will be determined by the Program Director and/or Clinical Coordinator and Laboratory and Clinical Education Provider to align student competency needs with the Cardiovascular Technology procedure/exam schedule.

Students can expect to spend up to 28 hours a week participating in laboratory and/or clinical education. The schedule is based on the laboratory or clinical site location, patient volume, and laboratory or clinical site hours of operation. Students will remain at their designated clinical site under the care of their clinical site instructor to meet all required skillset competencies. Students who complete all required competencies early may request to be involved in more specialized procedures at the discretion and under the supervision of their clinical site instructor.

Clinical hours are determined by the site based on their needs and availability for instruction.

To ensure the safety of students and patients, not more than twelve (12) hours shall be scheduled in any one day. Scheduled didactic, laboratory, and clinical hours combined will not exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary by the student. All laboratory and clinical time will be recorded and monitored in Trajecsys.

Students are accountable to all policies and procedures of the laboratory or 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 laboratory or clinical education provided. Students must adhere to both laboratory and clinical provider policies and program policies.

BLS CERTIFICATION REQUIREMENTS

It is the responsibility of the student to acquire their BLS Certification prior to attending their clinical site. The deadline for providing proof of certification is **March 1st**. BLS certification must be obtained through an American Red Cross or the American Heart Association in a course that is specifically designated to healthcare providers. Certifications must include CPR and AED for adults, children, and infants. Certifications from other associations will not be accepted.

CLINICAL CLOCK HOUR TO CREDIT HOUR POLICY

Students are required to complete 16 hours of clinical practice per week for their first clinical rotation and 24 hours per week for their second and third rotations. The EPiC Consortium Clock hour to credit hour conversion is as followed:

- * ½ credit hour = 0-5 hours
- * 1 credit hour = 6-12 hours
- * 2 credit hour = 13-19 hours
- * 3 credit hour = 20-25 hours

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 (**Due March 1st**)
- Negative TB test
- Criminal Background Checks
- Pre-Application status letter from Cardiovascular Credentialing International
- Drug Screens
- Maintenance of Healthcare Provider level CPR
- Professional liability insurance coverage
- Healthcare Coverage

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

EQUITABLE LEARNING POLICY

The provision of equitable learning activities promotes a fair and impartial education and reduces institutional and/or program liability. The program will provide equitable learning opportunities for all students regarding learning activities and clinical assignments.

Clinical site placement will be based on opportunity for all students, if an opportunity exists for students to observe or perform exams then all students must be provided the same opportunity.

CLINICAL SUPERVISION POLICY

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

DIRECT SUPERVISION: A CVT must be present with the student at the procedure table or documentation area while a student is involved in the procedure and with the student and patient while the student is performing a patient care activity.

INDIRECT SUPERVISION: A CVT is available within hearing distance should a student need assistance while performing a patient care activity or procedure but may not necessarily be scrubbed in at the table during a procedure or with student and patient during patient care

activities. The supervising cardiovascular technologist must remain in a location within voice hearing distance of the student should the student need to call out for assistance.

All procedures 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 procedures, patient care activity, and documentation provided by the student.

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. If clinical education facility does not provide surgical scrubs for the student and scrubs are required by the clinical facility, the student will be responsible for purchasing their own scrub 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 Clinical Coordinator or Clinical Instructor.
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 always wear a student identification badge according to the policies of the clinical education provider during participation in clinical education. Students must always represent themselves as students to patients, staff and others. Some sites provide an identification badge, some do not. If your site does not provide a badge, you must wear your college ID badge.

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 cardiovascular 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 times 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 does 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 does 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 CVT 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, Clinical Coordinator, or CVT 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 CVT 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.
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 Clinical Coordinator or CVT Program Director prior to the beginning of their assigned start time. Each Clinical Instructor will have instructions 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 or reporting time and competencies if a hospital computer is not available. 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 cardiac catheterization lab environment.

HEALTH INSURANCE POLICY

It is required that students maintain health insurance coverage while participating in the program. Contact the Program Director for a list of providers, if you currently do not have coverage.

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 Clinical Coordinator or CVT 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

In the event that a student works with a patient who is later diagnosed with TB, the clinical provider notifies the Clinical Coordinator or Program Director. The student will be required to obtain a TB test within a specified range of time. 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 Clinical Coordinator or CVT Program Director by the designated date.

RADIATION SAFETY RULES AND REGULATIONS

In the cardiac catheterization lab setting, students will be subject to exposure of ionizing radiation. In order to track exposure, all CVT students will be given a radiation film badge to be worn at the clinical site when assigned to the clinical area. Students will be responsible for their own badges. If the student loses their badge, it is their responsibility to contact the CVT Program Director immediately for badge replacement. The radiation badge is considered part of the uniform when participating in clinical sites and students should not participate in activities where they are exposed to radiation without the radiation badge monitoring.

Students should follow radiation safety guidelines at the affiliating hospital's radiology department.

These rules include:

CVT students must protect themselves from radiation by staying behind (lead) barriers when not scrubbed at the table, increasing distance away from the primary beam and secondary and/or scatter radiation, using short exposure times, reducing the field of exposure when possible to protect the patient, & wearing of lead apron during any procedure utilizing fluoroscopy is required. Students SHOULD NEVER put themselves in the path of the primary beam for any reason. As Low As Reasonably Achievable (ALARA) principles should be followed at all times. Students should never put themselves in the line of direct radiation.

PERSONNEL RADIATION MONITORING

Purpose: To outline the process for complying with all Nuclear Regulatory Commission (NRC) and State of Michigan Licensing and Regulatory Affairs regulations and to ensure that all students/interns are monitored and that monitoring is done appropriately.

Policy

I. A radiation monitoring badge, will be furnished by GRCC to all students working in areas where ionizing radiation is in use in accordance with the judgment of the radiation safety officer and as required by state and federal regulations.

II. Students will wear the radiation monitoring badge at all times when they are present in the laboratories utilizing ionizing radiation.

III. A record of each monitored student's radiation exposure will be maintained by the radiation safety officer. These records will comply with 10CFR 19 and 20 and State of Michigan Rules for ionizing radiation. Exposure reports are accessible to students and posted in their laboratory areas.

IV. At no time may a student's radiation badge be intentionally exposed to radiation unless being worn properly by that student.

V. Collection and distribution of radiation badges for routine processing will be the responsibility of the Radiation Safety Officer or designee.

VI. Assigned radiation badges shall be worn at all times while working in clinical and lab environments.

VII. Correct placement of monitoring badges – A single body badge should be worn at the neck, outside of the lead apron.

VIII. Radiation badges are changed on a quarterly basis. To facilitate the exchange of badges, they should be stored on the badge board at the end of the monitoring quarter.

IX. The radiation badge is the responsibility of the student. Do not tamper with the badge (example, opening), and report loss or damage to the badge immediately to the radiation safety officer or designee.

X. Do not wear the badge when working at another institution or area of the clinic, as these badges are used to indicate the working conditions of your assigned clinic or laboratory.

XI. Do not wear your monitoring badges if you are receiving ionizing radiation exposure as a patient.

XII. The radiation safety officer should be notified of all new students prior to their placement in clinics or labs utilizing ionizing radiation.

XIII. It is the responsibility of supervisory personnel to see that the above rules are observed and to report radiation protection problems to the RSO.

PREGNANCY POLICY

Ionizing radiation exposure is one of the risk factors in the cardiac catheterization lab, it is highly recommended to take appropriate precautions and self-protective measures when participating in the CVT program. When appropriate protective gear, safety policies, and procedures are utilized, it allows for participation of the pregnant CVT student at their own will. The CDC states that occupational exposure within regulatory limits (less than 50 mGy) is considered relatively safe with minimal risk associated to a pregnant person. This does not include any radiation exposure outside of the occupational area, which may also be a contributing factor.

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 Clinical Coordinator or CVT 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 readmittance 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.
4. If a physician documents physical restriction that does 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 CVT program.
6. The student may elect to withdraw the declaration of pregnancy status at any time.

LABORATORY/CLINICAL GRADING PROCEDURE

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

Percentage	Letter Grade
94-100	A
92-93	A-
90-91	B+
86-89	B
84-85	B-
82-83	C+
77-81	C
75-76	C-
73-74	D+
69-72	D
67-68	D-
66 and below	F

It is important to note that in order to pass classes, students will need to receive a grade of 75% (C-) or higher. You can still earn a grade beyond a C, however, you will not advance in the program. Final grades will not be rounded up. This policy reflects the minimum passing score of 75% for majority of all health program board certification exams.0020

LABORATORY/CLINICAL EDUCATION STAFF

Laboratory or Clinical Instructor: The Clinical Instructor is an RCIS certified Cardiovascular Technologist employed by the clinical education provider and designated as the Clinical

Instructor. They are on-sight at the clinical facility and the “go-to” person for students on a daily basis. Clinical Instructors work with the EPiC Clinical Coordinator or Cardiovascular Technology Program Director to assure student learning outcomes and clinical competency are achieved. They work within the guidelines and process of the Cardiovascular Technology 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.

CVT 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.

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

Program Director: This person serves to support the student, the Clinical Instructor and EPiC Clinical Coordinator to assure student learning outcomes are achieved. The EPiC Program Director is an employee of the EPiC Consortium of colleges and will make periodic visits 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 student, EPiC Clinical Coordinator and the clinical education provider to assure JRCCVT, CAAHEP, and CCI program policies are adhered to. The EPiC Program Director makes certain the EPiC Clinical Coordinator and students are knowledgeable of the program objectives and processes and provides support as they are needed.

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.

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

JRCCVT COMPETENCY ASSESSMENT: The procedure in which a student's performance is evaluated and confirmed. Students are evaluated according to the JRCCVT Core Curriculum Competency requirements.

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

DIRECT SUPERVISION: A Cardiovascular Technologist is present with the student at the sterile field while a student is performing a procedure in the CVT role or 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 procedure for the CVT role, the student must be under direct supervision.

INDIRECT SUPERVISION: A Cardiovascular Technologist is available in the procedure room within hearing distance should a student need assistance while performing a patient care activity or procedure in the CVT role but may not necessarily be present at the sterile field during the procedure or with student and patient during patient care activities. The supervising Cardiovascular Technologist must remain within the procedure room and within voice hearing distance of the student should the student need to call out for assistance.

REPEAT POLICY: If any part of a Cardiovascular Technology exam must be repeated, the student must be under direct supervision by a Cardiovascular Technologist. The Cardiovascular Technologist must be present at the sterile field when the student is repeating the procedure.

COMPETENCY-BASED LABORATORY/CLINICAL EDUCATION

Clinical education is competency based and students will be assessed on defined learning objectives. The JRCCVT and CCI outline the clinical competencies required for all students. Clinical competency requirements are the specific clinical procedures you'll have to demonstrate, either in simulated situations or by providing patient care. The JRCCVT update the requirements based on their practice analysis studies, which show what activities entry-level technologists typically perform in their jobs. At some point during your educational program, you'll have to show that you can perform all mandatory requirements. Mandatory competencies are those most vital to all Cardiovascular Technologists.

THE CLINICAL COMPETENCY ASSESSMENT PROCEDURE

The student begins their clinical education participation by first observing the Clinical Instructor or designated Cardiovascular Technologist while performing patient care activities and procedures gradually evolving from observation to the CVT scrub and documenter roles. As the student acquires a stronger knowledge base of various patient care and cardiac procedures, they 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, cardiac procedure, and aseptic technique. Until competency is confirmed by the Clinical Instructor or Clinical 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 JRCCVT Core Curriculum.

Students will be required to achieve competency of a specified number of procedures each semester. Students will follow the competency requirements set forth by the JRCCVT Core Curriculum. Competency achievement will be monitored by the EPiC Clinical Coordinator or Cardiovascular Technology Program Director and shared with the student.

While a designated Cardiovascular Technologists may assess student competency skills, all clinical competency validation is confirmed by the Clinical Instructors, EPiC Clinical Coordinator or Cardiovascular Technology Program Director and documented only using program designated forms.

Assuring the clinical competency requirements is the joint responsibility of the student, Clinical Instructor and Clinical Coordinator or 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 Clinical Coordinator or Cardiovascular Technology Program Director for grading purposes through Trajecsys, unless otherwise stated. It is strongly encouraged that students maintain records of all submissions, should a form or submission be missed. 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 - JRCCVT CORE CURRICULUM **CLINICAL AND DIDACTIC**

Cardiovascular Technology Core Requirements:

***Indicates a skill that a terminal competency must occur in a clinical setting with a patient.**

CONTENT AREA 1: GENERAL EDUCATION

A. Math

1. Demonstrate knowledge of mathematics relevant to the practice of cardiovascular technology.
2. Apply mathematical computations to solve equations relevant to the practice of cardiovascular technology.
3. Explain appropriate strategies/procedures when solving mathematical problems.

- B. Written and Oral Communication
 - 1. Identify styles and types of verbal communication.
 - 2. Recognize elements of fundamental writing skills.
 - 3. Identify types of non-verbal communication.
 - 4. Recognize barriers to communication.
 - 5. Identify techniques to overcome communication barriers.
- C. Social and Behavioral Sciences
 - 1. Develop an understanding of self and the world by examining the dynamic interaction of individuals, groups, and societies as they change and are shaped by history, culture institutions and ideas.
 - 2. Identify differences among and between individuals, cultures, or societies across space and time.
- D. Computer Science
 - 1. Demonstrate the ability to use computer hardware and applications relevant to cardiovascular education and patient care.
 - 2. Identify computer applications used in health care.
- E. Critical Thinking
 - 1. Define critical thinking.
 - 2. Identify the skills used in critical thinking.
 - 3. Identify the barriers to critical thinking in terms of beliefs, attitudes, feelings, and behaviors.
 - 4. Analyze concepts for problem solving.
 - 5. Demonstrate the ability to draw reasonable conclusions and decisions.
- F. Human Anatomy and Physiology
 - 1. Describe the structural organization of the human body.
 - 2. Identify body systems and describe body planes, directional terms, quadrants, and body cavities.
 - 3. List major organs and identify the anatomical location in each body system.
 - 4. Compare the structure and function of the human body across the life span.
 - 5. Describe the normal function of each body system.
- G. Physics
 - 1. Demonstrate foundational knowledge of general physics principles and concepts, and the application of this knowledge in solving problems in cardiovascular technology.
- H. Microbiology
 - 1. Discuss the role of microbiology and infection control in our society, industry, research, health, and medicine.
 - 2. Identify the major types of pathogens.
 - 3. Explain the relationship between microorganisms and the human host

CONTENT AREA 2: COMPETENCIES IN ALL CONCENTRATIONS

- A. Professional Behaviors
 - 1. ***Show awareness of patient's concerns related to the diagnostic procedure(s) being performed.**

2. ***Show awareness of patient's concerns related to pathologic conditions and the associated functional changes.**
 3. ***Demonstrate cultural awareness when working with patients and other members of the health care team.**
 4. ***Use therapeutic communication when working with aging patients and their caretaker(s)/family.**
 5. ***Use sound judgment and clinical decision making to ensure safety and prevent errors during all therapeutic and diagnostic procedures.**
 6. *** Demonstrates time management.**
 7. ***Adheres to personal hygiene standards.**
 8. Demonstrates initiative by performing tasks without prompting.
 9. Demonstrates confidence by upholding personal choices.
 10. Demonstrates active listening as evidenced by not asking for instructions to be repeated.
 11. Implements alternative communication strategies based on situation.
 12. Demonstrates teamwork by implementing changes to benefit others.
- B. Basic Life Support Skills
1. Cognitive
 - i. Apply knowledge of the electrocardiogram.
 - ii. Obtain BLS certification.
 2. Psychomotor
 - i. Demonstrate Basic Life Support skills.
 3. Affective
 - i. Reflect and promote the importance of a healthy heart and lungs.
- C. Industry Standards and Safety
1. Cognitive
 - i. Discuss industry safety standards and OSHA guidelines related to safety in clinical laboratory.
 - ii. Identify types of work-related musculoskeletal disorders.
 - iii. Demonstrate knowledge of radiation protection and safety by describing:
 1. the proper placement of a dosimetry badge
 2. ALARA principle
 3. how to properly fit lead
 2. Psychomotor
 - i. ***Use effective ergonomics during all therapeutic and diagnostic procedures.**
 - ii. Apply radiation protection and safety principles by:
 1. properly placing the dosimetry badge
 2. applying ALARA principles
 3. properly fitting lead
- D. Ethics
1. Cognitive
 - i. List and explain the patients' rights and safety including:
 1. Informed consent

- 2. Patient Identification
 - 3. Confidentiality
 - 4. HIPAA
 - 5. Patient Bill of Rights
 - ii. Describe the communication that must occur during hand-off
 - 2. Psychomotor
 - i. Communicate appropriate handoff information to a member of the healthcare team during hand-off.
- E. Documentation and the Medical Record
- 1. Cognitive
 - i. Discuss the documentation needed for:
 - 1. Preprocedural activities
 - 2. Postprocedural activities
 - 2. Psychomotor
 - i. Complete appropriate documentation for:
 - 1. Preprocedural activities
 - 2. Postprocedural activities
 - ii. Protect the integrity of the medical record.
 - 3. Affective
 - i. ***Show respect for confidentiality of the medical record**
- F. Preprocedural Activities
- 1. Cognitive
 - i. Discuss the importance of reviewing physician orders.
 - ii. State the rationale for identifying patient allergies.
 - iii. Define informed consent.
 - iv. Identify pre-procedural teaching that is required for the procedure.
 - v. Define procedural time-out.
 - vi. State the rationale for using sterile technique.
 - 2. Psychomotor
 - i. ***Identify orders that need clarification and communicate with the ordering provider.**
 - ii. Perform pre-procedural teaching.
 - iii. Obtain informed consent.
 - iv. Maintain sterile technique during all preprocedural activities.
- G. Infection Control
- 1. Cognitive
 - i. Define Standard Precautions.
 - ii. Discuss isolation procedures used to prevent transmission of infections.
 - iii. Identify personal protective equipment (PPE) used for specific barriers.
 - 2. Psychomotor
 - i. Demonstrate proper hand-washing techniques.
 - ii. Select PPE for various categories of precautions and isolations.
 - iii. Demonstrate proper procedures for donning and doffing PPE.
 - 3. Affective

- i. Sinus
 - ii. Atrial
 - iii. Junctional
 - iv. Heart blocks
 - v. Ventricular
 - vi. Paced
 - 8. Synthesize diagnostic measures for specific arrhythmias.
 - 9. Identify eccentric and concentric conduction patterns during an EP study.
 - 10. Correlate cardiac vectors, anatomy, and the 12-lead ECG.
 - 11. Discuss and relate the etiology of cardiac disease with clinical and procedural data.
 - 12. Explain pathophysiology of heart failure.
 - 13. Identify arrhythmias and describe the mechanism of each.
 - 14. Identify indications, risks, and complications of cardiac electrophysiology procedures.
 - 15. Choose the most appropriate cardiac device given specific indications.
 - 16. Compare cardiac resynchronization to pharmacological therapy in the treatment of tachyarrhythmias.
 - 17. Correlate syncope in structural and non-structural heart disease with treatments.
 - 18. Explain the concepts of ablation physics.
 - 19. Differentiate between 3-D mapping technologies.
 - 20. Correlate specific electrophysiologic properties with procedural endpoints of different pathologies.
- B. Psychomotor
- 1. Obtain and analyze data from 12-lead ECG.
 - 2. Evaluate device settings using specific analyzers/programmers.
 - 3. *Assemble appropriate tools and equipment for specific EP procedures.**
 - 4. *Demonstrate proper scrubbing for procedures in the EP lab.**
 - 5. Perform a diagnostic EP study using a pacing simulator.
 - 6. Measure basic intervals on the intracardiac EGM.
 - 7. *Disassemble and dispose of equipment and supplies in a safe and efficient manner.**
- C. Affective
- 1. Integrate cultural sensitivity into the care provided and into interactions with others.

CONTENT AREA 4: INVASIVE CARDIOVASCULAR TECHNOLOGY

- A. Anatomy and Physiology
 - 1. Cognitive
 - i. Identify:
 - a) Cardiac chambers and concomitant septa
 - b) Valvular anatomy and accompanying apparatus
 - 1. Central

- 2. Peripheral
 - c) Arterial and venous circulation
 - 1. Central
 - 2. Peripheral
 - d) Coronary artery anatomy and distribution
 - e) Relationship between cardiac chambers and great vessels
 - ii. Describe the structure and function of:
 - a) Cardiac chambers and concomitant septa
 - b) Valvular anatomy and accompanying apparatus
 - c) Arterial and venous circulation
 - 1. Central
 - 2. Peripheral
 - d) Coronary artery anatomy and distribution
 - e) Relationship between cardiac chambers and great vessels
 - f) Sympathetic and parasympathetic nervous system
 - iii. Describe cardiovascular circulation.
 - iv. Analyze components of the Wigger's diagram.
 - v. Identify coronary artery physiology including:
 - a) Coronary perfusion pressure
 - b) Determinates of coronary flow
 - c) Microcirculation and autoregulation
 - vi. Discuss the mechanism by which the kidney regulates blood pressure.
2. Psychomotor
 - i. Manipulate the imaging equipment to obtain appropriate views of the:
 - a) Cardiac chambers and concomitant septa.
 - b) Valvular anatomy and accompanying apparatus
 - 1. Central
 - 2. Peripheral
 - c) Arterial and venous circulation
 - 1. Central
 - 2. Peripheral
 - d) Coronary artery anatomy and distribution.
 - e) Relationship between cardiac chambers and great vessels.
 - ii. Select and prepare the appropriate equipment for cardiac hemodynamic measurements.
- B. Perioperative Patient Management
 - 1. Cognitive
 - i. Describe the activities included in preparing a patient for a procedure.
 - ii. Discuss the activities and purpose of a time out.
 - iii. Recognize cardiac monitoring activities that occur during the procedure.
 - iv. Describe postprocedural care activities.
 - v. Recognize complications associated with cardiovascular procedures.
 - vi. Discuss the signs and symptoms of compromised respiratory status.
 - vii. Discuss electrophysiology including

- a) The ECG waveform
 - b) Identifying cardiac rhythms
 - c) Identifying ECG changes associate with physiological events
 - d) The electrical pathway of the heart
 - e) Recognizing ECG artifacts
 - f) The cardiac action potential
2. Psychomotor
- i. ***Prepare a patient for the procedure.**
 - ii. Perform time out.
 - iii. ***Monitor the patient and respond appropriately during the procedure.**
 - iv. Perform postprocedural care.
 - v. Respond to patient emergencies that occur during cardiovascular procedures.
 - vi. Establish a patient airway and apply supplemental oxygen.
 - vii. Perform a 12-lead ECG.
- C. Radiation physics, biology, and safety
1. Cognitive
- i. Identify the X-ray tube components and imaging chain
 - ii. Describe radiation
 - a) Production
 - b) Units
 - c) Physics
 - iii. Discuss the biological effects of radiation.
 - iv. Discuss intraprocedural strategies to protect patients and personnel from radiation (Example: shielding, collimation, and magnification).
 - v. Identify technical strategies to reduce radiation dose (Example: reduce pulse rate).
 - vi. Identify strategies to reduce exposure to radiation including
 - a) ALARA
 - b) Sentinel event
2. Psychomotor
- i. Position a patient in relation to the imaging equipment
 - ii. Operate the fluoroscopy x-ray machine
- D. Diagnostic and Interventional Procedures
1. Cognitive
- i. Describe safety procedures for the hospital/cardiovascular catheterization including:
 - a) Regulatory compliance
 - b) Procedure room prep
 - ii. Describe the equipment used during a cardiac cath, including:
 - a) Disposable
 - b) Non-disposable
 - iii. Describe aseptic technique used in the cath lab.
 - iv. Identify proper patient positioning for safety during the procedure.

- v. Identify the areas used for percutaneous access
 - a) Femoral
 - b) Radial
- 2. Psychomotor
 - i. Safely transfer a patient from the procedure table to a stretcher.
 - ii. Perform safety checks on equipment in the procedure room (Example: crash cart).
 - iii. Select and obtain equipment needed for the procedure table.
 - iv. Maintain sterile technique while preparing the table.
 - v. Position and secure a patient for an invasive cardiovascular procedure.
 - vi. Palpate the patient's pulse and position appropriately.
- E. Cardiovascular Diseases, Assessment and Treatments
 - 1. Cognitive
 - i. Discuss the:
 - a) Pathologies
 - b) Complications
 - c) Etiologies
 - d) Signs and symptoms
 - e) Treatment of cardiovascular diseases (Example: CAD, STEMI, cardiomyopathies, athlete's heart)
 - ii. Discuss the types of percutaneous coronary interventions (PCI) (Example: angioplasty, atherectomy, thrombectomy, laser, fibrinolytic).
 - iii. Discuss the use of supportive devices (Example: LVAD, balloon pump, embolic protection).
 - iv. Describe the different types of structural heart repair and replacement (Example: TAVR, TMVR, valvuloplasty, PFO/ASD/PDA/LAA closure)
 - v. Discuss the transeptal route and what devices use it (Example: PFO, ASD, PDA, LAA closure).
 - vi. Discuss the indications for pericardiocentesis (Example: perforated coronary artery, cardiac tamponade, pericarditis).
 - 2. Psychomotor
 - i. Use a case study to identify the
 - a) Pathologies
 - b) Complications
 - c) Etiologies
 - d) Signs and symptoms
 - e) Treatment of cardiovascular diseases (Example: CAD, STEMI, cardiomyopathies, athlete's heart)
 - ii. Select the correct equipment needed for each procedure (Example: guide catheter, wire, balloon, stent).
 - iii. Select the correct supportive device that provides optimal treatment for the patient's situation.
 - iv. Select the equipment required for a procedure based on the patient's diagnosis.

- v. Select the repair devices that use the transeptal route.
 - vi. Select the correct equipment needed for a pericardiocentesis.
- F. Pharmacology
1. Cognitive
 - i. Discuss the concepts of pharmacokinetics and the pharmacodynamics as they relate to drug response and disposition of the cardiac diseases.
 - ii. Define indications and contraindications for medications used in the management of cardiac diseases.
 - iii. Describe the mode of action of medications used in the management of cardiac diseases.
 - iv. Discuss the calculation required for administration of medications
 - v. Explain the Mallampati classification
 - vi. Discuss the proper way to chart the administration of medications used in cardiac diseases
 2. Psychomotor
 - i. Monitor vital signs (Example: SpO₂ and ETCO₂, activity, respiration, circulation, consciousness, skin color) and calculate the Aldrete score.
 - ii. Select appropriate route of administration (Example: intracoronary, IV bolus, or IV drip).
 - iii. Calculate the amount of medication to administer based on the concentration and dosage ordered.
 - iv. Evaluate the patient's airway and determine the Mallampati classification.
 - v. Communicate with the team medication administration and route.
 3. Affective
 - i. Demonstrate cultural awareness when working with patients.
 - ii. Show awareness of a patient's concerns related to pathologic conditions and the associated functional changes.
- G. Congenital/Pediatrics
1. Cognitive
 - i. Discuss fetal circulation and transition at birth.
 - ii. Identify the normal anatomical fetal shunts from a diagram of fetal circulation.
 - iii. Describe the congenital anomalies of the heart.
 - iv. Discuss the surgical and palliative treatment for congenital cardiac anomalies.
 - v. Compare adult and pediatric catheterization techniques.
- H. Electrophysiology
1. Cognitive
 - i. Describe the types of implantable devices (Example: permanent pacemaker, implantable cardioverter defibrillator, bi-ventricular pacemaker).
 - ii. Discuss the indication and contraindications for cardioversion.
 2. Psychomotor

- i. Identify and select a specific implantable device.
 - ii. Select and prepare the equipment used during a cardioversion.
- I. Hemodynamics
 - 1. Cognitive
 - i. Recognize normal hemodynamics of the heart (Example: parts of pressure waveforms, vascular resistance).
 - ii. Describe the function of a transducer.
 - iii. Describe the process of preparing a bubble free transducer
 - iv. Discuss the purpose of advancing and withdrawing a catheter across a valve.
 - v. Describe abnormal pressures in various cardiac diseases.
 - vi. Describe the types of hemodynamic calculations (Example: Fick equation, MAP, shunts)
 - 2. Psychomotor
 - i. Identify systole and diastole when viewing a pressure waveform.
 - ii. Flush a transducer with fluid to remove all the air.
 - iii. When viewing a waveform, identify the cardiac chambers and vessels.
 - iv. Calculate the pressure gradient across the valve.
 - v. Use a pressure waveform to identify a cardiac disease
 - vi. Given a case study, identify and select the clinical components required to calculate various hemodynamics.
 - 3. Affective
 - i. Show awareness of a patient's concerns related to pathologic condition.

CREDENTIALING INSTITUTION REQUIREMENTS FOR EXAM ELEGIBILITY

According to the CCI prerequisite requirements for examination, individuals graduating from a specialty program, such as this one, will be eligible by two ways:

- 1.) Graduate from a programmatically accredited program.
- 2.) Graduate from a non-programmatically accredited program that includes a minimum of 800 clinical hours in the specialty in which the examination is being requested.

CLINICAL ROLE DEFINITIONS

OBSERVATION ROLE: Student who has not met the CVT scrub, documenter, or circulator criteria. The student is observing the case in a sterile or nonsterile role.

CARDIOVASCULAR TECHNOLOGIST (CVT) SCRUB: Student who is scrubbed into the sterile field and assisting the physician at the procedure table. This student may be dependent or independent of an assisting CVT at the procedure table based on experience and readiness.

DOCUMENTER: Student who is participating in documentation of the clinical procedure including, but not limited to, procedure log, recording and monitoring vitals, transferring angiographical films and pictures, etc.

CIRCULATOR: Student who is participating in procedural preparation and getting equipment when needed throughout the procedure.

FORMS

STUDENT PROFESSIONAL GROWTH ASSESSMENT FORM

<p>INSTRUCTOR GUIDELINES FOR COMPLETION</p> <p>MID-TERM REVIEW (Informal) 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 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.
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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

Teamwork: 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 student's 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

Program Director Date

**Signature indicates all parties in agreement.

DECLARATION OF PREGNANCY FORM

LETTER FOR DECLARING PREGNANCY

The following form is required in declaring pregnancy:

DECLARATION OF PREGNANCY

TO: Program Director

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 Cardiovascular Technology 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 Cardiovascular Technology Program officials and the affiliating clinical education providers governing my conduct throughout my enrollment in the Cardiovascular Technology program.

Student Signature

Date

Print Name

.....

CONFIDENTIALITY/HIPAA STATEMENT

I have received, read and understand the Confidentiality/HIPAA Policy defined by the EPiC Cardiovascular Technology Program officials and the information contained within this 2022-2023 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 (EPiC) Consortium

In signing this document, I agree to allow faculty, administrators and support staff of the 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 four member colleges are as follows:

- Grand Rapids Community College (Host)
- Kellogg Community College
- Lake Michigan Community College
- Mott Community College
- Muskegon Community College

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

PRINT NAME

SIGNATURE

DATE

PHOTO/VIDEO/AUDIO/INTERVIEW COMMENT RELEASE
Educational Programs in Collaboration (EPiC) Consortium

I hereby grant permission to the Educational Programs in Collaboration (EPiC) Consortium member colleges; Grand Rapids Community College, Kellogg Community College, Lake Michigan Community College, Mott Community College, and Muskegon Community College to use my image and/or voice in photograph(s), video or audio recording in any of its publications, on any of its instructional online 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 Cardiovascular Technology 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 involved 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 Cardiovascular Technology program.
- E. I further agree to maintain confidentiality with regard to all examinations, including lab evaluations, I take during the Cardiovascular Technology program.

Signature

Print Name

Degree-granting Institution

Date

EMPLOYER CONTACT RELEASE

Upon completion of the Cardiovascular Technology program and after obtaining employment in the field of Cardiovascular Technology, 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 Cardiovascular Technologist. This is intended as a reflection of the program, not me as an individual. This information is used to determine if the program is successfully preparing students to work in the healthcare environment as a Cardiovascular Technologist. The request to my employer shall be made within one year of my graduation date.

Print Name

Student Signature

Date