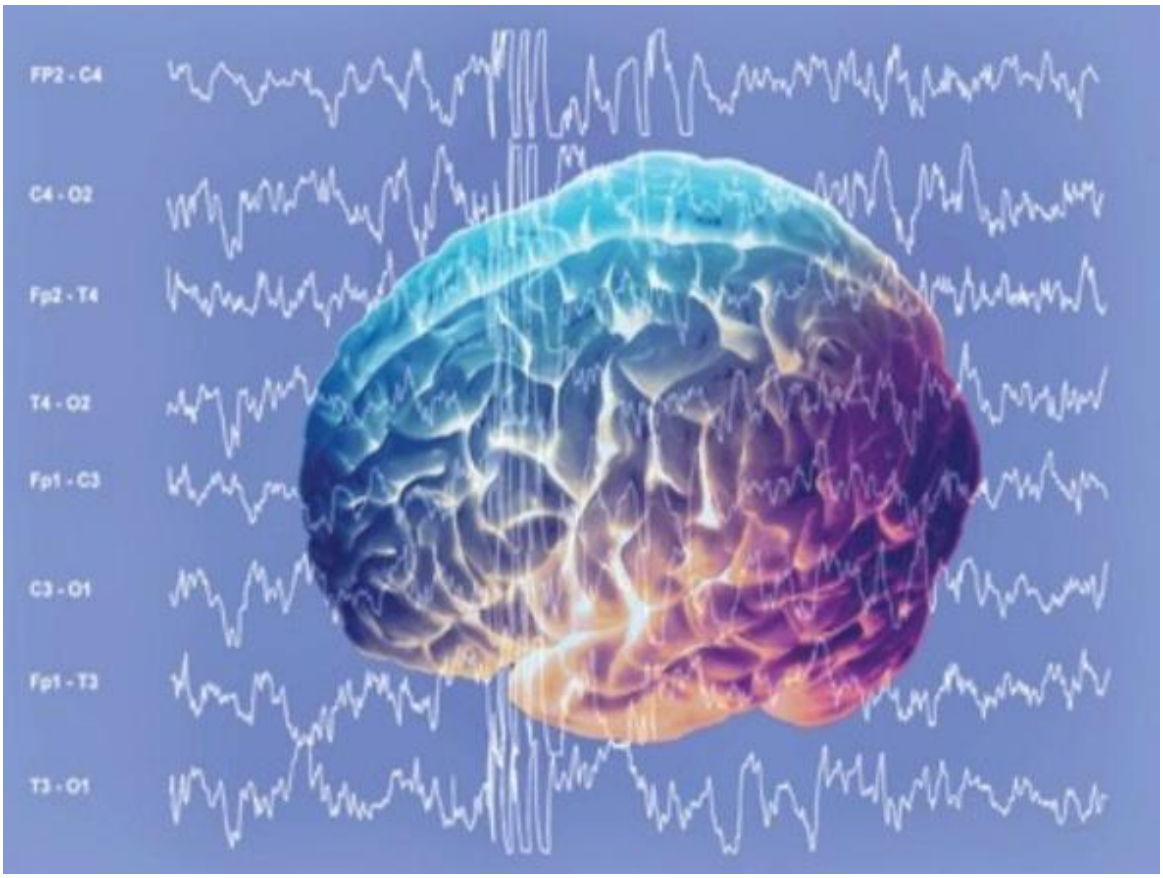
Neurodiagnostic Technology

Student Handbook

2023-24



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OVERVIEW

Neurodiagnostic Technologists are highly skilled, and highly sought-after medical professionals. Their specific skill set, and level of professionalism is what really sets them apart from other healthcare professions. Although there are several modalities that a neurodiagnostic technologist can specialize in, recording electroencephalograms is what they are most known for.

This program will focus on training neurodiagnostic technologists how to apply cranial surface electrodes, and how to record an electroencephalogram. Upon completion of this program, students should feel confident and ready to take and pass the national registry board exams. A passing score will earn them the designation of R.EEG T.

This program adapts to several different learning styles with classes that are online, in college campus labs, and rotating hospital internships. Students are given opportunities to learn and ask questions in multiple settings. Hands on learning and direct contact with our neurologist, Dr. Mounzer Kassab make this program unique and optimal for success.

Neurodiagnostic Technology Program Goal

To prepare competent entry level neurodiagnostic technologists in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

EPiC Goals for Neurodiagnostic Technology

1. To provide our students with open access and a supportive environment that encourages student success in the classroom, laboratory, and on the externship site.

2. Students will demonstrate a professional attitude, values and behaviors necessary for professional success.

3. Students will demonstrate critical thinking and communication skills as responsible members of the health care team.

4. Graduates of the program will be well prepared to successfully complete the ABRET certification examination.

STATEMENT OF PROFESSIONAL ETHICS

Neurodiagnostic technologists, as members of an allied health profession, must strive as individuals and as a group to maintain the highest of professional and ethical standards. The following statements are standards to guide neurodiagnostic technologists in their professional activities. These standards are not laws but are Codes that are fundamental to responsible delivery of patient care.

In performing their professional activities, neurodiagnostic technologists shall:

- Act in the best interest of the patient, keeping the health and safety of the patient in mind at all times.
- Obtain appropriate education and expand their knowledge and skills by actively pursuing continuing education opportunities and committing themselves to life-long learning.
- Perform only those procedures or functions in which they are independently competent and that are within their scope of practice.
- Maintain professional integrity by avoiding circumstances where there may be compromise of professional conduct or where incidence of fraud, deception, and conflict of interest may arise.
- Respect human dignity by providing services and interacting without discrimination with regard to race, culture, sex, age, disability, religious belief, socio-economic status, disease process, or any other basis.
- Maintain confidentiality and divulge no information that is of a sensitive nature relating to the patient, family, or situation, disclosing information only according to policy or as required by law.
- Assess situations, exercise care and discretion, exhibit judgment, and accept responsibility for professional decisions, while providing the highest quality patient care.
- Establish collaborative relationships with colleagues as members of the healthcare team, support the neurodiagnostic profession, and maintain a positive public image.

Additionally, it is recommended but not required, that all technologists demonstrate and maintain their professional competence by completing national examinations for registration or certification and maintain their professional credentials as required.

Adopted by ASET's Board of Trustees
August, 1999
Modified August 2003

CLINICAL EDUCATION ACCESS REQUIREMENTS

Students will be expected to attend clinicals during 2nd and 3rd semester. 2-8-hour shifts are to be completed each week.

1. Students will be required to undergo a physical examination, immunizations, fingerprinting, a drugscreen, criminal background check, and all other clinical site requirements **prior to** and potentially during clinical placement according to the neurodiagnostic technologist program policies as required by affiliating clinical education providers. Costs associated with meeting these requirements will be the student's responsibility.

2. Students will be required to maintain certification in American Heart Association Healthcare Provider CPR according to NDXT Program policies as required by affiliating clinical education providers during enrollmentin the clinical education courses. CPR certification costs will be the student's responsibility.

3. Students must pass their final check-off in NDXT 120 with a passing time of <45 minutes and an accuracy score of 76% or higher. Students who are not satisfied with their last check off score may arrange a retake final check off.
    - Students wishing to retake their final check off must email their request to their instructor by 3:00pm the Friday following the last check off.
    - Retake finals will be scheduled before the next lab and will take place at LCC. Students will be assigned a time based on room and instructor availability.
    - The better of the two scores will apply to the student's grade.
    - Students requesting a retake final may be required to be the model for another student's retake final. If an odd number of students request a retake and no staff is available to model, the student may be required to provide a model at the instructor's request. If a student or staff member is available, students will not be allowed to provide their own model.
    - **Failure to pass the final check off and the retake check off will result in dismissal from the program.**

4. Students will be required to adhere to the uniform and personal appearance code according to NDXT Program policies as required by affiliating clinical education providers during enrollmentin the clinical education courses.

5. Students are required to follow college institution and clinical site PPE requirements. Students that are unable to comply with PPE requirements will not be allowed to continue in the program.

COMPLETION REQUIREMENTS

1. There are 30 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 certificate or degree granting college.

3. Application to complete the registry examination administered by ABRET is granted only if the student fulfills all academic and clinical criteria established by ABRET, the EPiC Consortium and the certificate or degree granting college. Please refer to the ABRET Registry Handbook or contact ABRET for eligibility requirements.

4. Individuals will be required to answer background questions on their ABRET registry exam application to determine their eligibility to take the exams. Applicants will be asked the following questions on their application:
   Have you ever been found to have committed negligence or malpractice related to your professional work?
   Is a disciplinary review pending against you before a governmental regulatory board of a professional organization other than ABRET?
   Are there any criminal charges pending against you?
   Have you ever been convicted of a crime? This includes (but not limited to) rape, sexual abuse of a patient or child, actual or threatened use of a weapon or violence, and prohibited sale, distribution, or possession of a controlled substance.

   If you answer "yes" to ANY question, you must submit a letter of explanation. ABRET will review this information and determine whether you are eligible for registry.

   Students are strongly encouraged to consider the effects these background questions could have on their ability to become registered 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 registry exam. ABRET application requirements may be subject to change without notice. For the most up to date requirements and more information, visit abret.org.

5. A student must complete and pass all clinical access requirements as determined by clinical education providers. These include, but are not limited to, health-related evaluations, criminal background check(s), drug screening and additional orientation training. Failure to successfully pass any of these requirements will require that the student withdraw from the NDXT Program.

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

7. Per ABRET requirements for board completion, 50 documented, independently recorded EEG's must be completed during clinical assignment. If the student has less than 50 documented, independently recorded EEG's, it is their responsibility to make arrangements with their clinical site to record additional studies prior to graduation.

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 directly 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, and any other individual 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 to indicate their understanding of this policy. Clinical providers often have a separate confidentiality form for students to sign.

ACCESS TO RECORDS

Pursuant to the Family Education Rights and Privacy Act of 1974, (FERPA) as amended, any person who is or has been in attendance at a EPiC Consortium member college shall have the right to inspect and review any and all education 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

There will be serious academic consequences if you are suspected of cheating, fabricating, facilitating academic dishonesty, or plagiarizing. The incident will be documented and reported to the academic chair and/or program EPiC Consortium Executive Dean for disciplinary actions up to and including course, program, or college expulsion.

AMERICANS WITH DISABILITIES ACT AND SECTION 504 of the REHABILITATION ACT

Americans with Disabilities Act of 1990 and as amended in 2008 and Section 504 of the Rehabilitation Act of 1973: The EPiC Consortium does not discriminate in the admission or treatment of students on the basis of disability. The EPiC Consortium is committed to compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

REMEDIATION

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

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 EPiC Consortium Executive Dean. The need and process for re- mediation 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 NDXT 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. Failure to pass the final check off in NDXT 120 with a <45-minute time and >76% score on accuracy.
3. Violation of policies set forth by the clinical education provider or the EPiC consortium program.
4. Violation of the code of conduct set forth by the clinical education provider or the EPiC consortium program.

DUE PROCESS

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

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

The following offenses represent situations that are unacceptable 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 VIOLATIONIN THIS LIST OF OFFENSES WILL RESULT 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 clinical site.
3. Disclosing confidential information about any patient, student, or hospital employee without proper authorization.
4. Immoral, indecent, illegal, or unethical conduct on clinical site 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.
11. No call/No show.

GROUP II

First 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.

Second 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 EPiC Consortium Executive Dean.
3. Students desiring to contest the alleged offense and disciplinary action must submit to the program EPiC Consortium Executive Dean 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 EPiC Consortium Executive Dean 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 NDXT 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 CAAHEP and ABRET.

PROGRAM READMISSION

Students who are dismissed or who voluntarily withdraw from the program may qualify for readmission.

Readmission into the NDXT 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.
4. Previous enrollments. A student is only eligible for one readmission to the program.

Students requesting readmission must submit their request in writing to the NDXT EPiC Consortium Program Director. The decision to be readmitted will be made by the EPiC Consortium Executive Dean and NDXT EPiC Consortium Program Director in agreement with the Consortium Governance Council. The student must also meet the application requirements of their degree granting college.

RE-ADMITTED STUDENTS

Students readmitted to the program must meet all program requirements at the time of readmittance and all clinical requirements before attending clinical courses.

Students will have to repeat any course where they did not achieve a 76% or higher.

Readmitted students will have to demonstrate clinical competence for the courses they have successfully completed before continuing on to the next clinical course. This is to ensure the student has maintained the clinical skill necessary for working with patients.

Clinical competence for admission to:

- **NDXT 220** will be determined by successfully completing a NDXT 120 check off within 60 days of starting NDXT 220. After two failed attempts the student will need to repeat NDXT 120 to continue on. The student should be aware this would delay their progress in the program when determining whether to repeat NDXT 120 in the fall.
- **NDXT 221** will be determined by successfully completing the last check off from NDXT 220 AND the NDXT 220 final exam. This must be completed within 60 days of starting NDXT 221.

DIDACTIC SPECIFIC POLICIES & PROCEDURES

DIDACTIC COURSE GRADES

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

Students are responsible for monitoring 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 NDXT 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.

DIDACTIC COURSE PARTICIPATION

Class participation is required given the delivery method of the course and the amount of informationthat must be covered as defined by the NDXT Program content requirements. **The student is expected to participate in all class discussions and provide feedback to their classmates.** In order to be successful in the class, the student should read the required material prior to answering the discussion questions as well as review all supplemental material provided.

Students are also encouraged to answer their fellow classmates' questions in discussion boards, as this will further the discussion of the material.

Students are expected to check their emails every 48 hours (at minimum). Due to the delivery of the program, important program announcements and/or assignment instructions may be emailed**. It is also expected that if the instructor emails a question that the student responds within 2 business days. A student's LCC email address will be used for all course and program communications.**

All student emails will be answered within two business days.

DISCUSSION BOARDS

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.

DB assignments are released on Mondays.

Initial post, your response to the prompt, is due by Thursday 11:59pm. Initial response posts must be a minimum of 150 words.

Responses to 2 classmates due by the following Monday-11:59pm. Students will be expected to respond to two of their classmates throughout the week, providing them with either feedbackor additional information related to their response. Points will be deducted for responses that do meet the minimum word requirement or do not add to the course discussion. Answering with a response of "I agree or disagree" will not count towards the student's participation points. Also, comments like "Great job" are nice, but do not count in the word count. Responses must be at least 50 words in length.

DISCUSSION BOARD POSTING SCALE

10 Points	7 Points	5 Points	2 Points	0 Points
Initial posting consists of 150 words or more, provides a substantial response to the question and the student responds to two other classmates during the week.	Initial posting consists of 149 - 100 words, provides a fair response to the question and the student responds to two other classmates during the week.	Late initial posting that meets all other criteria for 10 points and the student responds to two other classmates during the week.	Late initial posting that meets all other criteria for 10 points, does not respond to two other classmates during the week.	The posting is not related to the question and does not respond to two other classmates during the week.

*Initial post made on time, but 0 responses to classmates 8-point deduction.

*Initial post made on time, but only responded to one classmate 6-point deduction.

*Because the purpose of the assignment is to interact with your classmates, posts made after the response due date will not be graded.

ASSIGNMENT AND EXAM POLICY

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

Papers are expected to be completed in Word with 12pt font, double spaced. Proper grammar and essay format are expected.

Please note that this program requires practice measuring/marking and applying electrodes at home. It will begin with using mannequin heads but will change to practice on human models. Students will be expected to find their own models.

LATE WORK POLICY

Students will be expected to turn in assignments by the due date. Failure to turn in assignments or complete exams by the due date will result in a 10% deduction for the first late submission, 20% for the second, **after which all late submissions will receive a 25% deduction**. All late submissions must be turned in within one week of the original due date and before the due date of the final exam to receive partial credit.

Please note, there may be less than a week between a due date and the due date for a final exam in a course. In these cases, the late work must be turned in before the due date for the final exam.

There are 2 EXCEPTIONS to the late work policy:

The late work policy does not apply to discussion board assignments. Post made after the due date for the responses will not be graded. The grading rubric addresses late initial posts made before the response due date.

The late work policy does not apply to the ACEMAPP clinical requirements due in NDXT 120. Late submission of the clinical requirements delays clinical site assignments. All requirements must be turned in by the due date to receive points. Further, all requirements must be meet before the student will be assigned a clinical site.

LABS

Participation in labs is mandatory and student attendance is expected. Absences must be excused by the instructor for the student to make up missed points. Excused absences will only be granted in cases of illness, emergencies or circumstances entirely outside of the student's control. The student should be prepared to provide documentation of the reason for absence upon instructor request. Absences are considered excused at the instructor's discretion.

Examples of excusable reasons for absences include; serious or contagious illness, serious injury, death in the student's immediate family or subpoenaed court appearances.

Examples of reasons that would not be considered an excused absence include, but

aren't limited to, routine medical or dental appointments, personal days, vacations, childcare issues, transportation issues or conflicting work schedule.

Due to the hands-on nature of the material covered in lab, virtual attendance is not offered and the lessons will not be repeated outside of regularly scheduled labs. Students will be responsible for all handouts and information missed. There are 8 in person labs in the fall semester and 4 in the summer semester.

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. Office hours will be listed in the course syllabus.

CLINICAL SPECIFIC POLICIES & PROCEDURES

Students are accountable to all policies and procedures of the clinical education provider to which they are assigned. The policies listed in this handbook are program-related policies that encompass issues not addressed by the clinical education provider. Students must adhere to both clinical provider policies and program policies.

Students cannot be compensated for clinical hours unless they are part of an apprenticeship or an employer sponsorship.

CLINICAL ASSIGNMENT POLICY

Student schedules and clinical sites will be determined by the NDXT 220 and 221 Instructor and Clinical Education Provider to align student competency needs with the NDXT procedure/exam schedule. Students **do not** get a choice in their clinical site location. Students can expect to spend approximately 16 hours a week (not including travel time or lunch breaks) participating in clinical education. Students may be expected to travel up to 200 miles to their clinical site. Students should also be aware their clinical assignment may change if a clinical site is no longer able to take a student. Students are not required to participate in assigned clinical hours before 5:00 am or after 7:00 pm and will be scheduled Monday through Friday. Scheduled didactic and clinical hours combined will not exceed forty (40) hours per week. Hours exceeding these limitations must be voluntary by the student. **Students are required to contact their clinical site 2 weeks prior to set up parking arrangements, confirm shift time, and clarify if there are any additional expectations from their site (site orientation, additional paperwork/site training).**

Employer requested clinical rotation assignment changes must be approved by the program director and will be considered when the following conditions are met:

1. The student has been hired by an existing clinical partner.
2. The hiring clinical partner requests the student be reassigned to their site for a rotation(s).
3. The reassignment does not displace another student for a clinical rotation.
4. The reassignment occurs before the start of the rotation. Students cannot leave a rotation they have already started out of respect for our clinical partners.
5. The student will still be supervised by a preceptor within hearing distance of the student during their clinical hours (2, 8 hour shifts a week). Students will also be given time to complete assessments for their clinical course(s) during this time.

6. The student agrees to the reassignment.

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:
    - The EPiC Consortium Neurodiagnostic Technology Program works with various third-party health care clinical sites to give students opportunities to participate in the clinical assignments required to complete their health career education. Some of these third-party healthcare providers require all employees, contractors and students to have proof they have received all vaccinations required for that site. Students must rotate through clinical sites to complete the program. They are required to meet the strictest of our third-party healthcare clinical site requirements so they are able to rotate through all sites. Students who have not received all required vaccination will lose the opportunity to participate in clinical requirements, which may delay or prevent graduation.
    - Applicants admitted to the program shall be required to present evidence, in the form of certification by a licensed healthcare provider, that the applicant has been immunized against tuberculosis, measles, rubeola, rubella, tetanus, diphtheria, pertussis, hepatitis B, Varicella, influenza, COVID-19 and other immunizations as required.
    - Some immunizations require multiple injections to complete the series. Failure to complete the **entire** series before the end of the first semester will prevent you from attending clinicals. Consult with your healthcare provider for information on vaccine schedules.
- Negative TB test
- Criminal Background Checks
- Drug Screens
- Maintenance of Healthcare Provider level CPR

***All of the above information will be submitted in ACEMAPP by the due date specified in the syllabus. Students who fail to submit the required information will not be permitted to participate in clinical rotations, resulting in dismissal from the program.

The EPiC Consortium Executive Dean and NDXT EPiC Consortium Program Director will provide direction to students to assure clinical access compliance. **Cost incurred is the responsibility of the student-see list of potential out of pocket costs.**

CLINICAL SUPERVISION POLICY

Students are required to be under direct supervision of the Clinical Instructor, physician or designated supervising technologist at all times while engaged in patient care activities or NDXT procedures until competency is confirmed by the Clinical Instructor or EPiC Consortium Executive Dean, at which time, indirect supervision may be imposed. The clinical instructor must be an ABRET Registered EEG Technologist.

DIRECT SUPERVISION: A NDXT Technologist is present with the student while a student is performing an electroencephalogram.

INDIRECT SUPERVISION: A NDXT Technologist is available within hearing distance should a student need assistance while performing an electroencephalogram, but may not necessarily be in the room during the recording. The supervising NDXT technologist must remain in a location within voice hearing distance of the student should the student need to call out for assistance. All electroencephalograms and associated documentation and, all patient care records that are completed by a student regardless of level of competency must be reviewed and initialed by the Clinical Instructor, physician or supervising technologist. In other words, a technologist must assume the responsibility for all imaging exams, patient care activity, and documentation.

CLINICAL DRESS CODE POLICY

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

1. Students will adhere to the dress code of the clinical education provider to which they are assigned. Students are responsible for the purchase of required uniforms, which will be solid pewter scrubs with clean, comfortable, closed toe shoes.
2. Hair will be kept neat. If a student's hair touches their shoulders, it should be pulled back.
3. Jewelry will be kept to a minimum. One ring per hand, one necklace, and one single pair of earrings will be allowed. No facial jewelry or visible tattoos.
4. Students are expected to take responsibility for their personal hygiene.
5. Students will adhere to any additional dress code requirements of their clinical site. (ex: no nail polish)

IDENTIFICATION POLICY

Students must wear a student identification badge **both in lab and at their clinical site**. Students may be required to wear an additional site-specific badge as well. Students must always represent themselves as students to patients, staff and others.

CLINICAL ATTENDANCE POLICY

The opportunity to participate in clinical education is a privilege and students are expected to practice the same exemplary work ethic with clinical education attendance as they would if it were their employment post-graduation. Besides being crucial in developing the necessary knowledge and competence of the successful NDXT technologist, clinical education offers the student an opportunity to showcase a favorable work ethic important to potential employers. Students are expected to report to clinical education on the scheduled days and time and, remain for the duration of the scheduled time. In other words, arriving late and/or leaving earlyconstitutes absenteeism. Clinical schedule adjustments are not permitted without approval from the program NDXT EPiC Consortium Program Director. Please note that rotation days and times may vary from site to site. Also note that your clinical site may be up to 200 miles from your home.

Day 1 missed: no consequences to the final grade.
Day 2 missed: final grade reduced by 0.5
Day 3 missed: final grade reduced by additional 0.5
Day 4 missed: final grade reduced by additional 0.5
Day 5 missed: final grade reduced by additional 0.5

3 late arrivals, 3 early departures or ½ day absence is equal to one full absence.

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

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

This list represents examples that may warrant a clinical absence. This list is not all inclusive, and still counts as an absence.

- illness or injury of the student
- Hospitalization of a student's immediate family member
- 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

Absences for the reasons listed above may be considered excused absences at the instructor's discretion. Documentation of your reason for absence will be required. Excused absences will be made up at the student's clinical sites if possible. If a site cannot accommodate make up days, up to two days of clinical time can be made up with written and in person work. No more than 2 absences can be made up a semester.

This list provides examples of circumstances that would NOT be considered acceptable reasons for a clinical absence. This list is not all-inclusive.

- vacation days
- personal days
- class-related activities outside the NDXT curriculum
- hunting season
- children's school activities
- routine medical/dental appointments
- childcare issues/sick child
- transportation issues

Absences for these or similar reasons cannot be made up.

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

******Students are expected to follow COVID the screening protocols of their site prior to clocking in.**

CALL-IN POLICY

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

VACATIONS AND PERSONAL LEAVES OF ABSENCE POLICY

Students' progress in the NDXT program shall not be interrupted by vacations or personal leaves of absence during class sessions. Vacations and other personal activities should be planned to coincide with break periods (Winter Break and Spring Break). Students will not be given make up tests (including check offs) or due date extensions for vacations or personal leaves of absence. Students who take time off during semesters are responsible for all information missed.

MEDICAL LEAVE OF ABSENCE

This policy is applicable to students that have incurred an illness, injury, or disability that would temporarily prevent them from performing the essential functions of the clinical and/or didactic education component of the NDXT program. In the event of such, all reasonable efforts will be made to meet the

student's limitations or restrictions. However, if the student is unable to participate in clinical/didactic education for a period extending beyond two weeks, a medical leave of absence can be granted providing certain criteria are met.

Conditions for Granting a Medical Leave of Absence:

1. Student must provide written documentation from a physician that they are temporarily unable to actively participate in the clinical education component of the program.
2. The student must be making satisfactory academic, clinical and professional progress at the time of request.
3. The leave of absence will be granted until the start of the next corresponding semester in which the leave of absence was granted. (i.e., if the student left mid-way through the second semester they would be required to re-enter the program at the beginning of the second semester the following year).
4. Upon returning, the student will have to demonstrate they have maintained their clinical skills.

To re-enroll starting with NDXT 220, the student will have to complete the EPiC Consortium Check Off in 45 minutes or less and with a score of 76% or better to show they have sufficiently maintained the clinical skills needed to attend clinical rotations. The student will have two attempts to successfully complete the check off. The check-off will need to be completed with in 60 days of the start of NDXT 220.

To re-enroll starting with NDXT 221 the student will have to satisfactorily complete the last check off from NDXT 220 AND the final. The student will have one attempt to prove competency. This will need to be completed within 60 days of the start of NDXT 221.

5. In the event that the student is unable to re-enroll after the leave of absence, Re-admission must be obtained through re-application.
6. The student should notify program officials as soon as possible if they decide not to return after their leave so that another applicant can fill the reserved position.

Return from a Leave of Absence: Once the student is able to resume clinical activities, the student must have a Return to Work/School note from their medical provider. Students are not allowed to return to clinical duties with any restrictions (for example: unable to lift more than five pounds)

FUNERAL LEAVE

A maximum of three (3) days excused absences will be granted in the event of the death of a member one's immediate family. Immediate family includes current spouse, current domestic partner, child, parent, sibling, parent-in-law, sibling-in-law, grandparent or grandchild. The student is responsible for making arrangements with faculty concerned and with their clinical preceptor to make up missed clinical time.

HOLIDAYS AND BREAK

The NDXT Program observes the following holidays: Labor Day, Thanksgiving, Martin Luther King Day, Memorial Day, Junteenth and Independence Day. You will not be required to attend your clinical site on these days. Due dates for assignments the week of holidays will be adjusted so they will not fall on Holidays. Due dates can be moved earlier or later to accommodate the holiday and will be listed on the syllabus. If your clinical assignment falls on a holiday you will not be required to make up the clinical hours. Students also will not be required to attend clinicals during spring break.

College Closures and Remote days during In-Person Labs

Because all in-person labs are held on LCC's campus, lab will be cancelled if LCC closes or has a remote learning day for any reason.

Students whose degree granting college closes or has a remote learning day on an in-person Lab day will have their absence excused.

Any check offs scheduled will be made up at the next lab. If there are no remaining labs a make-up day will be scheduled.

College Closures and Remote Days During Clinical Rotations

In the case of a College emergency, weather issue, or campus power outage, clinical days will be cancelled because the course has a hands-on component that can't be done virtually. If an exam is scheduled for the day of the College emergency, weather issue, or campus power outage, it will be made up during the next scheduled clinical day.

Campus Closures: Scheduled clinical days are cancelled. Please let your site know you will not be coming in. Your hours do not need to be rescheduled. Students may have to make up hours if more than 2 campus closures and/or remote days occur in a semester. Students will be notified if they are required to make up the hours.

Remote Days: Students can go to their scheduled clinical day if they determine it is safe to do so. If the student determines it is unsafe to attend, they should notify their clinical site and instructor. If the student does not attend clinicals the hours do not need to be rescheduled. Students may have to make up hours if more than 2 remote days and/or closures occur in a semester. Students will be notified if they are required to make up the hours.

LUNCH AND BREAK POLICY

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

PHONE USE POLICY

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

*Take caution when using a personal cell phone for Trajecsys use. It is important that the clinical site is aware that Trajecsys may be used on the cell phone for clocking in/out.

HEALTH INSURANCE POLICY

It is strongly encouraged that students maintain health insurance coverage while participating in the program. This is the sole responsibility of the student.

CLINICAL ILLNESS/INJURY POLICY

A student must report immediately to their Clinical Instructor or supervising technologist of any injury or possible illness directly obtained during participation in their clinical education. The Clinical Instructor or supervising technologist will assist the student in completing the clinical provider's incident report. The NDXT EPiC Consortium 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 "Worker'sCompensation" policies of either the clinical provider or the college. The student may choose to seek medical attention for an injury or illness obtained during the course of educational pursuits and is the student's financial responsibility.

TB EXPOSURE POLICY

Occasionally a student works with a patient who is later diagnosed with TB. When this occurs, the clinical provider notifies the EPiC Consortium Executive Dean. 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 Consortium Executive Dean and NDXT EPiC Consortium Program Director as soon as results are available.

NATIONAL COMPETENCY SKILL STANDARDS FOR PERFORMING AN ELECTROENCEPHALOGRAM

The Neurodiagnostic Technologist Program will mirror the National Competency Standards. The National Competency Skills and Standards are as follows:

NEURODIAGNOSTIC TECHNOLOGY PROGRAM GRADUATE COMPETENCIES

The following graduate competencies for performing an electroencephalogram (EEG) and additional neurodiagnostic procedures, including introductory level Evoked Potential Studies (EP), Polysomnography Studies (PSG), Nerve Conduction Studies (NCS), Intraoperative Neurophysiological Monitoring (IONM), and Long Term Monitoring (LTM) are recommended as standards for the education of post-secondary students in neurodiagnostic technology (NDXT) programs. Employers can expect the graduates of CAAHEP-accredited NDXT programs to be competent in the areas defined below.

I. ELECTROENCEPHALOGRAM (EEG)

A. The graduate provides a safe recording environment by:

1. verifying identity of patient;
2. cleaning electrodes after each procedure;
3. following universal precautions for infection control;
4. attending to patient needs appropriately;
5. recognizing/responding to life-threatening situations;
6. being certified to perform CPR;
7. following laboratory protocols for sedation;
8. complying with lab protocols for emergency and disaster situations;
9. complying with hazardous material handling procedures;
10. maintaining instrument/equipment in good working order; and
11. taking appropriate precautions to ensure electrical safety.

B. The graduate establishes rapport with the patient and patient's family by:

1. using personal communication skills to achieve patient relaxation/cooperation;
2. explaining all test procedures including activation procedures;
3. explaining the electrode application method (paste, collodion, etc.);
4. interacting on a level appropriate to patient's age and mental capacity; and
5. maintaining respect and patient confidentiality.

C. The graduate evaluates the patient to:

1. determine the patient's mental age, mental state, and comprehension level;

2. note the patient's overall physical condition;

3. decide appropriate method of electrode application;

4. ascertain the patient's capacity to cooperate with activation procedures;

5. determine if hyperventilation is contraindicated;

6. accommodate for disabilities or special needs;

7. determine the need for additional physiological monitors;

8. document unusual or inappropriate behavior suggestive of seizure or other event; and

9. determine the possible need for restraints or emergency intervention.

D. The graduate prepares a basic data sheet ("tech sheet") that includes:

1. patient information (name, age, ID number, doctor, etc.);

2. recording time, date, and graduate's name or initials;

3. noting pertinent patient history and familial medical history;

4. listing current medications/sedation and time of last dosage;

5. noting time of last meal;

6. noting time, date, aura, and circumstances of last seizure or symptoms;

7. specifying the patient's mental, behavioral, and consciousness states;

8. diagramming skull defects or anomalies (if any); and

9. diagramming any modifications in electrode placement.

E. The graduate's electrode application follows a method that includes:

1. measuring and marking the head following the 10/20 measurement system;

2. adjusting electrode placement for anatomical defects or anomalies;

3. prepping patient's scalp prior to electrode application;

4. applying electrodes with paste or with collodion and electrolyte; and

5. verifying electrode impedances are balanced and below 5,000 ohms.

F. The graduate has basic knowledge of analog EEG technology.

G. The graduate documents the working condition of a digital EEG instrument by:

1. calibrating system amplifiers;

2. verifying standard filter settings;

3. verifying sensitivity settings;

4. inputting a biological (bio-cal) signal to all channels; and

5. correcting or reporting deviations as appropriate.

H. The graduate obtains a standard EEG that includes:

1. at least 20 minutes of technically acceptable recording (120 pages);

2. eye opening and closing to check effects of stimuli on EEG;

3. hyperventilation for a minimum of 3 minutes;

4. photic stimulation at frequencies appropriate for history & reactivity;

5. mental stimulation/assessment procedures;

6. periodic checks of electrode impedance;

7. natural drowsiness and sleep, if possible;

8. notations of montage, filters, paper speed, & sensitivity setting changes; and

9. notes on observed behavior, clinical seizure manifestations, etc.

I. The graduate customizes the recording procedure by:

1. evaluating reason for referral, history, and observed waveforms;

2. utilizing techniques to bring out or enhance clinical symptoms;

3. selecting montages appropriate for abnormalities seen and/or expected;

4. selecting appropriate instrument settings;

5. encouraging drowsiness and sleep;

6. applying additional electrodes to localize abnormal activity;

7. monitoring respiration if appropriate; and 8. monitoring ECG rhythms for abnormality.

J. The graduate understands and follows technical criteria for:

1. recording electrocerebral inactivity (brain death);

2. recording neonatal EEG;

3. recording pediatric EEG; and

4. recording in intensive care or cardiac care units.

K. The graduate differentiates artifacts from cerebral waveforms by:

1. recognizing possible artifactual waveforms;

2. documenting (on the recording) patient movements;

3. applying/recording leads for eye potentials or other physiological potentials (ie. respiration, EMG);

4. applying/recording leads for ECG;

5. replacing electrodes exhibiting questionable activity or contact; and

6. troubleshooting for possible electrical interference.

L. When the EEG recording is finished the graduate:

1. removes electrode paste/glue from the patient's scalp and hair;

2. describes clinically significant behavior;

3. documents sedation used, dosage, and effects (if applicable); and

4. reviews EEG for appropriate documentation of amplifier settings & montage changes.

M. The graduate understands (has a working knowledge of):

1. functional neuroanatomy and neurophysiology;

2. medication effects on the EEG background and waveforms;

3. medical terminology and accepted abbreviations;

4. signs, symptoms, and EEG correlates for adult neurological disorders;

5. signs, symptoms, and EEG correlates for pediatric neurological disorders;

6. seizure manifestations, classifications, and EEG correlates;

7. psychiatric and psychological disorders; and

8. other knowledge as detailed in the ABRET Electroencephalographic Technology Practice Analysis.

N. The graduate maintains and improves knowledge and skills by:

1. reviewing EEG tracings with EEGer on a regular basis;

2. reading journal articles;

3. studying textbooks related to the field; and

4. attending continuing education courses in neurodiagnostics.

O. The EEG graduate applies the principles of electronics and mathematics to recording by:

1. knowing how differential amplifiers work;

2. computing voltage and frequency of waveforms;

3. calculating the duration of waveforms;

4. understanding the polarity of the waveforms;

5. understanding impedance; and

6. understanding analog to digital conversion.

P. The graduate knows how waveform displays are affected by:

1. 60 Hertz filter;

2. filter settings;

3. sensitivity settings;

4. paper speed;

5. referential and bipolar montages;

6. digital filters;

7. electrode types and electrode material composition; and

8. malfunctioning equipment.

Q. The graduate recognizes:

1. normal and normal variant awake and asleep patterns for each age range;

2. abnormal awake and asleep patterns for each age range;

3. EEG patterns for levels of consciousness; and

4. clinical seizure patterns.

The following competencies are only for an introductory level of competence and are not intended to encompass all of the knowledge and skills needed to perform advanced EEG, Evoked Potentials, Polysomnography, Nerve Conduction Studies, Intraoperative Neurophysiological Monitoring, or Long-Term Monitoring. Graduates are encouraged to pursue the additional study that is required for competent performance on an advanced level.

II. INTRODUCTORY EVOKED POTENTIAL STUDIES (EP)

A. The graduate must:

1. have knowledge of the common indications for auditory, visual, and somatosensory evoked potentials;

2. understand the anatomy, physiology, and pathology of selected sensory organs, nerves, and nerve pathways;

3. understand the generators of evoked potentials;

4. understand the principles of stimulation and accurate placement of recording electrodes;

5. understand the principles of measuring waveforms and distances used in evoked potential studies;

6. be familiar with the criteria for significant changes occurring during evoked potential recordings;

7. have knowledge of the clinical correlations of evoked potential abnormalities;

8. understand the concepts of near-field and far-field potentials;

9. have knowledge of artifacts encountered during evoked potential studies and basic techniques for troubleshooting; and

10. be familiar with the concept of amplitude and latency measurements. I

II. INTRODUCTORY POLYSOMNOGRAPHY STUDIES (PSG)

A. The graduate must be capable of:

1. recognizing sleep stages;

2. understanding the montages used in polysomnography;

3. initiating a technically adequate PSG by: a) preparing the patient; b) calibrating the patient and instrumentation; and c) obtaining a ten-minute baseline recording.

4. a basic understanding of common sleep disorders and treatment options; and

5. performing the multiple sleep latency test (MSLT) and the maintenance of wakefulness test (MWT).

IV. INTRODUCTORY NERVE CONDUCTION STUDIES (NCS)

A. The graduate must:

1. understand the anatomy and physiology of selected muscles and nerves;

2. have knowledge of neuromuscular disorders;

3. understand the principles of stimulation and accurate placement of recording electrodes; and

4. understand the principles of measuring waveforms and distances used in routine nerve conduction studies.

V. INTRODUCTORY INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING (IONM)

A. The graduate must:

1. have knowledge of the common indications for intraoperative neurophysiological EEG, evoked potential and neuromuscular monitoring;

2. be aware of the criteria for significant changes during intraoperative monitoring;

3. have a general understanding of the effects of common anesthetic agents; and

4. have a general understanding of the effects of physiological variables on monitoring results.

VI. INTRODUCTORY LONG-TERM MONITORING (LTM)

A. The graduate must:

1. understand the indications for long-term monitoring for epilepsy and basic LTM procedures including: a) ambulatory EEG; b) monitoring with surface leads and intracerebral leads using video/EEG; and c) continuous EEG - intensive care monitoring.

2. have knowledge of the instrumentation for long-term monitoring;

3. have knowledge of treatment options for epilepsy; and

4. recognize common seizure patterns.