

**SURGICAL TECHNOLOGY DEPARTMENT**  
**POLICY & PROCEDURES MANUAL**  
**FOR**  
**SURGICAL ROTATION**

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**(name of school)**  
**SURGICAL TECHNOLOGY DEPARTMENT**

## **SURGICAL ROTATION**

### Description

The learner will demonstrate clinical proficiency to employment-acceptable level in general surgical procedures and commonly performed specialty procedures. (The learner is not expected to be clinically proficient in the more complex procedures). Emphasis will be on the first scrub role; however, the learner will have experience with the circulating role and the second assistant role.

### Teaching Method

Supervised work experience in operating rooms.

### Evaluation Methods

Demonstrated proficiency to an employment-acceptable level in general surgical procedures and commonly performed specialty procedures as identified by clinical competencies and clinical instructor evaluation.

### Grade Determination

Demonstrated proficiency for identified clinical competencies at the 100% level will indicate successful completion of the course and a grade of satisfaction.

### Non-discrimination Policy

(Name of school) is an equal opportunity educational institution and does not discriminate on the basis of age, race, religion, color, national origin, sex, or disability in its activities, programs, or employment practices as required by Title VI, Title IX, Section 504, Age Discrimination Act, and Title II of the ADA. The College has designated the Director of Human Resources as its Affirmative Action Officer with the responsibility to coordinate its civil rights compliance activities and grievances procedures.

### ADA Statement

Students in this course who, due to a disability, have a need for non-standard note taking, test taking, or other course modifications should notify the instructor, in private, as soon as possible.

### Objectives of Clinical Rotation

1. Use medical terminology correctly.
2. Demonstrate knowledge of body organization and terms of reference.

3. Discuss the relationship between humans and pathogenic and nonpathogenic bacteria.
4. Demonstrate knowledge and ability to accurately calculate dosages of liquids and solids.
5. Demonstrate procedures for the care and handling of drugs and solutions.
6. Assess the patient's responses to illness and hospitalization to include assessment of the physical, spiritual, and psychological needs of the patient.
7. Demonstrate the process used to obtain an informed consent for a surgical procedure or treatment.
8. Demonstrate the required pre-, intra-, and postoperative routines, i.e. chart review; patient identification; patient transportation; surgical positioning; operative site preparation; handling, labeling, and containment of specimens; use of thermoregulatory devices; vital sign measurement and recording; case documentation; etc.
9. Apply the concepts of asepsis, i.e. sterilization, disinfection, antisepsis.
10. Identify, care for, handle, and assemble basic surgical instruments, surgical supplies, suture materials, stapling devices, surgical needles, accessory and specialty equipment.
11. Demonstrate correct draping procedures.
12. Demonstrate techniques for opening and preparing supplies and instruments needed for any operative procedure, with maintenance of asepsis at all times.
13. Demonstrate knowledge of relevant anatomy, indications for surgery, patient preparation, special equipment and supplies, purpose and expected outcomes, and possible complications for the selected procedures.
14. Practice within the legal and ethical guidelines for the surgical technologist.
15. **DEMONSTRATE ABILITY TO ANTICIPATE THE NEEDS OF THE SURGEON, SURGICAL TEAM, AND ULTIMATELY THE PATIENT!!!**

### General Knowledge

- I. General Knowledge For All Procedures
  - a. Relevant anatomy
  - b. Pathology
  - c. Diagnostic procedures/tests
  - d. Special preoperative preparation
  - e. Special instruments, supplies, drugs
  - f. Special equipment
  - g. Intraoperative preparation
  - h. Surgical procedure
  - i. Prognosis
  - j. Postoperative care and complications
  
- II. Required Surgical Specialties
  - a. General and rectal surgery
  - b. Obstetric and gynecologic surgery
  - c. Ear, nose, and throat surgery

- d. Genitourinary surgery
- e. Orthopedic surgery
- III. Other Surgical Specialties
  - a. Ophthalmic surgery
  - b. Head & neck surgery
  - c. Oral surgery
  - d. Plastic surgery
  - e. Neurosurgery
  - f. Thoracic surgery
  - g. Cardiac surgery
  - h. Peripheral vascular surgery
  - i. General pediatric surgery
  - j. Trauma surgery

### PREPARATORY CHECKLIST FOR STUDENT

The following items are the student's responsibility to read and know. Next to each item indicate the date you completed. Sign at the bottom of the page and turn into the Clinical Instructor.

- \_\_\_\_\_ 1. Read Surgery Department Policy and Procedure Manual.
- \_\_\_\_\_ 2. If separate from the Policy and Procedure Manual read the following:
- \_\_\_\_\_ a. Fire prevention/procedure manual
  - \_\_\_\_\_ b. Universal Precautions
  - \_\_\_\_\_ c. Central Sterile Supply Policy and Procedures
  - \_\_\_\_\_ d. Needle stick/sharps injury procedure

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

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

\_\_\_\_\_  
**Date**

**ROTATION HOURS AND TOTAL OF CASES TO BE SCRUBBED****Minimum Number of Surgical Procedures to be First Scrubbed: 80**

## SURGICAL ROTATION GUIDELINES

The following are the guidelines for the (name of school), instructors, preceptors at the various clinical rotation sites, and students of the program.

1. Surgical rotation will be graded on a satisfactory/unsatisfactory basis.
2. The preceptor shall immediately correct any error made by the student either during the surgical procedure, if appropriate, or after the surgical procedure. When correcting the student the explanation will include what was performed incorrectly, why it was incorrect, and how it should be done correctly. If the preceptor deems the error threatened the patient's life or seriously compromised patient care delivery, he/she should immediately have the clinical instructor contacted to report to the operating room. Until the clinical instructor arrives, the preceptor will have the student stand by the back table and remain sterile.
3. The preceptor and student will complete rotation reports on a daily basis. The student and preceptor will read, date, and sign the report. The reports will become a permanent part of the student's file. The reports are another means of evaluating the student's performance. The report will list the strengths of the student as well as recommendations for areas of improvement. The report can be found at the end of this document in order to make copies. The title of the report is *Performance Evaluation Record* and is found on page 28.
4. The student will complete preceptor and self-evaluations. A report, based on the evaluation by the students, will be organized and shared with the preceptors. The program director of the (school name) Surgical Technology Department for record keeping purposes and program accreditation purposes will keep a file of the evaluations. The title of the evaluations are *Student Evaluation Clinical Sites and Preceptors* and *Student Self-Evaluation* found on pages 23 - 26. The student will complete these evaluations at midterm and end of semester.
5. On a midterm basis, a formal assessment will be conducted with the student by the chair of the surgical technology department. Information, observation, and analysis about the student's performance will be discussed. The student will be told if their performance is satisfactory/unsatisfactory. If unsatisfactory, the factors warranting the unsatisfactory will be discussed and exactly what the student needs to improve in order to pass. The student will know, after the midterm formal assessment, exactly what their status is concerning surgical rotation and what areas need improving.
6. The program director will coordinate with the surgical department manager/supervisor the scheduling of students and number of students the department will train at a time.

7. The student must complete a minimum of 80 surgical procedures in the first scrub role in order to graduate.
8. The student will be required to keep a journal of the number of surgical procedures they have first scrubbed. The forms used by the student in keeping the journal are discussed later in this document.
9. The preceptor is **NOT** allowed to make the decision whether to allow the student to scrub or not scrub based on student preparation. If the student is deemed not to be prepared, the preceptor can evaluate the student as such on the daily clinical evaluation tool and discuss the situation with the chair of the surgical technology department.
10. **The student is to be changed into scrubs and ready to work at 6:30 a.m. or reporting time as established by the surgical department.** This does not mean reporting at 6:30 a.m. and then changing into scrubs. It means reporting to you preceptor and/or assigned surgery room at 6:30 a.m.
11. **The student will be responsible for making up missed clinical days.** The student will arrange with the clinical instructor or chair the make-up day(s).
12. A daily conference will be held with the students at the end of the day after the daily evaluation reports have been signed. The clinical instructor or chair will hold the debriefing. The conference will include assignments for the next day, important information, evaluation of the group as a whole, etc.
13. **All clinical rotation documents become a permanent part of the student's file. It is the responsibility of the student to make photocopies for their personal records. The original documents are required for the student's file.**
14. **The student must share the responsibility in completing the rotation to satisfy the 80 minimum surgical procedure requirements.**



**PROCEDURE FOR SHARP INJURY**  
**DURING SURGICAL ROTATION**

The student must follow this policy and procedure if they sustain a sharps injury, such as a needle stick or cut by the surgical knife blade, during surgical rotation. This does not pertain to an injury sustained in the lab.

1. Student is to report to (personal physician or what school determines.)
2. Before the end of the second business day after the incident occurred, the student must report to the (school name) Human Resource Office and complete an accident report.
3. The student is to give to the program director of the Surgical Technology Department a written or typed description of the occurrence. The description will include the date and approximate time of the incident, hospital name, witnesses (if any), brief description of the incident. The program director will type a formal report based on the information to be included in the student's surgical technology file and a copy will be given to the student.

## **IMMUNIZATIONS**

Studies have shown that health care providers in the surgical setting are at a higher risk of contracting Hepatitis B than HIV. Therefore, it is highly recommended the surgical technology student receive the HBV vaccine.

The student will have received during Orientation two forms that must be completed and returned to the program director of the Surgical Technology Department before entry into a surgical department is allowed. The first form is titled *Student Immunization Record* and the second is *Hepatitis B: Vaccine Status*. The forms will be included in the student's surgical technology file.

## **LIABILITY INSURANCE**

All surgical technology students must carry liability insurance. The student can pay for the insurance at the (school name) Cashier's Office. Proof of payment must be given to the program director of the Surgical Technology Department before entry into a surgery department is allowed. The proof of payment is included in the student's surgical technology file. Refer to the next page for details concerning how long the coverage lasts, amount of coverage, etc.

## **TRAVEL REQUIREMENTS**

Students will be expected to attend surgical rotation off (school name) campus to maximize education opportunities. Students will be expected to provide their own transportation to the facility providing the opportunity for the student to complete surgical rotation. (school name) and the Surgical Technology Department are not liable for any accidents during the off campus surgical rotation.

## **CPR CARD**

The student is responsible for submitting a photocopy, front and back, of a signed, current CPR card to the program director of the Surgical Technology Department. The student will not be allowed to enter a surgery department until proof has been submitted.

## PHYSICAL STANDARDS

As a surgical technologist you may be required to:

- Stand or sit for long periods of time with no break. You should be able to withstand standing 6 to 8 hours.
- Function without nourishment for 6 to 8 hours (or be unable to have a bathroom break).
- Assist in lifting, transporting, and moving a patient.
- Lift and transport heavy instrument sets.
- Push and transport heavy equipment.
- Push and control a patient gurney or ward bed.
- Hold in position a retractor for extended periods of time.
- Have excellent vision with or without corrective lenses.
- Have hearing within normal range with or without corrective aids.
  - Ability to respond quickly to verbal orders.
- Compensate for any range of motion limitations
- Have excellent dexterity
  - Quickly and efficiently pass surgical instruments, supplies, and equipment
  - Assemble and handle delicate equipment

## STUDENT JOURNAL

1. As written in “Surgical Rotation Guidelines”, #8 on page 8, the student is required to keep a journal of the surgical procedures they have first scrubbed, observed, or circulated.
2. The journal includes the documents *Surgical Procedure Experience Record* and *Clinical Case Information*.
3. The student will complete the *Surgical Procedure Experience Record* to keep track of the type and number of cases first scrubbed, observed, and circulated. A separate form is labeled for each specialty for the students and preceptors convenience.
4. The *Surgical Procedure Experience Record* forms to complete are found starting on page 29 - 38. The forms can be photocopied when one form is complete.
5. Directions for completing the *Surgical Procedure Experience Record*: Type or write legibly the date of the procedure (date includes month, day, yr.). Next to the date write one of the abbreviations indicated at the top of the form for the work performed. Place the abbreviation in parentheses. Space is provided for surgical procedures **not** listed on the form.
6. The other portion of the journal is the *Clinical Case Information*. Additional information concerning this document is found on page 16.
7. At the program directors and clinical instructor’s discretion they will ask to see the journal.

## **NONREPORTING OR REPORTING LATE FOR SURGICAL ROTATION**

1. Each day of rotation missed by the student is required to be made up. Surgical rotation means 100% attendance. The student will establish with the clinical instructor or program director of the Surgical Technology Department a schedule for completing make-up clinical days.
2. If the student will be missing a day of rotation and not reporting for rotation, they are required to contact the following individuals in the order listed and follow the instructions listed below:
  - a. clinical instructor
  - b. Program director of the Surgical Technology Department, if clinical instructor cannot be contacted. Telephone numbers of the current program director are listed below.
3. If the student is going to be late 10 minutes or more reporting for rotation they are required to call the same individuals as stated above in #2 and in the same order.

Current program director of the Surgical Technology Department telephone numbers:

Work:

Home:

Pager:

## **WITHDRAWAL OF STUDENT FROM SURGICAL ROTATION AND SURGICAL TECHNOLOGY PROGRAM**

The following circumstances will result in the automatic withdrawal of the student from clinical rotation and the surgical technology program. The student is banned on a life time bases for readmission into the (school name) surgical technology program. The circumstances for permanent withdrawal from the program includes, but not limited to:

1. Violation of patient confidentiality.
2. Student misses more than five days of surgical rotation per semester.
3. Student's behavior and/or performance are disruptive and hazardous to themselves, patient, or other healthcare providers.
4. Sexual harassment of a (school name) student, peer, preceptor or other surgical team member, or hospital patient.

The following circumstances negate the withdrawal of the student:

1. Death of a spouse, child, or parent of a student that is verifiable.
2. Verifiable incapacity, illness, or injury which prevents the student from returning to school for a specified period of time.

## **PLACEMENT OF STUDENT ON PROBATIONARY STATUS IN SURGICAL ROTATION**

The following circumstances will result in the placement of the student on probationary status in surgical rotation and repeated behavior will result in withdrawal:

1. Failure to progress within surgical rotation.
2. Failure, on a daily basis, to be prepared for assigned surgical procedures. It is the responsibility of the student to properly prepare the night before by studying the assigned surgical procedures.

## REMINDERS FOR STUDENTS

This is a list for the student's convenience so you will be prepared as much as possible for the first day of rotation.

1. Wear a pair of good, comfortable, acceptable shoes. Leather shoes are recommended. Remember that you might be standing in one spot for long periods of time.
2. Bring an extra pair of socks for those "wet" orthopedic and C-section procedures. Not all departments have boot type shoe covers.
3. Leave all jewelry and valuables at home. It cannot be guaranteed the O.R. department will be able to provide a locker.
4. Make sure to eat breakfast.
5. Most hospitals have meal tickets you can buy or just bring cash if you plan on eating lunch.
6. Make sure you leave to get to the department on time. On time means changed and in scrub ready to work.
7. If you are going to be late or if you are not reporting for rotation that day due to sickness or an emergency, remember you **must** follow the procedures as outlined in *Nonreporting or Reporting Late for Surgical Rotation* on page 13.
8. When you have changed into scrubs, report to the clinical instructor or assigned room.
9. **DO NOT** wear perfume or cologne in surgery.

## CLINICAL CASE INFORMATION

### Directions for Completing the Assignment

1. Once a week the student is required to turn in a completed *Clinical Case Information* homework assignment.
2. It is the student's responsibility to make photocopies of the assignment.
3. The assignment is **due** at the **beginning** of the **first class of each week**. They will be turned into the instructor in class. **NO LATE ASSIGNMENTS WILL BE ACCEPTED!!!**
4. Each assignment **must be different**; a procedure previously scrubbed cannot be used to complete the assignment.
5. Each assignment is worth 20 points.
6. By the end of the spring semester the student will have turned in a required 15 *Clinical Case Information* assignments.
7. By the end of the summer semester the student will have turned in a required 10 *Clinical Case Information* assignments.

### Specific Directions for Completing the Assignment

1. **This is a report that concerns itself with the case as performed.** The required information is in the general style of a surgeon's post-operative report.
2. The following sources are allowed for use to complete the report: patient's chart, doctor's preference card, recalled events, and inquiry of other departments such as PACU.
3. **This is not a research report in which textbooks are consulted for information.** As mentioned above, this is based on **recall and memory**.
4. #1: When writing about relevant anatomy make sure important information pertaining to nerve, vascular, and muscular structures is included.
5. #2: Preoperative Diagnosis can be obtained from patient's chart, circulator, or ask the surgeon.
6. #3: Postoperative Diagnosis: Listen for when the circulator asks the surgeon for the diagnosis and what he/she answers or obtain from patient's intraoperative record in the chart, or ask surgeon.
7. #4: Preoperative diagnostic procedures/tests can be obtained from the patient's chart.
8. #8: Give a **detailed** description of the boundaries such as nipple line to pubis, lateral bed side to bed side.
9. #10: Make sure **suture sequence and instrumentation** is included in description of surgical procedure. The steps of the procedure are from recall, not textbook description.
10. #11a: What is the purpose of the surgery – palliative such as to only relieve symptoms caused by cancerous tumor, corrective such as hernia repair, remove something, etc.



11. #11b: What is the expected outcome – patient will have full recovery with no complications foreseen, patient is expected to only live for a certain period of time but present complications have been resolved, patient has an extended stay in the hospital to resolve bowel infection, etc.
12. #12a, c, & d: Obtain information from PACU personnel. For part D gather more information than just “good”, “okay”, or “stable.”
13. One Thing I Learned....: **DO NOT** write something similar to the following examples: I learned that you have to be prepared ahead of time; I learned how the procedure was performed; I learned how irritable surgeon’s can get; etc. **What is required** is something that you actually learned from **doing** the procedure such as learning how to assemble and operate a new piece of equipment or instrument and state the name of the item; a way of using an instrument that was not originally intended; “trick of the trade” learned from the preceptor; etc.

Date: \_\_\_\_\_

Student’s Name: \_\_\_\_\_

Mark what roll you performed during the surgical procedure:

First scrub \_\_\_\_ 2<sup>nd</sup> scrub \_\_\_\_ Assisted Circulator \_\_\_\_ Observe \_\_\_\_

Name of Procedure: \_\_\_\_\_

Primary Surgeon: \_\_\_\_\_

First Assistant: Surgeon \_\_\_\_ CST/CFA \_\_\_\_ PA-FA \_\_\_\_ RNFA \_\_\_\_

1. Discuss the relevant anatomy.

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2. Preoperative Diagnosis

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3. Postoperative Diagnosis

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4. List any special preoperative diagnostic procedures/tests.

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5. Discuss any special preoperative preparation procedures.

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6. Identify the names and uses of :

a. special instruments: \_\_\_\_\_

b. supplies: \_\_\_\_\_

c. drugs: \_\_\_\_\_

7. Identify the names and uses of special equipment.

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12. Discuss the immediate postoperative care and possible complications.

A. Upon dismissal from the surgical room, the patient was:

\_\_\_ alert \_\_\_ awake \_\_\_ asleep \_\_\_ intubated \_\_\_ extubated

B. Dressings and/or drains used were:

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C. Patient remained in PACU for \_\_\_\_\_ hours.

D. PACU reported the patient's dismissal condition as:

**ONE THING I LEARNED FROM THIS SURGICAL PROCEDURE THAT WILL HELP ME AS A SURGICAL TECHNOLOGIST IS:**

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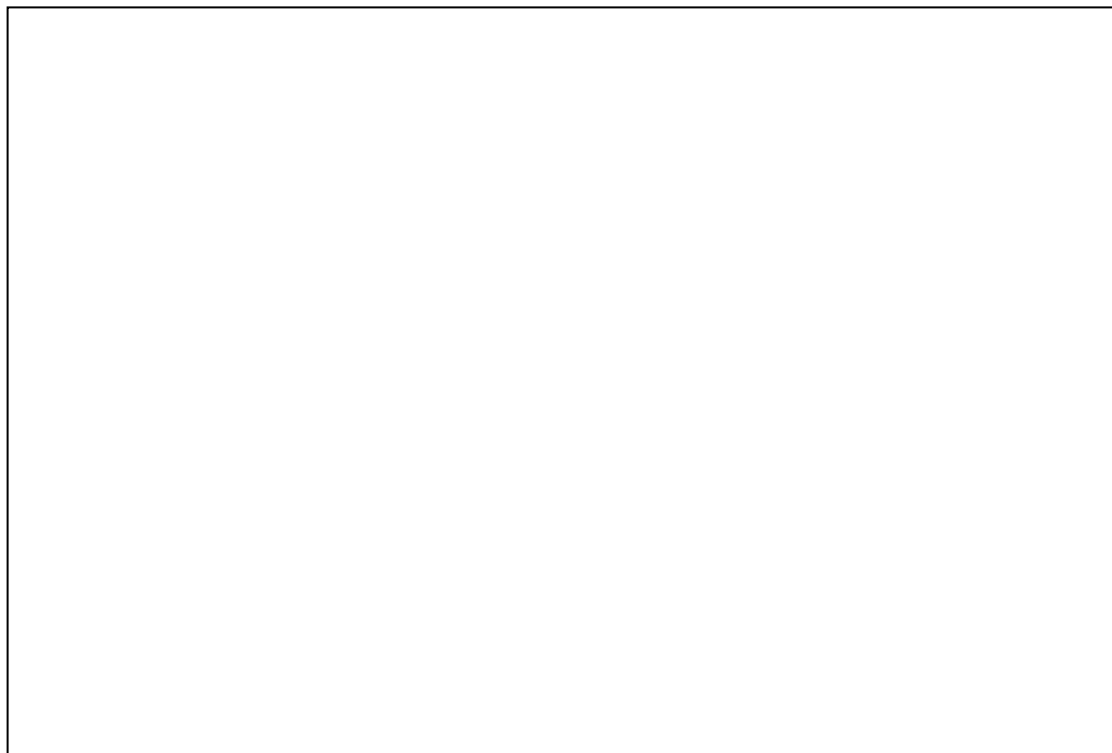
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**DRAW OUTLINE OF BACK TABLE AND MAYO STAND SHOWING WHERE EVERYTHING, INCLUDING INSTRUMENTS AND EQUIPMENT/SUPPLIES, WERE PLACED BEFORE THE OPERATION STARTED.**

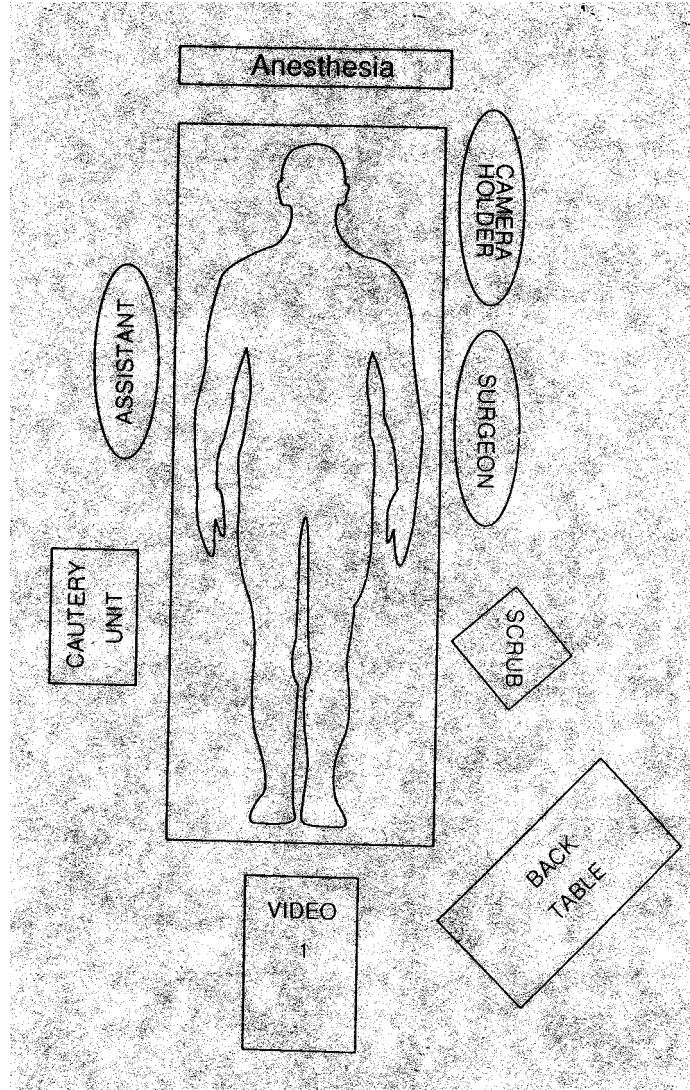
**BACK TABLE**



**MAYO STAND**



**PLACEMENT OF TROCARS:** Mark with an “x” the placement of the trocars and their size if the surgical procedure was laparoscopic.



**STUDENT SELF EVALUATION: MIDTERM**

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

1. Are you satisfied with your performance so far in the program?

2. What are your weaknesses? Strengths?

3. How are you functioning in the clinical area?

4. What are your goals by the end of the semester?

5. What are your goals by the end of the program?

**STUDENT SELF EVALUATION: END OF SEMESTER**

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

1. Were you satisfied with your performance this semester?
  
2. What are your weaknesses and strengths as compared to midterm?
  
3. How are you functioning in the clinical area as compared to midterm?
  
4. Did you reach your end of semester goals?
  
5. Have you reached any of your end of program goals?





6. What did you like most about clinical site and preceptors?

7. What did you like least about clinical site and preceptors?

8. How can this clinical site improve as a teaching institution?

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Site(s):

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## INSTRUCTIONS FOR PERFORMANCE EVALUATION RECORD

The document to be used by the preceptor for the daily performance evaluation of the student. How to use this form:

The preceptor will evaluate the student on overall performance for the day. The scoring with definitions is as follows:

4 = Excellent

3 = Above average

2 = Average

1 = Below Average

0 = Poor

**Excellent:** Little assistance needed by preceptor.

**Above average:** Completed task with some assistance from preceptor.

**Average:** Expectations of preceptor were met.

**Below average:** Student was unable to perform task without a great deal of help from the preceptor.

**Poor:** Student was unable to perform acceptably any task assigned.

As can be seen on the form, there is room for the preceptor to write additional comments.

## PERFORMANCE EVALUATION RECORD

Date: \_\_\_\_\_

Semester: Fall Spring Summer

Surgical Procedures:

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1. **Interest & Initiative:** Punctual arrival in room. Helped open & set up room/case. Asked pertinent questions.
 

4	3	2	1	0
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2. **Scrubbing Duties:** Watched procedure closely. Gown & gloved correctly. Knew instruments & suture. Draped correctly. Knew between case routine.
 

4	3	2	1	0
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3. **Aseptic Technique:** Maintained sterile technique. Recognized breaks in sterile technique & took corrective action. Followed policy & procedures of hospital.
 

4	3	2	1	0
---	---	---	---	---
  
4. **Accepted Constructive Guidance:** Listened to staff & surgeons suggestions. Accepted criticism & continued with case. Used criticism constructively.
 

4	3	2	1	0
---	---	---	---	---
  
5. **Readiness:** Instruments were ready for use. Anticipated needs of surgeon, surgical team, & patient. Anticipated need for additional supplies.
  
6. **Time Management:** Prepared for case with adequate time allowance. Movements were planned during back table & Mayo stand set up. Set up without wasted movement.
  
7. **Application of Learning:** Demonstrated understanding of procedure. Demonstrated application of classroom instruction. When asked, could relate information concerning previous procedures in which involved. Demonstrated retention of information from previous cases.
  
8. **Could the student scrub alone on any of the cases:**    YES    NO
  
9. **Overall Performance for the Day:**

4	3	2	1	0
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10. **Additional preceptor comments:**

I have read and discussed the above with student:

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_







## SURGICAL PROCEDURE EXPERIENCE RECORD

### ORTHOPEDICS

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

**Place one of the following abbreviations in parentheses after date.**

FS = First Scrubbed

O = Observed

C = Circulated

PROCEDURE	DATES & WORK PERFORMED
Ace Cannulated Hip Screw	
ACL Open Repair	
Diagnostic Arthroscopy	
Arthroscopic ACL Repair	
Arthroscopic Meniscal Repair	
Amputation	
Bunionectomy	
Carpal Tunnel Repair: Open or Lap.	
Cast Application	
Closed IM Rod- Femur	
Closed IM Rod- Humerus	
Closed Reduction/Pins/Cast	
Hip Screw Compression	
Dupuytren's Contracture	
External Fixator Pelvis	
External Fixator – Lower Extremity	
External Fixator – Upper Extremity	
Ganglion Excision	
Incision & Drainage	
ORIF Radius	
ORIF Ulna	
ORIF Tibia	
ORIF Fibula	
ORIF Ankle	
ORIF Femur	
Osteotomy	
Removal Hardware	
Shoulder Arthroscopy with Repair	
Bankhart Shoulder Repair	
Triple Arthrodesis of the Ankle	
Total Hip Arthroplasty	
Total Knee Arthroplasty	















**STATEMENT OF HAVING READ &  
UNDERSTOOD POLICIES & PROCEDURES**

The following statement confirms that the student has read and understands the policies and procedures for surgical rotation in the Pueblo Community College Surgical Technology Program.

I have read and understood the PCC Surgical Technology Program Policy & Procedure Manual for Surgical Rotation. I agree to comply with the printed policies expressed therein and in the PCC General Catalog. Furthermore, I have been informed that changes may occur as determined by developments in clinical and/or academic settings. As far as possible, changes will be effective prior to the beginning of the academic term. When notified verbally and in writing of these changes, I will comply with them. I understand that a minimum grade of "C" in theory and "S" in surgical rotation will be required to pass each course. I accept the responsibility for payment of liability insurance, lab. fees, and personal transportation as required. I am aware that failure to adhere to the Surgical Technology Program policies as outlined in this manual for the objectives/outcomes identified in course syllabi may result in my dismissal from the Surgical Technology Program.

This statement of agreement will become part of my file in the Surgical Technology Department Office.

My signature indicates acceptance of this agreement.

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

Date: \_\_\_\_\_

**NOTES**