

***SURGICAL TECHNOLOGY PROGRAM  
STUDENT HANDBOOK***

## INTRODUCTORY STATEMENT

This is a 10 month program which provides the participant with the knowledge and skills required to enter the field of Surgical Technology in accordance with the American Medical Association and the Association of Surgical Technologist guidelines.

During the pre-clinical phase of the program, emphasis is placed on classroom and laboratory instruction as preparation for participation in the clinical phase. Classroom instruction conducted at the Health Campus includes anatomy and physiology, medical terminology, microbiology, patient care in surgery, sterile technique, surgical techniques, instrumentation and surgical procedures.

The clinical experience is received at (list names of clinical rotation sites). The student functions under the supervision of the instructor, staff Surgical Technologists, or registered nurses in performing as a member of the operating room team. The clinical phase includes further classroom instruction that will be scheduled, but emphasis is placed on extensive clinical experience in actual surgical procedures.

The following information will provide information about each course in the program and what is expected of you as a student in the program.

## Statement of Philosophy

### The Surgical Technology Faculty Believe:

*That all people have dignity and worth.*

*That the program should serve people regardless of race, creed, sex, disadvantage, or handicap.*

*That the cognitive base, psychomotor skills, and affective domain are of equal importance in the training of Surgical Technologists.*

*That the graduates of this program should possess competence in the technical phases of Surgical Technology and a sound understanding of the scientific principles of Surgical Technology.*

*That graduates should develop the ability to make independent clinical judgments within the limits of the Surgical Technologist's responsibilities.*

*That graduates should exhibit strong ethical behaviors and attitudes.*

*That competent Surgical Technologists are significant participants on the health care team.*

## **SURGICAL TECHNOLOGY PROGRAM MISSION STATEMENT**

The mission of this program is to provide didactic and clinical instruction that will enable individuals to perform as competent, entry-level Surgical Technologists ready to sit for certification; and to help satisfy the need for Surgical Technologists in local and regional communities.

### **PROGRAM OBJECTIVES**

**The Surgical Technologist Program prepares graduates to:**

- Become an integral member of the health care team.
- Assume a sense of responsibility, self-discipline, pride, team work, and enthusiasm.
- Utilize a knowledge base in the sciences and technologies of Surgical Technology at the technical level.
- Develop effective communication skills.
- Develop a respect for the dignity and worth of the patient.
- Demonstrate the ability to practice independent clinical judgments under the supervision of the surgeon or Registered Nurse.
- Write and pass the certification examination of the Association of Surgical Technologists.
- Assume responsibility for lifelong learning following graduation.

## **CLASSROOM AND LABORATORY RULES**

### **BEHAVIOR**

Students are expected to demonstrate professional behavior at all times in the classroom and laboratory. All students, teachers, visitors, and employees of the Health Campus are to be treated with courtesy and respect. Foolish questions or comments, bad language or behavior will not be tolerated.

- Students are expected to be on time when reporting to classroom and laboratory sessions.
- Cheating is grounds for dismissal.
- Once a student turns in a test, he/she cannot have the test back for any reason.
- Tests should be checked on front and back to be sure items have not been overlooked.
- Meeting personal needs such as going to the bathroom should be taken care of during break and at lunch.
- Students are to be awake, attentive, and courteous at all times. Smoking, eating, chewing gum, hard candy or drinking are ONLY allowed during break in designated areas at the school and affiliated agencies.
- Required textbooks, needed supplies, etc., must be available for all classes. Borrowing from other students is not allowed.
- Students are not to look at answers in books while others are still testing.
- If a student has any problems, he/she is to go through the proper chain of command to resolve the situation.

### **CLASSROOM MAINTENANCE**

All students are responsible for maintaining a neat and orderly classroom:

1. Tobacco use only in the designated areas.
2. Do NOT attempt to use or operate any equipment until you have received the appropriate instruction for its use.
3. When using equipment, treat it kindly. All equipment should be replaced in the appropriate storage area after use.
4. Class or Laboratory sessions are not considered adjourned until the lab and classroom are in proper order.

### **FUNDS**

In order to remain in the program, each student must have his/her money for books, tuition, field trips, etc., the day it is due. Students will always have advance notice of money needed.

## **POLICY FOR GRADING**

The Surgical Technology Program follows the state policy relating to the standards for academic progress found in the School Student Handbook. The grading scale is listed below:

90 – 100	A	Excellent
80 – 89	B	Good
70 – 79	C	Average
60 – 69	D	Unsatisfactory
0 – 59	F	Unsatisfactory

Satisfactory completion of any and all courses requires at least a 70% (C). Since the Surgical Technology Program is progressive in nature, courses in one semester must be successfully completed before the student may enter the next semester. All students will receive grade report each semester.

Course Grades will be determined by an average of grades for hourly examinations, quizzes, assignments and final examinations. Distribution for these various components will be announced by the instructor at the beginning of each course. All examination dates will be announced by the instructor in advance. Quizzes may or may not be announced in advance.

When a student experiences difficulty mastering the competencies of any course, he/she is expected to seek extra help from the instructor. Students should contact the instructor if he/she has any questions concerning their progress.

Students will be formally notified of their averages at midterm and final course grades at the end of each semester.

Students are expected to submit their own work. Evidence of plagiarism, copying, or any other form of cheating will result in forfeiture of the grade for the work and/or formal disciplinary action, and the student will be referred to the schools' administration.

Grading is simply a method of quantifying the degree of a student's competency development. It is the hope and intent of the program that each student will excel. As the Surgical Technology Program is progressive in nature, courses in one semester must be successfully completed before the student may enter the next semester.

## ATTENDANCE POLICY AND MAKE-UP WORK

Regular attendance is expected of all Health Campus students. Attendance will be recorded as a part of each student's permanent records. It will be utilized in reporting to Financial Aid and other training expense payment sources. **It will also be utilized for inquiries made by potential employers.**

Health Campus Surgical Technology students will adhere to the following additional attendance policy due to the mandates of clinical sites.

1. If you are absent for any reason, you **must** call in prior to the start of the day. If the absence occurs on a clinical day, you are to **notify your clinical instructor** according to her specific directions. If the absence occurs on a class day, the student must notify the Program Director prior to 8:00 a.m. (phone number of program director). If unable to reach the Program Director the student is to call (administrative assistants name, contact information). Failure to call in on a class day will result in an unexcused absence and you will be not be allowed to make up any work missed. **All quizzes and tests will be graded as a "0" for a no call, no show day.** Failure to report an absence in clinical will be documented on the clinical evaluation form and disciplinary action may be taken as this indicates a lack of responsibility and poor work habits.
2. Attendance in theory is essential to your success. Absences in excess of **2 class** days will result in a two-point deduction in the final course grade for each subsequent absence.
3. If an exam is scheduled on the day you return to class you are expected to take the exam on that day. If an exam was given on the day of your absence, it is to be made up on your **first** day back at school or at the convenience of your instructor. **Five** points will be automatically deducted from the score of any make-up exam. **It is the student's responsibility to contact the instructor** to schedule make-up exams. Exams will cover the same material other students tested over, but may not be the same exam.
4. A Clinical absence will result in a "U" in all areas of the clinical evaluation tool for the date missed. More than **3** clinical absences during a semester may result in dismissal from the Surgical Technology Program.

**THE PROGRAM DIRECTOR RESERVES THE RIGHT TO DEAL INDIVIDUALLY WITH STUDENTS IN THE EVENT OF AN EMERGENCY OR CATASTROPHIC EVENT.**

## **CLINICAL EDUCATION REQUIREMENTS**

Clinical Education Requirements are designed to help the student learn to adjust to the requirements of the professional workforce.

### **Rules**

The student should:

- Maintain prompt attendance in all clinical assignments.
- Call the clinical coordinator if sick or cannot be at their clinical assignment one hour prior to the start of the schedule rotation. If she cannot be reached, the student may call the program director or (name & contact information Division Secretary).
- Pass the physical requirements of the program.
- Rotate through all clinical assignments and gain working knowledge of the instrumentation, equipment, techniques and procedures done.
- Complete all clinical competency objectives on or before the required deadlines set each semester.
- Complete all clinical assignment before the start of the next semester.
- Maintain satisfactory clinical evaluations completed by staff Surgical Technologists and clinical instructors.
- Demonstrate compassion and professional conduct at all times while working with patients.
- Be able to communicate properly with patients.
- Be able to communicate and work with fellow students and Surgical Technologists.
- Exhibit professional conduct and adhere to dress codes at all times while assigned to the clinical area.
- Be able to cope and function during stressful situations.
- Complete the required competencies within the specified time and retain proficiency.

Any infraction of the above rules will result in the necessary disciplinary actions.

## **CLINICAL ASSESSMENT**

During the student's clinical education the staff Surgical Technologists, Clinical Instructor, and Program Director on an ongoing basis will evaluate his/her performance. The student is evaluated on specific Surgical Technologist duties as well as on their overall performance. A student's overall performance is assessed by the clinical instructor and the staff Surgical Technologist during each clinical rotation and at predetermined intervals.

Midterm conferences will be scheduled with the clinical instructor during each semester in order to review the student's progress and standing. Conferences will also be scheduled at the end of each semester by the clinical instructor and program director.

## **COMPLETION OF STAFF EVALUATIONS**

The student must:

- Request a Surgical Technologist evaluation daily (unless told differently by the program director).
- Before giving the evaluation form to the Surgical Technologist fill in the following:
  1. Student Name
  2. Facility
  3. Date
  4. Type of procedure(s) performed
- Give the Surgical Technologist the filled in form at least one hour before scheduled to leave the department.

The Staff Surgical Technologist will:

- Score the student's performance by placing a check in the column appropriate to the task.
- If the student's performance is unacceptable a written comment is required.

The total number of points received on each staff evaluation will be added together and then averaged. This will count as 25% of your clinical grade. Professional evaluations given by the clinical instructor and program director will count as 50% of your clinical grade, and an average of any tests given in the lab setting will count as the other 25% of your final grade.

## CLINICAL EVALUATIONS

Satisfactory clinical evaluations must be maintained in all clinical assignments. Failure to meet clinical requirements will affect the clinical grade and could result in probation or suspension from the program.

### Rules:

- Evaluations should be submitted from each rotation.
- Satisfactory evaluations must be maintained.
- The number of required evaluations will vary each semester and the exact number will be included in each clinical course outline.

### Procedure:

Responsibility	Action
Student	<ul style="list-style-type: none"><li>• Gives staff evaluations.</li><li>• Follows up on the return of evaluations.</li><li>• Keeps instructor informed of staff that do not return evaluations.</li><li>• Signs evaluations.</li></ul>
Instructor	<ul style="list-style-type: none"><li>• Reviews all evaluations with student.</li><li>• Files evaluations in proper folders.</li><li>• Notified student of unsatisfactory performance.</li><li>• Recommends to Program Director a probationary status when student is not meeting expectations.</li></ul>
Program Director	<ul style="list-style-type: none"><li>• Reviews all records and has final say concerning policy and procedures.</li></ul>

# INSTRUCTOR EVALUATION

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRECEPTOR'S SIGNATURE / TITLE:** \_\_\_\_\_

## OBJECTIVES

- A. Application of theoretical knowledge and principles.
- B. Utilization of learning opportunities.
- C. Professional behavior; based on the following criteria – attendance, promptness, dependability, appearance, professional responsibility.
- D. ATTITUDE.

GRADING: Each category is worth 25 points each.

## GRADING

Total points Possible = 100

Column A = 25 Pts

Column B = 20 Pts.

Column C = 15 Pts.

Column D = 10 Pts.

90 – 100 = A

80 - 89 = B

70 – 79 = C

60 – 69 = D

	<b>ACTIVITY</b>	A - 25	B - 20	C - 15	D - 10
A.	Theoretical knowledge.				
B.	Utilization of learning opportunities.				
C.	Professional behavior.				
D.	Attitude.				
	<b>TOTAL POINTS:</b>				

**COMMENTS:**

**SURGICAL TECHNOLOGY PROGRAM  
AMBULATORY SURGERY EVALUATION**

**STUDENTS' NAME:** \_\_\_\_\_

<b>TASK</b>		<b>YES</b>	<b>NO</b>
1.	Verifies patient's ID		
2.	Takes accurate vital signs		
3.	Correctly records vital signs on nursing notes		
4.	Verifies patient's allergies		
5.	Correctly applies and removes depilatory cream		
6.	Correctly transport patient in wheelchair		
7.	Correctly transport patient on stretcher		
8.	Provides appropriate verbal and tactile reassurance		
9.	Correctly assist patients with their needs		
10.	Reports patient's condition to the Registered Nurse		
<b>PERSONAL CHARACTERISTICS</b>		<b>YES</b>	<b>NO</b>
1.	Performed tasks with minimal assistance		
2.	Required direct supervision		
3.	Arrived promptly and prepared		
4.	Shows respect for others		
5.	Participates as a team member		
6.	Adheres to dress code in student handbook		
7.	Upholds school and hospital policies		
8.	Demonstrates initiative during "down time"		
9.	Takes unauthorized breaks, socializes, and waste time		

- ❖ **POSITIVE PERSONAL CHARACTERISTICS ARE EXPECTED.**
- ❖ **GRADES WILL BE DECREASED AT THE PROGRAM DIRECTOR'S DISCRETION FOR NEGATIVE CHARACTERISTICS.**

- ❖ **STUDENT'S ARE NOT TO SEE THE COMPLETED EVALUATION FORM. PLEASE RETURN IT TO THE PROGRAM DIRECTOR.**

**PRECEPTOR'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**MID-TERM PROFESSIONAL  
DEVELOPMENT EVALUATION**

**STUDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SEMESTER:** \_\_\_\_\_ **CLINICAL FACILITY:** \_\_\_\_\_

**A Surgical Technologist's conduct in the clinical setting is a major indicator which the general public uses to judge a departments professional level. Appropriate conduct is a broad category encompassing a number of considerations.**

**Using the scale below, (5) being the strongest, (1) being the weakest, please evaluate the student on their ability and consider the length of time in the program.**

- 1. Student's Comprehension of Procedures** - Understanding of information, responsibilities, procedures, materials, equipment and techniques required to complete the procedure.
  5. The student demonstrates comprehensive knowledge of the basic concepts to produce effective and timely results for quality post-operative recovery.
  4. The student demonstrates above average knowledge of the basic concepts to produce effective and timely results for quality post-operative recovery.
  3. The student demonstrates adequate knowledge of the basic concepts to produce effective and timely results for quality post-operative recovery.
  2. The student lacks knowledge of the basic concepts to produce effective and timely results for quality post-operative recovery.
  1. The student has inadequate knowledge of the basic concepts to produce effective and timely results for quality post-operative recovery.

2. **Quality of Work** - Accurate, thorough, and neat.

5. Meets highest standards of accuracy and thoroughness.
4. Work is consistently well done; seldom makes errors.
3. Quality of work is satisfactory; recognizes mistakes and takes corrective action.
2. Quality of work is adequate; occasionally recognizes mistakes and takes corrective action.
1. Poor work quality; makes repeated mistakes.

3. **Organization of Work** - The ability to use constructively and productively.

5. Consistently plans procedures and needs no instruction to proceed; highly productive.
4. Plans procedures and occasionally needs instruction to proceed; starts work promptly.
3. Sometimes has difficulty organizing procedures; often needs instructions to proceed.
2. Has difficulty organizing procedures; often needs instructions to proceed.
1. Off task frequently; does not understand instruction when told.

4. **Quantity of Work** - The volume of work accomplished.

5. Does more work than expected; accurate.
4. Completes appropriate amount of work in the time expected.
3. Sometimes has difficulty organizing procedures; needs to be told when to do things.
2. Does not always complete work; works very slowly.
1. Off task frequently; does not understand instructions when told.

5. **Performance Under Pressure** - The ability to handle pressure and remain calm in busy or crisis situations.
5. Exceptional ability to handle pressure; always calm and efficient in busy or crisis situations.
  4. Can handle most busy or pressure situations calmly; seldom appears nervous or loses control.
  3. Displays moderate amount of tolerance for busy or crisis situations.
  2. Easily irritated in busy or crisis situations; occasionally loses control or unable to respond appropriately.
  1. Cannot handle busy or crisis situations; makes situations more tense.
6. **Interpersonal Relationships** - The ability to communicate, interact, and deal effectively with supervisors, peers, patients, and other employees.
5. Well thought of by others; tactful and diplomatic; promotes teamwork.
  4. Uses average amount of tact and diplomacy; gets along well with others.
  3. Sometimes curt with patient, peers, or other employees; should be more considerate and tactful.
  2. Consistently interacts poorly with supervisors, patients, and peers.
  1. Failure to correct poor interaction with supervisors, patients and/or peers.
7. **Initiative** - The energy and motivation displayed in starting and completing tasks.
5. Self-starter; always accepts responsibility; seeks additional work.
  4. Usually a self-starter; works well when given responsibility.
  3. Accepts responsibility as required but does not pursue additional responsibility.
  2. Does only what is required; needs frequent encouragement to start and complete tasks.
  1. Puts forth little effort; does just enough to get by.

8. **Judgment** - The ability to reason, interpret and use discretion in carrying out assignments.

5. Uses sound reasoning in making decisions and reaching conclusions in most situations.
4. Reasons and makes judgments in satisfactory manner.
3. Only some ability to reason and make sound judgments; assignments could be better thought out.
2. Reasoning slow or illogical; frequently reaches decisions or conclusions that are poor.
1. Totally illogical decisions made; poor judgment used.

9. **Personal Appearance** - Grooming, cleanliness, and appropriateness of dress.

5. Consistently presents a professional image; always well groomed and careful about appearance.
4. Satisfactory personal appearance; clean and neat and in accordance with dress code.
3. Satisfactory personal appearance; sometimes needs reminding of dress code.
2. Careless about personal appearance.
1. Frequent carelessness for both personal appearance and dress code.

10. **Professional Ethics** - Integrity, loyalty, and impressions the student makes on professional judgment.

5. Conducts self in an appropriate manner at all times; conforms to professional standards and conduct.
4. Usually conducts self in an appropriate manner; conforms to professional standards and codes.
3. Adheres to professional standards of conduct in an acceptable manner.
2. Often does not follow professional standards of conduct when dealing with others.
1. Consistently negative attitude; rude and/or arrogant to patient and fellow professional staff.

**PROFESSIONAL DEVELOPMENT EVALUATION**

**INSTRUCTOR'S COMMENTS:**

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**STUDENT COMMENTS:**

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**INSTRUCTOR'S  
SIGNATURE:**

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**DATE:**

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**STUDENT'S  
SIGNATURE:**

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**DATE:**

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## **SURGICAL TECHNOLOGY PROGRAM**

### **CLINICAL GUIDELINES**

**ATTENDANCE IS MANDATORY TO FULFILL CLINICAL HOURS SET FORTH BY THE ASSOCIATION OF SURGICAL TECHNOLOGY.**

**NOTE:** Students who are absent from the clinical area will receive a zero (0) for the day. The zero will be averaged in with the Professional Evaluation. The missed hours will be made up within one week of the absence. The zero will be removed if a journal article is submitted within one week of the absence. It is the student's responsibility to arrange the make-up time and journal article turn in date with the instructor.

**ALL MAKE UP TIME IS TO BE COMPLETED AT REGIONAL MEDICAL CENTER, UNLESS PRE-APPROVED BY THE PROGRAM DIRECTOR. IN ORDER TO DO THIS THE STUDENT MUST ARRANGE MAKE-UP EXPERIENCES WITH A FACILITY OR ORGANIZATION AND PROVIDE THE SURGICAL TECHNOLOGY PROGRAM DIRECTOR WITH THE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON. A MAKE-UP FORM MUST BE OBTAINED FROM THE SURGICAL TECHNOLOGY DIRECTOR AND RETURNED, SIGNED BY THE SUPERVISOR/CONTACT PERSON ON SITE.**

#### **ATTENDANCE IN CLINICAL AREAS**

Students are expected to attend all scheduled clinical sessions

Students who are unable to attend a clinical session must call in on the Program Director's voice mail (phone number) no later than 1 hour before clinicals are scheduled to begin. If unable to reach the Program Director **you must notify (name of Allied Health Division Secretary, at phone number).**

Students may not leave the clinical facility during clinical time without first obtaining permission from the instructor. The assigned preceptor will be notified by the Health Campus Instructor when permission is granted.

**ATTENDANCE IS MANDATORY.** The clinical hours are approved by the Association of Surgical Technology and is a part of the guidelines for accreditation of this program. Clinical hours missed will be made up within one week of the occurrence.

## **NO BEEPERS OR CELL PHONES ARE ALLOWED IN CLASS OR CLINICALS.**

Please leave them at home or in the car. If you are expecting important information or an emergency call, cell phones may be left with the secretary who will notify your instructor of incoming calls for you.

## **LUNCHESS AND BREAKS**

Students are allowed 30 minutes for their lunch break when they are scheduled for all day clinicals. An assigned lunch break will not be made, but may be taken at a time when your assigned duties are completed or at the discretion of the assigned clinical preceptor. Breaks are limited to 10 minutes in length to begin when you leave the OR suite. One 10 minute break for every four (4) hours of clinical.

**NOTE:** Situations arise from time to time when a break will not be allowed due to emergencies or other extenuating circumstances. However, every effort will be made to ensure that all students receive their break whenever possible. The flow of a case will not be interrupted for a 10 minutes break.

## **MEDICAL RECORDS**

Students are allowed access to patient medical records and with this privilege comes the responsibility for maintaining **PATIENT CONFIDENTIALITY**.

1. Medical Records may **NOT** be removed from a nursing station or from the Medical Records Department at any time.
2. Medical Records may **NOT** be reproduced at any time or for any purpose.

## **BREACH OF CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE SURGICAL TECHNOLOGY PROGRAM. PATIENTS, THEIR PROCEDURES AND THEIR PHYSICIANS ARE NOT TO BE DISCUSSED.**

## **CLINICAL DRESS CODE**

Because people form impressions, usually within the first 15-30 seconds after being introduced, appropriate visual impressions are important as they influence how others perceive your abilities.

## **BASIC GROOMING - METICULOUS PERSONAL HYGIENE IS REQUIRED!**

- A. Hair - Hair must be clean and off the face. Conservative hair color and a professional style are required. Hair must be off the collar in patient care areas and completely covered in the operating suite.
- B. Nails- Fingernails must be kept short, trimmed and clean. The nail should not be allowed to grow out past the end of the finger. Nail polish is **NOT** allowed. **NO FALSE FINGERNAILS.**
- C. Make-up – Is allowed in minimal amounts. If excessive make-up is worn you will receive one warning; after this the individual will not be allowed to wear any make-up.

- D. Fragrance – Cologne, perfume, or scented after shave lotion are NOT allowed. Many patients have severe allergic reactions to these “triggers” while many other patients who are nauseated experience exacerbation of the nausea when exposed to these offenders.
- E. **TATTOOS MUST BE COVERED!!**
- F. Beards - No longer than 1 inch and trimmed neatly. Faces must be clean shaven unless wearing a beard. Beards must be completely covered with a hood in the operating suite.

**JEWELRY** - Jewelry should not interfere with the ability to perform tasks.

No earrings, necklaces, or bracelets allowed! Jewelry for body piercing **NOT** allowed! (example: eye, nose, tongue, etc.)

Rings - Wedding band (smooth with no stones) are permitted in the area you will not be scrubbing. (Rings of any kind are not permitted to be worn. by the scrub team).

Watches - A watch with a second hand is required at all times at Same Day Surgery, Trover Clinic, and Emergency Room. They are not permitted to be worn by the scrub team.

The hospital and school will not be responsible for jewelry worn to the clinical area and left in lockers or pinned to scrub attire. The best policy is to leave your jewelry at home.

**LAB COATS-** are mandatory for anyone leaving the operating suite for break, lunch, or alternate assignment.

Length - Lab coats must be street dress length (knee). Lab coats also must button to cover scrub attire.

Condition - Lab coats should be white in color and wrinkled, stained, or soiled coats are **NOT** acceptable.

**STREET CLOTHES** - The clothes you wear to and from the clinical site will be uniform.

**OTHER:**

You are to wear hospital laundered scrubs only when in the OR setting.

Eye Contacts are not allowed when bone cement is in use. If you wear contacts to the OR then you must have glasses available.

**STUDENT ID – MUST BE WORN AT ALL TIMES.**

**CHEWING GUM – IS NOT PERMITTED ANYWHERE IN THE CLINICAL FACILITIES.**

**SMOKING – IS NOT PERMITTED ANYWHERE IN THE CLINICAL FACILITIES.**

**X-RAY BADGES ARE TO BE KEPT UPDATED AND WORN AT ALL TIMES.**

Hard candy is not allowed in the presence of a sterile field or during a surgical procedure.

**STUDENT IDENTIFICATION**

1. Students are required to wear their Health Campus ID badges at all times when on clinical assignment.
2. When in the operating room, special name badges are allowed. School ID must be on Lab Coat.

**LIABILITY INSURANCE**

All students are required to carry professional liability insurance. Insurance may be purchased through a group plan offered by the Health Campus or the student may purchase an individual policy if you wish (proof of individual or group coverage must be presented to the Program Director **BEFORE** a student can begin the program. It may be purchased in the bookstore).

**STUDENT CONDUCT**

Students are expected to conduct themselves in a professional manner at all times. Every patient, physician, all instructors and all members of the health care team are to be treated with respect. Students enrolled in this course of training are expected to demonstrate a high level of motivation, reliability and dedication to the practice of their chose profession.

**EYE PROTECTION**

Students will be required to wear eye protection at all times in the operating room. They will also be required in other areas (i.e. central supply - decontamination area) where there is a risk of contact with body fluids. Students disregarding this rule are subject to disciplinary action and dismissal from the Surgical Technology Program.

## **CARDIOPULMONARY RESUSCITATION - (CPR)**

CPR is required during clinical rotations. All students' CPR will have to be valid from October through June prior to beginning clinicals. A student will not be allowed to begin clinicals if their CPR expires between October and June.

## **INCLEMENT WEATHER POLICY**

### **Academic:**

- ✓ If classes at College are canceled due to inclement weather conditions coursework will be reassigned as necessary.

### **Clinical:**

- ✓ Due to requirement of the program, any clinical time missed due to inclement weather conditions should be made up at the discretion of the program faculty. Do not come to clinicals if you feel the weather conditions are hazardous to your well being, or if the college is closed.
- ✓ Students not reporting to clinicals because of bad weather are required to call the clinical instructor 1 hour prior to the start of clinical shift.

## **SURGICAL TECHNOLOGY PROGRAM**

### **GROUND FOR DISMISSAL**

The Grounds for Dismissal are listed below. It should be pointed out that a student can be suspended from the program at any time during their training for violation of any one of the grounds listed either for academic reasons or disciplinary reasons. Due process would be allowed in applicable situations.

- Failing grades in Surgical Technology and/or college courses.
- Insubordination
- The conviction and distribution of, or possession of illegal drugs or controlled substances.
- Failure to accomplish clinical assignments and objectives.
- Unprofessional or unethical conduct.
- Cheating in related or professional courses.
- If a clinical education center refuses to allow a student into their facility for violations such as theft or misconduct, the student will not be allowed to continue.

Please sign this form. This means that you are aware of these policies before entering the program.

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**Student Signature**

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**Date**

## DEPARTMENTAL DISMISSAL

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

1. Absenteeism.
2. Excessive Tardiness – (Tardy is defined as coming into class/clinical less than 30 minutes late or any leaving early from class/clinical prior to dismissal by faculty).
3. Failure to maintain academic average of 70% or unsatisfactory clinical progress.
4. Failure to display appropriate workplace principles (poor attitude or inappropriate behavior).
5. Breach of confidentiality.
6. Inability to follow policies/procedures in the lab and/or clinical setting.

In addition to attendance violation and academic failure, student may be recommended for termination for the following reasons:

- **Unsatisfactory clinical performance.**
- **Use of profanity or obscene language.**
- **Any falsification or records.**
- **Cheating.**
- **Insubordination to faculty members and/or personnel in any clinical rotation site.**
- **Non-professional behavior.**
- **Usage or possession of alcohol and/or chemical substances in clinical or classroom setting.**
- **Failure to maintain satisfactory progress.**
- **Violation of the attendance policy.**
- **Conduct that is deemed detrimental to the proper operating of the campus.**
- **Failure to follow departmental rules.**

## SURGICAL TECHNOLOGY SAFETY FOR LAB AND CLINICAL

### **Radiation Film Badges:**

All students are required to wear their radiation film badge whenever they are at risk of being exposed to ionizing radiation. Any student present without his/her film badge will be required to report to program faculty **immediately** for further instructions.

Each student is responsible for his/her film badge. If your film badge is lost or damaged, you will not be allowed to continue your clinical or lab experiences until a replacement badge arrives (which will require several days). This results in missing valuable clinical and lab experiences. Journal articles are required for each clinical day missed. A \$5.00 charge will be assessed to cover the lost film badge holder.

### **Radiation Safety:**

To ensure the safety of the student, radiation safety regulations must be followed at all times.

- Stay behind protective barriers during radiographic exposure.
- Film badges are to be worn at the **collar level** at all times including fluoroscopic procedures.
- Care should be taken to keep the badge **outside** of the lead apron and in a consistent location from day to day.
- During fluoroscopic exams, the student shall not turn their back to the fluoroscope.
- Film badges must be worn to all lab sessions and to clinical facilities.
- Holding a patient is to be avoided whenever possible. Immobilization devices are to be used if possible. If it becomes necessary for a student to be in the room during an exposure, protective shielding must be used and keep your body as much away from the central ray as possible.
- Film badge holder will be issued to each student. Every three months film badges are to be turned in and a new one issued.
- The Program Director will monitor the film badge report. Students receiving a minimal reading will not be notified. Any student receiving a reading above minimal will be notified by the Clinical Coordinator and will sign off on the reading with the radiation exposure report. Students receiving high radiation exposure will discuss the situation with the faculty to determine the cause. Repeated high exposure rates may be the cause for disciplinary action (probation or dismissal) if it is found that improper safety precautions by the student are the cause.

After graduation, the permanent record of radiation dose will be housed with the Program Director. To obtain a copy of these records, the student must request the information to be released.

### **Proper Film Badge Storage**

When not in use, the film badge should be secured in an area away from extreme heat, humidity, cold, moisture, sunlight and other sources of radiation. Therefore, film badges should not be placed around tanning beds, computers, microwaves and not with an area without temperature control, such as a parked care. Improper use, handling, and storage of a film badge will render invalid radiation reading or irreparable damage.

Common Examples of Misuse are:

- Washing a lab coat with the badge left on it.
- Leaving the badge in a care. (The dash, cab and trunk are all unacceptable)
- Leaving the badge on an apron in a diagnostic room.
- Not wearing the badge.
- Improper insertion of film packet in the film holder.
- Carrying the badge in a purse and placing the purse beside a tanning bed, computer or microwave.

### **PROFESSIONAL ORGANIZATION**

The Association of Surgical Technologists (AST) is your professional organization. Membership is mandatory. Benefits include:

1. Association with other students and other practicing Surgical Technologists.
2. Surgical Technologist - a monthly scientific publication.
3. Discounts in registration fees at AST sponsored educational programs.
4. A forum for voicing your concerns for the profession.
5. A discount in fee for taking the National Certification Examination.

**STUDENT MEMBERSHIP FEE IS \$45.00 FOR 1 YEAR**

**AST CERTIFICATION EXAMINATION FEES**

**AST MEMBER.....\$195.00**

**NON-MEMBER.....\$250.00**

**HEALTH OCCUPATIONS STUDENTS OF AMERICA (HOSA) IS  
MADISONVILLE COMMUNITY COLLEGE, HEALTH CAMPUS'S STUDENT  
ORGANIZATION. YOU ARE ENCOURAGED TO JOIN.**

## CLASS REPRESENTATIVES

### **Student Council Representative**

The class will have the opportunity to elect one of their peers to represent the concerns of the group while serving on the Health Campus Student Council.

### **Advisory Committee Representative**

The class will have the opportunity to elect one of their peers to represent the concerns of the group while serving as a student member of the Surgical Technology Program Advisory committee.

### **HOSA Officers**

Any student interested in a leadership position in the student organization of HOSA is strongly encouraged to participate. Officers' election is held within the first months of school. Other leadership positions include:

1. Committee chairpersons.
2. Competitors in skill events at the Local, State and National Leadership Conferences.
3. Taking an active role in any HOSA project.

### **Classroom Officers**

The instructors allow the class to be run by the students in all areas except curriculum, grades and lectures. The first week of class the students will elect the following officers and committee chairs: president, vice-president, treasure, secretary, sergeant at arms, recreation, bulletin board, environmental services, community projects, professional development and other committees as needed. A student may not hold more than one leadership position. (An officer cannot be a committee chair person or a committee chair person cannot be an officer.)

To complete this program at the Health Campus, it is mandatory for the Surgical Technology student to take the Certification Assessment test and to **pass** the Work-keys test. These tests will be given in SURG 200. If the above tests are **NOT** passed, then an incomplete will be given and **NO** diploma will be received. The incomplete will have to be converted to a grade by the end of the following semester or it will be converted to a **"F"**.

**TELEPHONE NUMBERS**

**BY FACILITY:**

<b>NAME</b>	<b>PRECEPTOR</b>	<b>PHONE #</b>
(Name of Hospital)		
Hospital		
Center		
Hospital		
Center		
Hospital		
Hospital		

**BY PRECEPTOR:**

<b>PRECEPTOR</b>	<b>NAME OF FACILITY</b>	<b>PHONE #</b>

**SURGICAL TECHNOLOGY PROGRAM  
COURSE OBJECTIVES**

**SUR 100 – SURGICAL TECHNOLOGY FUNDAMENTALS/THEORY**

**COURSE DESCRIPTION**

Introduces the theory involved in the basic preparation of the patient, operating room, equipment, supplies and daily functions of the surgical team. The course incorporates safety, aseptic technique and duties of both the scrubbed and circulating technologist during a surgical procedure. The student will incorporate universal precaution skills in each clinical assignment.

**COURSE OBJECTIVES**

Upon completion of this course students will have a good understanding of surgical expectations and pass with a minimum score of 70%.

**COURSE REQUIREMENTS/ATTENDANCE**

Students must maintain a minimum average of 70% in each course in order to continue in the Surgical Technology Program. Students are expected to attend all scheduled classes, read all assigned lessons, answer written assignments, and participate in classroom discussion. If you are absent for any reason, you must call in prior to the start of each day.

**GRADING:**

Tests	50%
Homework	25%
Final	25%
<b>TOTAL</b>	<b>100%</b>

**SURGICAL TECHNOLOGY PROGRAM  
COURSE OBJECTIVES**

**SUR 101 – SURGICAL TECHNOLOGY FUNDAMENTALS/LAB**

**COURSE DESCRIPTION**

In a lab and/or clinical setting the student will prepare the patient, operating room, basic equipment and supplies, and perform the daily functions of an operating room team member. The student will incorporate safety, aseptic technique, and duties of both the scrubbed and circulating technologist during a surgical procedure following OSHA standards.

**COURSE OBJECTIVES**

Upon completion of this course students will be able to complete the course task list – form is attached.

**COURSE REQUIREMENTS/ATTENDANCE**

Students must maintain a minimum average of 70% in each course in order to continue in the Surgical Technology Program. Students are expected to attend all scheduled classes, read all assigned lessons, answer written assignments, and participate in classroom discussion. If you are absent for any reason, you must call in prior to the start of each day.

**GRADING**

The lab grade will be determined using an average of all written tests and quizzes with each one having the same weight. The clinical portion of the student’s grade will be determined as follows:

Daily Grade	25%
Skills Check-offs	50%
Final	25%
<b>TOTAL</b>	<b>100%</b>

**SURGICAL TECHNOLOGY PROGRAM  
COURSE OBJECTIVES**

**SUR 125 - SURGICAL SKILLS PRACTICUM I**

**THE STUDENT WILL HAVE ROTATIONS IN THE FOLLOWING AREAS:**

1. Sterile Processing (which contains the following areas)
  - A. Decontamination
  - B. Processing
  - C. Distribution
2. Ambulatory Surgery
3. Circulating
4. Scrub
5. Endoscopy
6. Cath. Lab

**HOSPITAL STAFF EVALUATIONS**

The hospital staff will perform a weekly evaluation that will be used to monitor the student's progress.

**PROGRAM DIRECTOR/SCHOOL INSTRUCTOR EVALUATIONS**

The Program Director/School Instructor will observe and complete an evaluation on the students in one of the following area:

1. Circulating
2. Scrub
3. Ambulatory Surgery
4. Sterile Processing

The student must complete each evaluation with at least a 70% to successfully complete SUR 125.

**GRADING**

SUR 125 is a progressive course in which previous learned skills/competencies must be maintained and expanded.

The instructor will arrive at a final grade by using the following:

Daily Grade	25%
Clinical Evaluations	25%
Professional Evaluation	50%
<b>TOTAL</b>	<b>100%</b>

**SURGICAL TECHNOLOGY PROGRAM  
COURSE OBJECTIVES**

**SUR 130 – PRINCIPLES OF SURGICAL PHARMACOLOGY**

**COURSE DESCRIPTION**

This course is designed to introduce the fundamental principles of the clinical use of drugs. Emphasis is placed on the role and responsibility of the health care professional related to drugs, a review of basic mathematic skills, and a thorough knowledge of the systems of measurement and conversion and application of skills to perform dosage calculations. Anesthesia drugs and techniques including regional, general and local administration will be covered.

**COURSE OBJECTIVES**

Demonstrate knowledge and skill in measuring, mixing and passing onto a sterile field any medications requested by a surgeon during a procedure. Have basic knowledge of common antibiotics and blocking agents used during surgery.

**GRADING**

Homework	25%
Test over Chapters	50%
Final (Comprehensive)	<u>25%</u>
<b>TOTAL</b>	<b>100%</b>

## PROCEDURES:

1. General and Rectal Surgery
  - a. Hernia Repair
    1. Inguinal
    2. Femoral
    3. Ventral
    4. Umbilical
    5. Other
  - b. Breast Procedures
    1. Biopsy
    2. Lumpectomy/Partial Mastectomy
    3. Simple Mastectomy
    4. Modified Radical Mastectomy
    5. Other
  - c. Venous Ligation and Stripping
  - d. Exploration Laparotomy
  - e. Esophageal Procedures
    1. Dilatation
    2. Esophagotomy
    3. Cardiomyotomy
    4. Other
  - f. Gastric Procedures
    1. Gastrostomy
    2. Gastroduodenostomy
    3. Gastrojejunostomy
    4. Total Gastrectomy
    5. Vagotomy
    6. Pyloroplasty
    7. Gastroplasty
    8. Hiatal hernia Repair
    9. Other
  - g. Small Bowel Procedures
    1. Resection
    2. Roux-en Y Jejunostomy
    3. Ileostomy
    4. Other
  - h. Large Bowel Procedures
    1. Appendectomy
    2. Colostomy
    3. Subtotal Colectomy
    4. Sigmoid Resection with Rectal Anastomosis
    5. Proctocolectomy/Abdominoperineal Resection (APR)
    6. Other
  - i. Anorectal Procedures
    1. Hemorrhoidectomy
    2. Pilonidal Cystectomy
    3. Fissure/Fistula Repair
    4. Sphincterotomy
    5. Rectal polypectomy
    6. Anoplasty
    7. Other

- j. Biliary Tract Procedures
  - 1. Cholecystectomy
  - 2. Cholecystostomy
  - 3. Cholangiogram
  - 4. Common Bile Duct Exploration
  - 5. Choledochojejunostomy
  - 6. Liver Biopsy
  - 7. Repair of Liver Laceration
  - 8. Liver Resection
  - 9. Other
- k. Pancreatic and Splenic Procedures
  - 1. Excision of Pancreatic Cyst/Pseudocyst
  - 2. Pancreaticoduodenectomy
  - 3. Repair of Splenic Laceration
  - 4. Splenectomy
  - 5. Other
- l. Endoscopic Diagnostic Procedures
  - 1. Choledochoscopy
  - 2. Colonoscopy
  - 3. Esophagogastroduodenoscopy (EGD)
  - 4. Gastroscopy
  - 5. Sigmoidoscopy
  - 6. Other
- m. Miscellaneous Procedures
  - 1. Excision of Lipoma, Lymph Node, Lesion, etc.
  - 2. Incision and Drainage of Abscess
  - 3. Biopsy of Nerve, Muscle, etc.
  - 4. Insertion of implanted infusion catheters/ports
  - 5. Other
- 2. Obstetric and Gynecologic Surgery
  - a. Vaginal and Vulvar Procedures
    - 1. Dilatation and Curettage (D & C)
    - 2. Bartholin's Cystectomy
    - 3. Cervical Conization/Biopsy
    - 4. Colporrhaphy/Anterior and Posterior (A & P) Repair
    - 5. Vaginal Hysterectomy
    - 6. Placement of Radiation Therapy Devices
    - 7. Fistula Repair
    - 8. Vaginoplasty
    - 9. Ablation of Condylomata
    - 10. Vulvectomy
    - 11. Perineorrhaphy
    - 12. Other
  - b. Abdominal Procedures
    - 1. Tubal Ligation
    - 2. Tuboplasty
    - 3. Oophorectomy
    - 4. Salpingectomy
    - 5. Abdominal Hysterectomy
    - 6. Ablation of Endometriosis
    - 7. Myomectomy
    - 8. Other

- c. Obstetric Procedures
  - 1. Surgery for Ectopic Pregnancy
  - 2. Cervical Cerclage
  - 3. Uterine Aspiration
  - 4. Vaginal Delivery
  - 5. Episiotomy
  - 6. Caesarean Section
  - 7. Other
- d. Endoscopic Diagnostic Procedures
  - 1. Colposcopy
  - 2. Hysteroscopy
  - 3. Laparocopy

Program Director/Instructor will make daily surgical assignments previous to the clinical day. It is the student's responsibility to know assigned procedures and be prepared to discuss.

Failure to come prepared may result in the student not being able to participate in the procedures. Students must seek every opportunity to participate in procedures. Every student must have a cumulative total of 150 cases.

**TO SUCCESSFULLY COMPLETE SUR 275 THE STUDENT MUST:**

1. Take the PAE.
2. Take the WorkKeys exam and pass.
3. Have scrubbed and passed at least 150 cases.

**PROCEDURES:**

The following procedures are to be set up within 10 minutes and passed with NO assistance.

**General:**

TALLY	PROCEDURE
	A. Breast Bx
	B. All hernia repairs
	C. Appendectomy
	D. Laparoscopic Cholecystectomy

TALLY	PROCEDURE
	E. Hemorrhoidectomy
	F. I & D
	G. Anal Fissure
	H. Pilonidal cyst

**Urology:**

TALLY	PROCEDURE
	A. Cystoscopy
	B. Urethral Dialation
	C. Phalloplasty

TALLY	PROCEDURE
	D. Meatotomy
	E. I & D

**Thoracic:**

TALLY	PROCEDURE
	A. Bronchoscopy
	B. Mediastinoscopy

TALLY	PROCEDURE
	C. I & D
	N. Tonsillectomy & Adenoidectomy

**Ophthalmology:**

TALLY	PROCEDURE
	A. Cataract Extractum with lens implant
	B. Treat Duct Probe

TALLY	PROCEDURE
	C. I & D

**ENT:**

TALLY	PROCEDURE
	A. Myringotomy with tube implants
	B. I & D

TALLY	PROCEDURE
	C. Tonsillectomy Adenoidectomy

**Plastics:**

TALLY	PROCEDURE
	A. Small soft tissue procedures

TALLY	PROCEDURE
	B. I & D

**OB GYN:**

TALLY	PROCEDURE
	A. D & C
	B. Tubal Ligation
	C. D & E
	D. Hysteroscopy
	E. Leep Loop

TALLY	PROCEDURE
	F. Laser Vaporization
	G. Hysterectomy
	H. C-Section
	I. I & D

**Neuro:**

TALLY	PROCEDURE
	A. Small tissue procedures

TALLY	PROCEDURE
	B. I & D

**Orthopedic:**

TALLY	PROCEDURE
	A. ORIF using K-wires
	B. Arthroscopy
	C. ORIF using ECT plates & screws
	D. Amputations

TALLY	PROCEDURE
	E. Small bone procedures
	F. Soft tissue procedures
	G. I & D

**OTHER PROCEDURES AS SIGNED BY THE PROGRAM DIRECTOR**

The Program Director/Instructor will make daily surgical assignments previous to the clinical day. It is the student's responsibility to know assigned procedures and have a procedure paper completed on all assigned cases. The procedure papers may be reviewed in pre-conference. Failure to come prepared may result in the student not being able to participate in the procedure(s). Students must seek every opportunity to participate in procedures.

**SURGICAL TECHNOLOGY PROGRAM  
COURSE OBJECTIVES**

**SURS 200 – SURGICAL TECHNOLOGY ADVANCED THEORY**

**COURSE DESCRIPTION**

This course involves a more in-depth study of preparation of the OR setup related to the specific procedure to be performed on the patient. The student will learn more about anesthesia and various techniques in the different specialties.

**COURSE OBJECTIVES**

Student will understand anatomy and physiology of specific disease processes and the surgical procedures and treatments performed to correct problems due to illness, trauma, birth defects, and aesthetics.

**GRADING**

Tests & Quizzes	80%
Final	20%
<b>TOTAL</b>	<b>100%</b>

## **SURGICAL TECHNOLOGY PROGRAM COURSE OBJECTIVES**

### **SURS 201 – SURGICAL SKILLS PRACTICUM II**

The student will have rotation in the following areas:

1. ENT
2. Plastic & Reconstructive
3. Orthopedic
4. Neurosurgical
5. Thoracic
6. Cardiovascular
7. Peripheral Vascular
8. Ophthalmology
9. Urology

#### **HOSPITAL STAFF EVALUATIONS:**

The hospital staff will perform weekly evaluations that will be used to monitor the student's progress.

#### **PROGRAM DIRECTOR/SCHOOL INSTRUCTOR EVALUATIONS:**

The Program Director/School Instructor will observe and complete an evaluation. The student must complete each evaluation with at least a 70% to successfully complete SUR 201.

#### **GRADING:**

SUR 201 is a progressive course in which previous skills/competencies must be maintained and expanded. The instructor will arrive at a final grade by using the following:

Clinical Evaluations	25%
Case Studies	25%
Professional Evaluation	<u>50%</u>
<b>TOTAL</b>	<b>100%</b>

## PROCEDURES:

3. Ophthalmic Surgery
  - a. Eye Procedures
    1. Ectropion/Entropion Repair
    2. Levator Resection
    3. Blepharoplasty
    4. Other
  - b. Strabismus Procedures
    1. Recession
    2. Resection
    3. Other
  - c. Corneal Procedures
    1. Keratoplasty/Corneal Transplant
    2. Radial Keratotomy
    3. Other
  - d. Lens Procedures
    1. Intracapsular Cataract Extraction (ICCE)
    2. Extracapsular Cataract Extraction (ECCE)
      - a. Phacoemulsification
      - b. Placement of intraocular lens (IOL)
    3. Other
  - e. Retinal Procedures
    1. Cryotherapy
    2. Scleral Buckling
    3. Other
  - f. Vitreous Procedures
    1. Anterior Vitrectomy
    2. Posterior Vitrectomy
    3. Other
  - g. Glaucoma Procedures
    1. Iridectomy
    2. Trabeculoplasty/Trbeculectomy
    3. Placement of drainage shunt
    4. Other
  - h. Miscellaneous Procedures
    1. Excision of Pterygium
    2. Excision of Chalazion
    3. Removal of foreign body
    4. Lacrimal Duct Probing
    5. Dacryocystorhinostomy (DCR)
    6. Orbital Exenteration
    7. Enucleation/evisceration
4. Ear, Nose & Throat Surgery
  - a. Ear Procedure
    1. Myringotomy
    2. Myringoplasty
    3. Mastoidectomy
    4. Typanoplasty
    5. Stapedectomy
  - b. Nasal Procedures
    1. Anstrostomy
    2. Turbinectomy
    3. Polypectomy
    4. Submucous Resection (SMR)/Septoplasty
    5. Rhinoplasty

- c. Throat Procedures
  - 1. Adenoidectomy
  - 2. Tonsillectomy
  - 3. Uvulopalatopharyngoplasty (UPP)
  - 4. Vocal Cord Procedures
  - 5. Oral Endoscopy
    - a. Laryngoscopy
    - b. Bronchoscopy
- d. Sinus Procedures
  - 1. Caldwell Luc operation
  - 2. Ethmoidectomy
  - 3. Sphenoidectomy
- 5. Head and neck Surgery
  - a. Glossectomy
  - b. Laryngectomy
  - c. Mandibulectomy
  - d. Parotidectomy
  - e. Radical Neck Dissection
  - g. Salivary Duct Stone Extraction
  - h. Thyroidectomy
  - i. Thyroglossal Duct Cystectomy
  - j. Tracheostomy/Tracheotomy
- 6. Oral and Maxillofacial Surgery
  - a. Dental Procedures
    - 1. Extractions
    - 2. Restorations
    - 3. Implantation/Augmentation
    - 4. Other
  - b. Maxillofacial Procedures
    - 1. Repair of Fractures
      - a. Frontal
      - b. Orbital floor (blowout)
      - c. Zygomatic
      - d. Midface (LeFort I, II, III)
      - e. Mandibular
    - 2. Craniofacial Reconstruction
    - 3. Other
  - c. Temporomandibular Joint Procedures
    - 1. Arthroscopy
    - 2. Meniscus Repair
    - 3. Joint Replacement
    - 4. Other
- 7. Plastic Surgery
  - a. Aesthetic (Cosmetic) Procedures
    - 1. Abdominoplasty
    - 2. Blepharoplasty
    - 3. Dermabrasion
    - 4. Liposuction
    - 5. Augmentation Mammoplasty
    - 6. Reduction Mammoplasty
    - 7. Mastopexy
    - 8. Mentoplasty
    - 9. Otoplasty
    - 10. Rhinoplasty
    - 11. Rhytidectomy
    - 12. Other

- b. Excision of Lesions, Nevus, Keloids, etc.
- c. Reconstructive Procedures
  - 1. Repair of Laceration
  - 2. Scar Revision
  - 3. Local Flaps
    - a. Rotation
    - b. Advancement

## **SURGICAL TECHNOLOGY PROGRAM COURSE OBJECTIVES**

### **SUR 275 – SURGICAL TECHNOLOGY ADVANCED PRACTICUM**

The student will have a three (3) week rotation in the following areas:

1. General
2. OB/GYN
3. ENT
4. Plastics & Reconstructive Surgery
5. Thoracic
6. Cardiovascular/Peripheral Vascular
7. Urology
8. Orthopedic
9. Ophthalmology
10. Neurosurgery

This semester will be utilized for increasing proficiency in skills learned in previous semesters.

#### **HOSPITAL STAFF EVALUATIONS:**

The hospital staff will perform weekly evaluations that will be used to monitor the student's progress.

#### **PROGRAM DIRECTOR/CLINICAL INSTRUCTOR EVALUATIONS:**

The Program Director/Clinical Instructor will observe and complete one evaluation on each student. The student must complete the evaluation with at least a 70% to successfully complete SUR 275.

#### **GRADING:**

SUR 275 is a progressive course in which previous learned skills/competencies must be maintained and expanded. The instructor will arrive at a final grade by using the following:

1. The hospital staff will perform a weekly evaluation that will be used to monitor the student's progress. This will count as 25% of your grade.
2. The Program Director/Clinical Instructor will observe and complete one Evaluation on each student. This will count as 50% of your grade.
3. 25% of your grade will come from attendance, behavior, and adherence to rules and regulations of the school and facility in which you are assigned

\*1. Will set up and pass with min/mod assistance 5 of the following ear, nose, & throat procedures:

TALLY	PROCEDURE
	A. Myringotomy (Tube implants)
	B. Endoscopic Sinus Procedures
	C. Tympanoplasty
	D. Sphinoidectomy
	E. Mastoidectomy
	F. Turbinectomy
	G. Stapedectomy
	H. Nasal Fracture
	I. Septoplasty
	J. Laryngoscopy
	K. Rhinoplasty
	L. Microdirect Laryngoscopy

TALLY	PROCEDURE
	M. Antral Windows
	N. Tonsillectomy & Adenoidectomy
	O. Nasal Polypectomy
	P. Exc. Submaxillary Gland
	Q. Caldwell Luc
	R. Tracheostomy
	S. Parotidectomy
	T. Radical Neck Dissection
	U. Larygectomy
	V. Facial Fractures
	W. Application of Arch Bars
	X. ENT procedures approved by director

2. Will set up and pass with min/mod assistance 3 of the following plastic and reconstructive procedures:

TALLY	PROCEDURE
	A. Free Skin Grafts
	B. Otoplasty
	C. Split Thickness Skin Grafts
	D. Skin/Muscle Flaps
	E. Breast Reconstruction
	F. Blepharoplasty
	G. Breast Augmentation
	H. Face Lift
	I. Breast Reduction
	J. Dermabrasion

TALLY	PROCEDURE
	K. Cleft lip & palate
	L. Abdominalplasty
	M. Suction Lipectomy
	N. Hand Surgery
	O. Full Thickness Skin Grafts
	P. Plastic & Reconstructive procedures approved by the program director.

\*3. Will set up and pass with min/mod assistance 8 of the following orthopedic procedures:

TALLY	PROCEDURE
	A. External Fixation
	B. Carpal Tunnel Release
	C. Ganglion Cyst Exc.
	D. Baker's Cyst Exc.
	E. Shoulder Repair
	F. Total Hip
	G. Total Knee
	H. Orthoscopy
	I. Arthrodesis
	J. Intramedullary Rodding
	K. Ligament Repairs
	L. Correction of Hammer Toe
	M. Amputation
	N. Harrington/Lurgue Rods

TALLY	PROCEDURE
	O. Open Reduction Internal Fixation of the following:
	1. Shoulder
	2. Clavid:
	3. Humerusr
	4. Tibia
	5. Femur
	6. Olecranon
	7. Radius
	8. Carpal Bones
	9. Ulna
	10. Tarsal Bones
	11. Fibula
	12. Pelvis
	P. Orthopedic procedures approved by the program director.

\*4. Will set up and pass with assistance 3 of the following Neurosurgical procedures:

TALLY	PROCEDURE
	A. Burr Holes
	B. Cranioplasty
	C. Craniotomy
	D. Shunt
	E. Intracranial Aneurysm
	F. Laminectomy
	G. A/V Malformation

TALLY	PROCEDURE
	H. Cordectomy
	I. Transsphenoidal
	J. Anterior Cervical Fusion
	K. Nerve Repair
	L. Halo Application
	M. Neurosurgical procedures approved by the program director.

\*5. Will set up and pass with assistance 1 of the following thoracic procedures:

TALLY	PROCEDURE
	A. Bronchoscopy
	B. Decortication
	C. Mediastinoscopy
	D. Segmental resection
	E. Thoracotomy

TALLY	PROCEDURE
	F. Wedge Resection
	G. Pneumonectomy
	H. Lobectomy
	I. Thoracic procedures approved by the program director.

\*6. Will set up and pass with assistance 1 of the following cardiovascular procedures:

TALLY	PROCEDURE
	A. CABG
	B. Valve Replacement
	C. Pericardial Window

TALLY	PROCEDURE
	D. Coagulation of Bleeders
	E. Cardiovascular procedures approved by the program director

7. Will set up and pass with assistance 1 of the following peripheral vascular procedures:

TALLY	PROCEDURE
	A. Abdominal Aortic Aneurysm
	B. Valve Replacement
	C. Femoral Popliteal Graft
	D. Arterial Embolectomy

TALLY	PROCEDURE
	E. Femoral Tibial Graft
	F. Carotid Endarterectomy
	G. Creation of Dialysis Access
	H. Peripheral vascular procedures approved by the program director.

8. Will set up and pass with assistance 1 of the following ophthalmology procedures:

TALLY	PROCEDURE
	A. Exc of Chalazion
	B. Repair of Entropion
	C. Resection/Recession
	D. Repair of Exotropion
	E. Enucleation of Eye
	F. Evisceration of Eye
	G. Pterygium Excision
	H. Corneal Transplant

TALLY	PROCEDURE
	I. Tear Duct Probe
	J. Keratoplasty
	K. Dacryocystorhinostomy
	L. Cataract Extraction (iL Implant)
	M. Iridectomy
	N. Vitrectomy
	O. Ophthalmology procedures approved by the program director

\*9. Will set up and pass with mod/min assistance 4 of the following urology procedures:

TALLY	PROCEDURE
	A. Cystoscopy
	B. Penil Implant
	C. Phalloplasty
	D. Hydrocelectomy
	E. Meatotomy
	F. Vasectomy
	G. Urethral Dilatation
	H. Epididymectomy
	I. Epi/Hypospadias Repair
	J. Varicelectomy
	K. Orchidectomy

TALLY	PROCEDURE
	L. Needle Bx of Prostate
	M. Orchiopexy
	N. TURP
	O. TURB
	P. Prostatectomy
	Q. Cystostomy
	R. Ureterolithotomy
	S. Nephrectomy
	T. Adrenalectomy
	U. Other Urology Procedures as approved by program director.

The Program Director/Instructor will make daily surgical assignments previous to the clinical day. It is the student's responsibility to know assigned procedures on all assigned cases. The procedure papers maybe discussed in pre-conference. Failure to come prepared may result in the student not being able to participate in the procedures. Students must seek every opportunity to participate in procedures.

**SURGICAL TECHNOLOGY  
PROJECTED PROGRAM COSTS**

<b>ITEM</b>	<b>COST</b>
AST Membership	\$45.00
Books (approximately)	\$600.00
Cap, Gown, Diploma Cover for Graduation	\$35.00
Hepatitis Vaccine	\$200.00
HOSA Dues	\$12.00
ID Badge	\$7.00
Lab Coats (1)	\$20.00
Liability Insurance	\$32.00
PAE Exam	\$25.00
Physical	\$100.00
Scrub Suits (2)	\$60.00
Shoes (1 Pair)	\$70.00
Tuition (2 Semesters /1 Intersession. Total number hrs. 35 @ \$92/hr.)	\$3,220.00
Watch with second hand	\$30.00
<b>TOTAL</b>	<b>\$4,456.00</b>

**Certification Exam is \$190 for students who take exam within 6 months of graduation. If past 6 month period cost of exam is \$244.**

## COMMUNICABLE DISEASE PREVENTION

All Surgical Technology students, in order to protect themselves, fellow health care personnel, and patients, will comply with each of the following:

- ☺ Uniforms and lab coats will be fresh each day.
- ☺ All equipment will be thoroughly cleaned, disinfected, or sterilized between patients according to appropriate procedures for each piece of equipment regardless of the patient's diagnosis.
- ☺ Good handwashing practices will be carried out before and after patient contact.
- ☺ Disposable gloves will be worn in all cases when contact with blood or body fluids is anticipated. Disposable gloves are **MANDATORY** for all patient transfers.
- ☺ Masks will be worn when it is likely that blood or body fluids could splash in the nose or mouth.
- ☺ A gown will be worn should a splash of blood or body fluids onto the skin or clothing be anticipated.
- ☺ Cuts, scratches, or other non-intact skin will be covered to avoid contact with blood or body fluids.
- ☺ Goggles or other eye protection will be worn when a splash of blood or body fluid into the eye is anticipated.
- ☺ Blood or body fluid inadvertently coming in contact with the skin should be quickly and thoroughly washed away.
- ☺ Students that experience exposure to blood or body fluid will report to their clinical instructor and follow clinical exposure protocol.
- ☺ Students with a communicable disease will avoid patient contact until resolved.

## **COMMUNICABLE DISEASE POLICY**

- ◆ Any student who has or contracts a communicable disease as so stated by a physician will be dismissed from theory and clinical with an excused absence.
- ◆ Make-up work will be assigned on an individual basis.
- ◆ All theory and clinical work must be made up; i.e. test, assignments, and quizzes.
- ◆ It is the students' responsibility to request make up work and to keep up with what he/she has missed.
- ◆ Re-entry is contingent on a signed physicians' statement stating the student is no longer communicable.

## SURGICAL TECHNOLOGY PROGRAM

### Pregnancy Policy

A student who becomes pregnant at any time during the program should declare the fact to the Program Director as soon as possible, but is not required to do so. Once declared, the Program Director will counsel the student and then will decide if she wants to continue the program.

If the student so decides, she may continue in the program and will not be treated any differently than a non-pregnant student. Course objectives, attendance, clinical rotations, etc., will be adhered to.

- The student will be required to read NRC appendix 8.13 which is **“INSTRUCTIONS CONCERNING PRENATAL RADIATION EXPOSURE”**.
- The student shall wear an additional film badge at the waist level at all times while in clinical and laboratory situations.
- The student shall wear a wrap-around lead apron during exposures to radiation. Lead aprons of 0.5 mm lead equivalent are considered sufficient to attenuate 88% of the beam at 75 kVp. Above kVp aprons with 1.0 mm lead recommended.
- The student will be required to present monthly physician’s statements stating that the student may continue in the program.
- The student will be required to wear a blue maternity scrub suit with school identification name badge.

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Student Signature

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Date

# **SURGICAL TECHNOLOGY**

## **PREGNANCY POLICY**

### **IN-SERVICE SIGNATURE FORM**

I have received a copy of the “Instruction concerning prenatal radiation exposure” Regulatory Guide from the U.S. Nuclear Regulatory Commission, Regulatory Guide 8.13 (see back of handbook). I have read and understand the material and have been given the opportunity to ask questions. I understand that I may contact the program faculty if I desire more information.

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Name (Please Print)

---

Signature

---

Date

## HEALTH AND SAFETY POLICY

- All students are required to have a pre-admission health examination to insure the safety and well being of students, staff and patients. Additional screening and immunizations may be required by clinical affiliates.
- Yearly TB skin tests are required of all students. Documentation of results must be returned to program faculty by indicated due date.
- Students are informed about the vaccine for Hepatitis B. It is the students' decision as to whether they wish to receive the vaccine. A student who receives the vaccine must present proof to the instructor prior to beginning clinical education. A student who begins the vaccination process prior and during clinical education must present proof of each vaccine to the instructor. A student who chooses not to receive the vaccine must sign a "Statement of Declination".
- If a student becomes ill or injured at the clinical site, he/she must report to the clinicals instructor who may have the student report to program faculty, or the employee health nurse or emergency room. The student is required to fill out an incident report at the school in the event of an injury immediately if possible.
- All of the program's clinical affiliate policies regarding infection control will be observed.
- The student is responsible for notifying the program faculty of any limiting disability or condition requiring continuing medical treatment as it is known to the student.
- It is recommended that the student maintain individual health insurance coverage.

# **SURGICAL TECHNOLOGY PROGRAM**

## **CONFIDENTIALITY AGREEMENT**

I am aware of (name of state and statute) which states:

- **BY LAW WE CANNOT REVEAL ANY DIRECT OR INDIRECT INFORMATION DUE TO CONFIDENTIALITY.**
- **MUST HAVE WRITTEN PERMISSION OF PERSON INVOLVED OR HIS GUARDIAN.**

I do hereby swear to adhere to this Statute regarding any information made available to me by this affiliation.

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**Student's Signature**

---

**Date**

# **SURGICAL TECHNOLOGY PROGRAM**

## **WRITTEN HAZARDOUS COMMUNICATIONS POLICY STUDENT'S STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, a student in the Surgical Technology Program at (name of college) have had the Written Hazardous Communications Policy explained to me and do fully understand that, in some classroom procedures, I may be exposed to hazardous materials/

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**Student's Signature**

---

**Date**

# **SURGICAL TECHNOLOGY PROGRAM**

## **USE OF PROTECTIVE CLOTHING AND/OR GEAR**

I, \_\_\_\_\_, understand that it is my responsibility to wear and/or use the following protective clothing and/or gear when carrying out my clinical duties:

Gloves, face mask/shields, lab coats, goggles, disposable gowns, fluid resistant clothing, head coverings, shoe coverings, lead aprons, and laser goggles.

I have been instructed by my teacher as to the use of this clothing and/or gear and I realize failure to comply will result in disciplinary action.

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Student's Signature

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Teacher's Signature

---

Date

## **STUDENT INJURY – EXPOSURE TO BLOOD OR BODY FLUID**

### **Infectious Diseases**

Each clinical facility is expected to practice universal precaution procedures in the care of patients with infectious diseases. The Surgical Technology student is educated in, and is expected to be knowledgeable in the practice of these precautions and care for these patients.

Clinical grades are awarded according to student performance. Refusal to render care to any patient in a manner which follows the clinical facilities guidelines may result in dismissal from the program.

### **Procedures for Accidental Exposure to Blood or Body Fluid**

All contaminated needle sticks or bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

1. If a student sustains a puncture wound:
  - Withdraw the needle or other object immediately.
  - Immediately wash hands/area of puncture wound using soap and water; follow application of povidone iodine and/or alcohol.
  - Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
  - Wipe away any blood.
2. If a student receives a spray or splash of body fluids:
  - To eyes, nose or mouth – irrigate with a large amount of water.
  - To a break in the skin, follow procedure for puncture wound (above).
3. The student will report the incident immediately to the clinical instructor and program faculty. The student must complete an exposure form according to the policy of the clinical facility.
4. The student will follow the clinical facilities procedures for reporting and follow-up of the exposure. Any required incident report should be completed before leaving the facility.
5. The student will seek a risk assessment and determination of recommended screening, treatment and/or follow up from the Infection Control Practitioner or Clinical Instructor.

## Student Injury – Exposure Report

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Clinical Facility: \_\_\_\_\_ Radiographer: \_\_\_\_\_

Description of Injury – Exposure: \_\_\_\_\_

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

\_\_\_\_\_ Completion of required reports and evaluation as required.

\_\_\_\_\_ Screening, advise, referral for testing, treatment and counseling.

\_\_\_\_\_ Analyze the occurrence regarding implication, if any, for future practice.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

Upon completion, this form will be placed in the student’s program file.

## SCHOOL RELATED ACCIDENTS AND INCIDENT REPORTS

### Rules:

- ✓ Accident school coverage is only provided by for the student while attending class or clinicals.
- ✓ When an incident occurs, notify a clinical instructor as soon as possible and then notify program faculty.
- ✓ An incident report is written documentation of the facts concerning injury to patient or student.
- ✓ Fill out a form as soon as possible no matter how trivial the incident may appear to be at the time (within 24 hours)
- ✓ In addition to the incident form, submit a summary of the incident to be kept in the student's program file.
- ✓ Personal injuries and illness requiring medical treatment becomes the financial responsibility of the student.

The College's insurance policy can change at any time due to the type of coverage and company insure with.

### Procedures:

RESPONSIBILITY	ACTION
Student	<ul style="list-style-type: none"> <li>• Notifies clinical instructor or supervisor (in the absence of instructor) as soon as possible after incident (within 24 hours).</li> <li>• Notifies program faculty as soon as possible. School incident form must be filled out within 24 hours of incident.</li> <li>• Clinical instructor or program faculty will direct student to proper place to seek treatment dependent upon severity of injury.</li> <li>• Gives fully completed incident form to appropriate person (facility form to Surgical Technology supervisor or school form to program director).</li> <li>• Gives incident summary to program faculty, as well as a copy of the incident form.</li> <li>• Arranges payment for personal injury or sickness.</li> </ul>
Clinical Instructor	<ul style="list-style-type: none"> <li>• Assists student in filling out appropriate forms.</li> <li>• Advises the student to seek medical attention if injured.</li> <li>• Reports documentation to clinical coordinator or program director.</li> </ul>
Program Faculty	<ul style="list-style-type: none"> <li>• Assists student in filling out forms.</li> <li>• Files summary in student program file.</li> <li>• Reports documentation to Program Director.</li> <li>• Provides student with school accident form.</li> </ul>
Clinical Instructor/Designee	<ul style="list-style-type: none"> <li>• Accepts responsibility for student in absence of instructor.</li> <li>• Assists student in filling out forms.</li> </ul>
Program Director	<ul style="list-style-type: none"> <li>• Review all documentation.</li> </ul>

## FIRE PREVENTION AND PROTECTION POLICY

**Rules:**

- Know procedures in the event of fire.
- Know locations of fire alarms and fire equipment in school and Surgical Technology department.
- Know how to use fire extinguishers and which to use for various fires. **NOTE:** ABC extinguishers are located throughout the departments and can be used for any fire, which may occur.
- Never endanger yourself or your patient should a fire exist.
- Report fire and electrical hazard to supervisor.

**Procedure:**

RESPONSIBILITY	ACTION
Student	<p>Prevention of Fires:</p> <ul style="list-style-type: none"> <li>• Smokes only in designated areas and extinguish in proper manner.</li> <li>• Investigates suspicious fire hazards.</li> <li>• Keeps passageways, fire exits and corridors clear at all times.</li> <li>• Knows location of all fire fighting equipment and their use.</li> <li>• Reports fire hazards to immediate supervisor.</li> </ul> <p><b>Event of Fire:</b></p> <ul style="list-style-type: none"> <li>• Removes patient from immediate area when fire or smoke exists.</li> <li>• Pulls fire alarm.</li> <li>• Calls operator reporting location.</li> <li>• Controls fire using proper extinguishers or hose.</li> <li>• Closes all doors, thereby confining the fire.</li> <li>• Disconnects electrical equipment, i.e., circuit breakers and combustibles, those not engaged in extinguishing the fire.</li> </ul>

# **SURGICAL TECHNOLOGY**

## **TRAVEL FORM**

This is to confirm that (student's name) \_\_\_\_\_  
has permission to participate in any trip necessary to the Surgical Technology Program. I  
understand that the trips may involve going out of town for overnight or for several days.  
I will not hold (name of college) or any facility thereof responsible for any accidents or  
bodily injury that may occur to the above named student.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## **HEPATITIS B VACCINE INFORMATION**

### **The Disease**

Hepatitis B virus, one of at least three Hepatitis viruses, is an important cause of viral Hepatitis. The illness caused by or related to Hepatitis B are serious, resulting in death in about 1% of those infected. Complications of the disease include a variety of liver disorders, including cirrhosis and cancer. Most patients recover completely, but about 6-10% become chronic carriers and can continue to transmit the virus to others. There may be as many as .5-1.0 million carriers in the United States.

### **Transmission and Risks**

The disease is transmitted chiefly through contact with infected blood and blood products. Hospital staff, therefore, is at increased risk of acquiring the disease. The risk for hospital personnel can vary, both among hospitals and within hospitals. Though the risk of acquiring Hepatitis B through the clinical experience is probably lower in some facilities due to the low incidence of the disease, the decision to receive or decline the vaccine deserves your careful consideration.

### **The Vaccine**

Various pharmaceutical companies have developed vaccines, which provide protection from Hepatitis B. Field trials have shown 80-95% efficacy in preventing infection among susceptible persons. The duration of protection and the need for booster doses is not yet known. Adult vaccination consists of three intramuscular injections of vaccine. The second and third doses are given at one and six months respectively, after the first.

### **Waiver Format**

- Consistent with guidelines developed by the CDC and the American Hospital Association, certain employees have been identified as being at relatively higher risk of exposure to Hepatitis B. Radiography at certain institutions, has been designated in this group.
- Perhaps one in fifty employees may have an acquired immunity to Hepatitis b through previous illness or exposure and would not need the vaccine. This can be determined by a laboratory-screening test.
- The Hepatitis B viral vaccine is available through the Health Departments, personal physicians, or any hospital.
- As with any immunization, there are disadvantages and risks. If you wish further advise, please contact your personal physician.
- I have read and fully understand the above.

**INFECTION CONTROL PROGRAM  
STATEMENT OF UNDERSTANDING  
UNIVERSAL PRECAUTIONS  
HEPATITIS B VACCINE**

**STUDENT:**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

\_\_\_\_\_ I understand that due to my clinical exposure to blood or other potentially infectious materials during my training program I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been informed that MCC recommends that I take the Hepatitis B Vaccination prior to entering clinical training. I understand that by declining this recommendation to take the vaccine it will be at risk of acquiring a serious disease, Hepatitis B. I understand that if, in the future, I want to be vaccinated I can take the vaccine series at any time. If I choose to do this I will furnish (name of college) with proof of vaccination within 10 days of taking the vaccination.

**OR**

\_\_\_\_\_ I had the Hepatitis B vaccination on \_\_\_\_\_ and have submitted proof of vaccination to (name of college) (attached).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**TO BE SIGNED BY LEGAL GUARDIAN IF STUDENT IS A MINOR**

As the legal guardian of the above named student, I understand and agree to the above conditions for enrollment.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

# **SURGICAL TECHNOLOGY PROGRAM**

## **AUTHORIZATION TO RELEASE REFERENCE INFORMATION**

I hereby authorize the Program Director and/or instructors in the Surgical Technology Program of (name of college) to release information concerning my performance while enrolled in the program.

This information should only be released to prospective employers of which I have given the Program Director and/or Instructors as references.

This information may be given out by letter or via telephone conversation.

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Student's Signature

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Date

## STATEMENT OF UNDERSTANDING

<b>Student Name:</b>	
<b>Program:</b>	
<b>College:</b>	

I am applying for the program shown above and agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided clinical experiences either in the school or other appropriate facility in the community.
2. For educational purposes and practice on “live” models, I consent in allowing other students to practice non-invasive procedures on me as I will practice these same procedures on them under the guidance and direct supervision of my instructor. The nature and educational objectives of these procedures have been fully explained to me. No guarantee or assurance has been given by anyone as to any problem that might be incurred as a result of these procedures.
3. These clinical experiences are assigned by the Instructor for their educational value and thus no payment (wages) will be earned or expected.
4. It is understood I will be a student within the clinical facilities that affiliate with my school and will conduct myself accordingly. All required and published personnel policies, standards, philosophy, and procedures of these agencies will be followed: I also agree to obtain all tests and immunizations required by the affiliating agency.
5. I have read and agree to adhere to the college’s policies, rules, and regulations related to the program for which I am applying.
6. I understand the information regarding a patient or former patient is confidential and is to be used only for clinical purposes within an educational setting.
7. I understand the educational experiences and knowledge gained during the program do not entitle me to a job.
8. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
9. It is understood that I am liable for my own medical and hospitalization insurance.
10. It is understood that I will be accountable for my own actions; therefore, I will carry adequate limited professional liability insurance during the clinical phase of the program. (College will assist in identifying plans available to be acquired at the student’s expense.)

I have read, understand each statement, and agree to abide by the above.

To be signed by legal guardian if applicant is a minor.

<b>Student Signature:</b>	
<b>Date:</b>	

As the legal guardian of the student named above, I agree to the above conditions.

# STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_ have receive a copy of the Surgical Technology Student handbook. I have had the opportunity to review and have my questioned answered.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

**STUDENT CENTRAL SUPPLY EVALUATION:**

GRADING: EACH BLOCK IS WORTH A POSSIBLE 6 PTS. TOTAL ALLOWED PTS = 100 EXCELLENT A – Each task is worth 5.9 points GOOD B – Each task is worth 4.7 points. FAIR C – Each task is worth 4.1 points. Points in each column will be added together to give you a grade for the procedure(s)..		EXCELLENT A 5.9 PTS	GOOD B 4.7 PTS	FAIR C 4.1 PTS.	N/A
1.	Demonstrates knowledge of universal precautions.				
2.	Properly identifies, counts, and cleans instruments.				
3.	Proper loading/operating of steam sterilizer, ultrasonic, washer etc.				
4.	Selects correct methods for sterilization, wrapping, packaging.				
5.	Checks sterilization parameters.				
6.	Properly unloads sterilizer.				
7.	Properly stores sterile sterile items.				
8.	Identifies and counts instruments using count sheets.				
9.	Performs task with minimal assistance.				
10.	Perform tasks without direct supervision.				
11.	Arrive promptly and prepared.				
12.	Shows respect for others.				
13.	Participates as a team player.				
14.	Demonstrates initiative during down time.				
15.	Knowledge of instruments.				
16.	Correctly records distributed items for charge issue.				
17.	Set OP Surgical case carts in timely and accurate manner.				
<b>COMMENTS:</b>					
<b>TOTAL POINTS FROM EVALUATION (NUMERICAL):</b>					
<b>LETTER GRADE:</b>		90-100=A 80-90=B 70-80=C 60-70=D	<b>NOTE:</b> LETTER GRADES ARE FIGURED UPON A PERCENTAGE BASED EQUATION.		

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOSPITAL: \_\_\_\_\_

**STUDENT SCRUB EVALUATION:**

<b>GRADING: EACH BLOCK IS WORTH A POSSIBLE 6 PTS.</b> <b>TOTAL ALLOWED PTS = 100</b> <b>EXCELLENT A – Each task is worth 5.9 points.</b> <b>GOOD B – Each task is worth 4.7 points.</b> <b>FAIR C – Each task is worth 4.1 points.</b> <b>Points in each column will be added together to give you a grade for the procedure(s).</b>		<b>EXCELLENT</b>  <b>A</b>  <b>5.9 PTS</b>	<b>GOOD</b>  <b>B</b>  <b>4.7 PTS</b>	<b>FAIR</b>  <b>C</b>  <b>4.1 PTS.</b>	<b>N/A</b>
1.	Hand scrub using correct technique, gown and glove properly.				
2.	Aseptic technique.				
3.	Checks items for sterility and maintains sterility				
4.	Organizes back table and Mayo. (set up)				
5.	Gowns and gloves others.				
6.	Handles drapes correctly.				
7.	Hands instruments correctly.				
8.	Prepares and handles sutures and sharps correctly.				
9.	Prepares and handles drugs and solutions properly.				
10.	Anticipates surgeon's needs.				
11.	Keeps Mayo and Back table organized.				
12.	Assist surgeon: holding retractors, suction, cut suture, and staple, etc. (if applicable)				
13.	Corrects breaks in techniques, maintains sterile field. Observe standard precautions.				
14.	Assist with clean up, prepares for next case, follows instructions.				
15.	Knowledge of instruments, procedures.				
16.	Assumes responsibility for own performance and needs minimal help.				
17.	Cooperates and shows respect, participates as a team member.				
<b>COMMENTS:</b>					
<b>TOTAL POINTS FROM EVALUATION (NUMERICAL):</b>					
<b>LETTER GRADE:</b>		90-100=A 80-90=B 70-80=C 60-70=D	<b>NOTE: LETTER GRADES ARE FIGURED UPON A PERCENTAGE BASED EQUATION.</b>		