



## ***EPiC Consortium Surgical Technology Program***



**Student Handbook  
2023 - 2024**



EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC) CONSORTIUM  
SURGICAL TECHNOLOGY PROGRAM

TABLE OF CONTENTS

Overview Program .....	4-5
Program Completion Requirements .....	5
Mission Statement and Goals .....	5-6
Program Learning Objectives .....	6-7
Professionalism Organizations .....	7
 General Program Policies and Regulations	
Code of Conduct .....	8
Confidentiality/HIPAA Policy .....	8-9
Access to Records .....	9
Academic Integrity .....	9
American with Disabilities Act and Section 504 .....	9
General Disciplinary .....	10
Remediation .....	10
Dismissal from Program .....	10-
11	
Due Process .....	11-13
Disciplinary Reporting Procedure .....	13-
14	
Program Readmission .....	14
 Didactic Specific Policies and Procedures	
Grades (Didactic) .....	14-15
Class Participation .....	15
Attendance Policy .....	15
Discussion Board Posting Scale .....	16
Discussion Response Scale .....	16
Assignment and Exam Policy .....	16-17
Method of Instruction .....	17
 Laboratory/Clinical Specific Policies and Procedures	
Laboratory/Clinical Assignment Policy .....	17
Laboratory/Clinical Clock Hour to Credit Hour Policy .....	18
Clinical Access Requirements Policy .....	18
Equitable Learning Policy .....	19
Laboratory/Clinical Supervision Policy .....	19
Laboratory/Clinical Dress Code Policy .....	19-20

Laboratory/Clinical Identification Policy .....	20
Laboratory/Clinical Attendance Policy .....	20-22
Laboratory/Clinical Call-In Policy .....	22
Laboratory/Clinical Lunch and Break Policy .....	22
Laboratory/Clinical Phone Use Policy .....	22
Health Insurance Policy .....	22
Laboratory/Clinical Illness/Injury Policy .....	22-23
TB Exposure Policy .....	23
Pregnancy Policy .....	23-24
Laboratory/Clinical Grading Procedure .....	24-25
Laboratory/Clinical Education Staff .....	25-26
Competency-Based Laboratory/Clinical Education .....	26
Glossary .....	27
Laboratory/Clinical Competency Assessment Procedure .....	28
Competency Requirements .....	29-33
Advisement/Improvement Plan Form .....	34
Declaration of Pregnancy Form .....	35
Student Agreement Form .....	36
Confidentiality/HIPAA Statement Form .....	36
Release of Information Form .....	37
Photo/Video/Audio/Interview Comment Release .....	38
Course and Clinical Confidentiality Agreement .....	39
Employer Contract Release .....	40

## **EDUCATIONAL PROGRAMS IN COLLABORATION (EPiC) CONSORTIUM SURGICAL TECHNOLOGY PROGRAM**

Surgical Technologists are highly trained individuals and possess the advanced skills and knowledge necessary for entry-level competent practice. The ability to critically think and communicate is paramount to the success of a Surgical Technologist. They must have the ability to synthesize information and apply rational judgment in determining appropriate protocols that affect aseptic technique and patient safety. The Operating Room environment presents unique patient care and safety issues that require an exceptional attention to detail.

The EPiC Surgical Technology program provides a sound base of clinical practice in conjunction with course work in the related sciences and general education. The EPiC Surgical Technology program is designed not only to foster the skills and knowledge necessary for competent practice in Surgical Technology, but also places emphasis on professional attitudes, values and behaviors that encourage the professional growth of the individual student.

Clinical learning experiences are provided by affiliating hospitals, ambulatory surgery centers, and clinics with surgical services. Didactic learning experiences occur in supportive college course work delivered through an online environment. Both are equally important to the development of the competent Surgical Technologist.

Under these philosophies, the program assumes the responsibility of a facilitator of learning. Specifically, it will plan, select, administer, and assess learning experiences to prepare entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. These experiences are developed to meet established objectives and eligibility requirements of the Association of Surgical Technologist Core Curriculum to complete the National Board of Surgical Technology and Surgical Assisting Certified Surgical Technologist certification exam.

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

The EPiC Surgical Technology program prepares students to become entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. The program terminates in an award of an Associates of Applied Science degree in Surgical Technology. The program has been developed to be consistent with standards and requirements of the Higher Learning Commission (HLC), the Association of Surgical Technologist, the National Board of Surgical Technology and Surgical Assisting, the Accreditation Review Committee of Surgical Technology and Surgical Assisting for the Commission on Accreditation of Allied Health Education Programs, and the Educational Programs in Collaboration (EPiC) Consortium

### **COMPLETION REQUIREMENTS**

1. There are 40 core program credits required for program completion.
2. A student must maintain the minimum grade requirement as indicated for each course or and in accordance with the policies of the college issuing the terminal award of a degree or certificate.
3. Application to complete the certification examination administered by the NBSTSA is granted only if the student fulfills all academic and clinical criteria established by the NBSTSA, AST, the EPiC Consortium Surgical Technology program, and the college issuing the terminal award of a degree or certificate.
4. A student must complete and pass all clinical access requirements as determined by clinical education providers. These include health related evaluations, criminal background check(s) and drug screening. Failure to successfully pass any of these requirements will require that the student withdraw from the Surgical Technology program.
5. All policies regarding certificate or degree completion can be found in the catalog of the college issuing the certificate or degree, or by contacting the EPiC Governance Council member of the college issuing the certificate or degree (Program Representative).

### **PROGRAM MISSION STATEMENT AND GOALS**

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

1. Graduates will demonstrate the knowledge and skills necessary for competency as an entry-level Surgical Technologist.

2. Graduates will exhibit professional growth and development through the values, attitudes and behaviors necessary of an entry-level Surgical Technologist.

3. To prepare entry-level surgical technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.

4. To prepare graduate to communicate effectively and professionally

5. Graduates will complete the program within the scheduled timeframe with the ability to earn Certified Surgical Technologist (CST) credentials to successfully work in the field of Surgical Technology.

### **PROGRAM LEARNING OBJECTIVES**

Graduates of the EPiC Surgical Technology program will be able to function as a competent entry-level surgical technologists in the cognitive, psychomotor, and affective learning domains within the Operating Room environment.

After completion of the program, Graduates will be eligible to sit for the NBSTSA Certified Surgical Technologist certification exam.

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

1. Apply the principles of surgical asepsis. (Psychomotor) (Cognitive)
2. Interact professionally within the operating room environment, concerning all parties. (Affective)
3. Function in the role of the surgical technologist within the surgical team and the operating room environment. (Psychomotor) (Cognitive)
4. Identify the structures and functions of the human body and commonly found pathologies. (Cognitive)
5. Identify and prepare for the specific uses of the essential furnishings, equipment, and supplies used for surgical procedures. (Psychomotor) (Cognitive)
6. Protect and respect the patient's right to privacy and safety. (Psychomotor) (Cognitive) (Affective)
7. Prepare all sterile areas, instruments, and equipment required for an operative procedure. (Psychomotor)

8. Assist with the sterile draping, gowning, gloving, case management, and other preparations essential to surgical procedures. (Psychomotor)

9. Assist with the operative procedure including, passing of instruments, sutures, sponges, medications, as directed to the surgical first assistant, resident or surgeon, correctly handling all sterile equipment and supplies, and maintain instrument and sponge counts accurately throughout the procedure. (Psychomotor) (Affective) (Cognitive)

10. Dismantle an operating room set-up following a procedure including: preparation of specimens for delivery to the laboratory, disconnecting equipment, and caring for instruments according to hospital policy and procedure. (Psychomotor) (Cognitive)

## **PROFESSIONAL ORGANIZATIONS**

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

1. Association of Surgical Technologist (AST) - [www.ast.org](http://www.ast.org) (national)
2. Michigan State Assembly of AST - <http://mi.ast.org> (state)
3. Healthcare Sterile Processing Association (HSPA) - <http://myhspa.org> (national)
4. National Board of Surgical Technologist and Surgical Assisting (NBSTSA) - [www.nbstsa.org](http://www.nbstsa.org) (national)

## **GENERAL PROGRAM POLICIES**

### **Program Code of Conduct – AST Position Statement Code of Ethics**

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

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence with respect to the patient's beliefs, all personal matters.
3. To respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or any injustice to those entrusted to our care.
5. To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.
6. To always follow the principles of asepsis.
7. To maintain a high degree of efficiency through continuing education.
8. To maintain and practice surgical technology willingly, with pride and dignity.
9. To report any unethical conduct or practice to the proper authority.
10. To adhere to the Code of Ethics at all times in relationship to all members of the health care team.

### **CONFIDENTIALITY/HIPAA POLICY**

The following confidentiality policy is based upon the Health Insurance Portability and Accountability Act (HIPAA). The basis of the policy is to protect an individual's private health



information. Detailed HIPAA requirements and policies are available at each clinical education provider institution.

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

Examples of breach of confidentiality include such things as inappropriate sharing of information about patients, their visitors, family members, or friends with any persons, organizations, or media who have no reason or right to have the information. Breach of confidentiality also includes inappropriate accessing of clinical facility computers for information about classmates, instructors, family members, friends of any other individuals for whom the student has no direct responsibility for patient care and therefore, no need or right to know. It is also a breach of confidentiality to have in your possession patient data sheets, care plans, interpersonal process recordings, or other patient information that can be clearly identified with patient names. You may be asked to shred your paperwork when assignments are completed. This list of examples is not all inclusive.

Students must be very cautious not to breach patient confidentiality when sharing case studies within the program for educational purposes. Students are required to sign the Confidentiality/HIPAA Statement located on the last page of the handbook to indicate their understanding of this policy. Clinical providers often have a separate confidentiality form for students to sign.

## **ACCESS TO RECORDS**

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

## **ACADEMIC INTEGRITY**

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

## **AMERICANS WITH DISABILITIES ACT AND SECTION 504**

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

## **GENERAL DISCIPLINARY**

While enrolled in the Surgical Technology Program, all students must conduct themselves professionally. Students must abide by the Association of Surgical Technologists Code of Ethics, ([https://www.ast.org/uploadedFiles/Main\\_Site/Content/About\\_Us/Position\\_Code\\_of\\_Ethics.pdf](https://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/Position_Code_of_Ethics.pdf)) and comply with the policies and procedures of EPiC Consortium, Michigan Colleges Online, and degree-granting college and the clinical affiliates of the Program.

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

## **REMEDATION**

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

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

## **DISMISSAL FROM THE PROGRAM**

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

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

## **DUE PROCESS**

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

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

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

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

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

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

### **Group I**

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

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

**GROUP II**

**1 st Offense: A three-day suspension from the clinical assignment allowing the student time to reflect and re-focus on their commitment to their education. The missed time will be considered as clinical absence. The student will be given the opportunity to make-up the three days. An "incomplete" will be documented with the time scheduled as the first three days following the end of the semester. Upon completion, the "incomplete" will be changed to the grade earned.**

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

1. Failure to adhere to any hospital and/or program policies and procedures

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

## **DISCIPLINARY REPORTING PROCEDURE**

1. A written disciplinary report stating the alleged offense and disciplinary action shall be issued to the student for each violation of an alleged offense no later than three (3) clinical days following the determination of the alleged offense. The student must sign the disciplinary report. This signature does not signify admission of guilt. It merely signifies receipt of the disciplinary report.

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

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

## **PROGRAM READMISSION**

Students who are dismissed or who voluntarily withdraw from the program may qualify for re-admission. Readmission into the Surgical Technology program is contingent upon the following:

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

Students requesting readmission must submit their request in writing to the Program Director. The decision to be readmitted will be made by the Surgical Technology Program Director in agreement with the EPiC Governance Council.

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

## **DIDACTIC SPECIFIC POLICIES & PROCEDURES**

### **GRADES (DIDACTIC)**

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

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

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

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

## **CLASS PARTICIPATION**

Class participation is mandatory given the delivery method of the course and the amount of information that must be covered as defined by the AST Core Curriculum program content requirements. The student is expected to participate in all class discussions and provide feedback to their classmates. In order to be successful in the class the student should read the required material prior to answering the discussion questions as well as review all supplemental material provided. Also, students are encouraged to post their questions to the main forum for all students to review. Many times, your question may be the same or similar to one of your classmates. Students are also encouraged to answer their fellow classmate's questions, this will only further the discussion of the material. If there is a question that a student does not feel comfortable asking in the main forum, they are encouraged to contact the instructor via email or phone. All e-mail questions to the instructor will be answered within 24-48 hours.

## **ATTENDANCE POLICY**

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

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

## DISCUSSION BOARD POSTING SCALE

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

## DISCUSSION RESPONSE SCALE

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

## ASSIGNMENT AND EXAM POLICY



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

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

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

## **METHODS OF INSTRUCTION**

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

## **LABORATORY/CLINICAL SPECIFIC POLICIES & PROCEDURES**

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

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

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

## **LABORATORY/CLINICAL ASSIGNMENT POLICY**

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

Students can expect to spend 24 hours a week participating in laboratory or clinical education. The schedule is based on the laboratory or clinical site location, patient volume, and laboratory or clinical site hours of operation. Students will rotate through a minimum of one laboratory or clinical location, i.e. Acute Care Hospital, Ambulatory Surgical Center, and Specialty Surgical

Centers, etc., during the program, ensuring access to all required competencies. Students who complete all required competencies early may request additional placement at sites with specialized procedures, i.e. pediatrics, cardiac.

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

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

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

The policies listed in this handbook are program-related policies that encompass issues not addressed by the laboratory or clinical education provided. Students must adhere to both laboratory and clinical provider policies and program policies.

### **LABORATORY/CLINICAL CLOCK HOUR TO CREDIT HOUR POLICY**

Students are required to complete 24 hours of laboratory or clinical practice per week.

The EPiC Consortium Clock hour to credit hour conversion is as followed:

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

### **CLINICAL ACCESS REQUIREMENT POLICY**

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

- Physical examination without limitations for full clinical education participation
- Evidence of immunity to specified disease via laboratory titers
- Immunizations
- Negative TB test
- Criminal Background Checks
- Drug Screens

- Maintenance of Healthcare Provider level CPR
- Healthcare Coverage

**The EPIc Clinical Coordinator or Surgical Technology Program Director will provide direction to students to assure clinical access compliance. Cost incurred is the responsibility of the student.**

## **EQUITABLE LEARNING POLICY**

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

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

## **LABORATORY/CLINICAL SUPERVISION POLICY**

Students are required to be under direct supervision of the Laboratory or Clinical Instructor or designated supervising surgical technologist at all times while engaged in patient care activities or surgical procedures until competency is confirmed by the Clinical Instructor, Clinical Coordinator, or Program Director, at which time, indirect supervision may be imposed.

**DIRECT SUPERVISION:** A Surgical Technologist is present with the student at the surgical field while a student is performing any surgical procedure in the first and second scrub positions and with the student and patient while the student is performing a patient care activity.

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

All associated documentation and, all patient care records that are completed by a student regardless of level of competency must be reviewed and initiated by the Clinical Instructor or supervising technologist. In other words, a technologist must assume the responsibility for all surgical procedure first scrub duties, patient care activity, and documentation.

## **LABORATORY/CLINICAL DRESS CODE POLICY**

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

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

1. Students will adhere to the dress code of the laboratory or clinical education provider to which they are assigned. Students are responsible for donning proper OR attire at the laboratory or clinical education provider before entrance into the Operating Room department.
2. If no dress code exists, the program requires students will wear business casual attire with safe and professional shoes. Gym/athletic shoes are prohibited with business casual dress. If a student has a question on whether something is considered business casual, they should consult with the Clinical Coordinator, Clinical Instructor, or Program Director.
3. Students will adhere to the standards of the laboratory or clinical education provider to which they are assigned with regards to personal appearance, such as hair color/styles, cosmetics, scents, fingernails, body art (piercings and tattoos), jewelry etc.

### **LABORATORY/CLINICAL IDENTIFICATION POLICY**

Students must always wear a student identification badge according to the policies of the laboratory or clinical education provider during participation in clinical education. Students must always represent themselves as students to patients, staff and others. Some sites provide an identification badge, some do not. If your site does not provide a badge, you must wear your College ID badge.

### **LABORATORY/CLINICAL ATTENDANCE POLICY**

The opportunity to participate in laboratory and clinical education is a privilege and students are expected to practice the same exemplary work ethic with laboratory and clinical education attendance as they would if it were their employment post graduation. Besides being crucial in developing the necessary knowledge and competence of the successful Surgical Technologist, clinical education offers the student an opportunity to showcase their knowledge and competence, as well as the practice of a favorable work ethic important to potential employers. Students are expected to report to the laboratory or clinical education site on the scheduled days and time and remain for the duration of the scheduled time. In other words, arriving late and/or leaving early constitutes absenteeism.

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

Day 2 missed: final grade reduced by 1 step in the letter grade  
Day 3 missed: final grade reduced by 1 step in the letter grade  
Day 4 missed: final grade reduced by 1 step in the letter grade  
Day 5 missed: final grade reduced by 1 full letter grade

\* 1/2 days count the same as full days

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

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

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

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

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

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

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

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

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

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

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

#### **LABORATORY/CLINICAL CALL-IN POLICY**

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

#### **LABORATORY/CLINICAL LUNCH AND BREAK POLICY**

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

#### **LABORATORY/CLINICAL PHONE USE POLICY**

Personal telephone calls are not permitted except for emergencies or reporting time and competencies, if a hospital computer is not available. Cell phone use is limited to lunch and break periods and includes making or receiving calls, texting, checking email, voicemail etc. Department phones may never be used for personal calls except with permission of the

Laboratory or Clinical Instructor or other supervising professional. The presence of cell phones is prohibited in the operating room environment.

## **HEALTH INSURANCE POLICY**

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

## **LABORATORY/CLINICAL ILLNESS/INJURY POLICY**

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

## **TB EXPOSURE POLICY**

Occasionally a student works with a patient who is later diagnosed with TB. When this occurs, the clinical provider notifies the Clinical Coordinator or Program Director. The student will be required to obtain a TB test within a specified range of time. The cost of the TB test is incurred by the student and can be obtained through their personal physician or the County Health Department. The test results must be submitted to the EPiC Clinical Coordinator or Surgical Technology Program Director by the designated date.

## **PREGNANCY POLICY**

When used properly, the operating room is relatively limited in biohazard risk allowing for the participation of the pregnant Surgical Technology student.

1. While suggested, declaration of pregnancy status is strictly voluntary and will not be used adversely to discriminate against the student. Should a student choose to declare pregnancy, it must be done so in writing using the form provided in the appendix of this Student Handbook. The declaration must be submitted to the EPiC Clinical Coordinator or Surgical Technology Program Director and will be shared with the Clinical Instructor of the clinical education provider institution where the student is assigned for the duration of their pregnancy.

2. The student will have the option of withdrawing from the program but must understand that readmittance will be contingent upon space availability within the program.
3. Should the student elect to remain in the program, they will be expected to fully participate in clinical education.
4. If a physician documents physical restriction that does not limit the student's ability to achieve clinical competency, every effort to provide accommodations within the ability of the clinical education provider and program will be made.
5. The student accepts full responsibility for any complications occurring during her pregnancy or to the fetus during the course of the Surgical Technology program.
6. The student may elect to withdraw the declaration of pregnancy status at any time.
7. Student accommodations for surgical procedures including radiation, absorbable chemicals, inhalation chemicals, etc., will be considered and at the discretion of the clinical education provider.

### **LABORATORY/CLINICAL GRADING PROCEDURE**

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

100 - 93	A	75 - 73	C
92 - 90	A-	72 - 70	C
89 - 87	B+	69 - 67	D+
86 - 83	B	66 - 63	D
82 - 80	B-	62 - 60	D
79 - 76	C+	59 or less	F

### **Reflection Grade Scale**

5 Points	4 Points	3 Points	2 Points	0 Points
Initial posting consists of 250 words or more, providing a	Initial posting consists of 150 - 249 words and provides a fair	Late initial posting that meets all other criteria for 5	Late initial posting that meets all other criteria for 4	No posting at all and/or the posting is not related to the



substantial response to the question.	response to the question.	points, Initial posting of less than 150 words and/or poor response to the question.	points, Initial posting of less than 50 words and/or poor response to the question.	question.
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### **Discussion Board Grade Scale**

5 Points	4 Points	3 Points	2 Points	0 Points
Initial posting consists of 250 words or more, provides a substantial response to the question and the student responds to two other classmates during the week.	Initial posting consists of 150 - 249 words, provides a fair response to the question and the student responds to two other classmates during the week.	Late initial posting that meets all other criteria for 5 points, Initial posting of less than 150 words, poor response to the question and/or the student does not respond to two other classmates during the week.	Late initial posting that meets all other criteria for 4 points, Initial posting of less than 50 words, poor response to the question, and/or does not respond to two other classmates during the week.	No posting at all and/or the posting is not related to the question.

### **Individual Assignment Grade Scale**

Full Credit	10 Points	7.5 Points	5 Points	0 Points
Initial posting consists of 500 words or more, providing a substantial response to the question.	Initial posting consists of 350-499 words, providing a fair response to the question.	Late initial posting that meets all other criteria for full credit, Initial posting of less than 250 words.	Late initial posting that meets all other criteria for 7.5 points, Initial posting of less than 150 words, and/or poor response to the question.	No assignment turned in and/or the posting is not related to the assignment.

**LABORATORY/CLINICAL EDUCATION STAFF**

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

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

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

**Program Director:** This person serves to support the student, the Clinical Instructor and EPiC Clinical Coordinator to assure student learning outcomes are achieved. The EPiC Program Director is an employee of the EPiC Consortium of colleges and will make periodic visits to the clinical facility to assess student progress and address any questions or concerns. The EPiC Program Director is available via phone or email in between clinical visits. Their role is to serve as the liaison between the student, EPiC Clinical Coordinator and the clinical education provider to assure AST, ARC/STSA, and NBSTSA program policies are adhered to. The EPiC Program Director makes certain the EPiC Clinical Coordinator and students are knowledgeable of the program objectives and processes and provides support as they are needed.

## **COMPETENCY-BASED LABORATORY/CLINICAL EDUCATION**

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

Technologists. Elective competencies allow flexibility in demonstrating additional important skills.

## **GLOSSARY**

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

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

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

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

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

**DIRECT SUPERVISION:** A Surgical Technologist is present with the student at the sterile field while a student is performing a surgical procedure in the first scrub role with the student and patient while performing a patient care activity. If a student has not achieved clinical competency on a patient care activity or first scrub role procedure, he/she must be under direct supervision.

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

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

## **THE CLINICAL COMPETENCY ASSESSMENT PROCEDURE**

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

All student clinical competency assessments will be completed according to program requirements and aligned with the AST Core Curriculum.

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

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

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

It is the student's responsibility to submit completed competency forms to the EPiC Clinical Coordinator or Surgical Technology Program Director for grading purposes through Trajecsys, unless otherwise stated. It is strongly encouraged that students maintain records of all submissions, should a form or submission be missed. Competency scores below 90% are considered failing and must be repeated at a later date, post remediation.

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

## **COMPETENCY REQUIREMENTS - AST CORE CURRICULUM**

Surgical Technology Requirements:

### ***Laboratory Competencies:***

*Preoperative First Scrub Role competencies:*

- A. Preparing the OR
  - 1. Proper attire
  - 2. Medical handwash
  - 3. Damp dusting
  - 4. Positioning
    - a) Equipment
    - b) Furniture
  - 5. Surgeon preference card
- B. Opening and delivering sterile items
  - 1. Integrity verification
  - 2. Sterility assurance
  - 3. Movement around the sterile field
  - 4. Back table pack
  - 5. Basin on ring stand
  - 6. Instrumentation
  - 7. Supplies
- C. Surgical scrub
  - 1. Brushless
  - 2. Stroke
  - 3. Timed
- D. Donning sterile attire
  - 1. Self-gowning and gloving
- E. Assembly and organization of the sterile field
  - 1. Back table
    - a) Instrumentation
    - b) Medication and irrigation
  - 2. Initial surgical count
  - 3. Mayo stand

- 4. Correcting contamination
- F. Gowning and gloving team members
- G. Draping the patient
  - 1. Extremity
  - 2. Laparotomy
  - 3. Perineal
- H. Modifications to the sterile field
  - 1. Bowel or isolation technique
  - 2. Conversion to open
- I. Finalizing the sterile field
  - 1. Transitioning to the operative field
  - 2. Time-out procedure

*Intraoperative First scrub role competencies:*

- A. Instrumentation
- B. Sponge handling and tracking
- C. Sharps handling and safety
- D. Supplies
- E. Medication and irrigation
- F. Specimen
- G. Movement within the sterile field
- H. Recognizing and correcting contamination
- I. Closing counts
- J. Dressings

*Intraoperative Second scrub role competencies:*

- A. Cutting suture
- B. Providing camera assistance
- C. Retracting
- D. Sponging
- E. Suctioning

*Postoperative First Scrub role competencies:*

- I. Securing
  - A. Dressings
  - B. Drains and tubing
- II. Drapes
  - A. Containing
  - B. Removing
- III. Patient transfer
- IV. Breaking down the sterile field
  - A. Disposal
  - B. Instruments
- V. Doffing surgical attire

## VI. Disinfecting the surgical environment

### *Assistant Circulator Role competencies:*

- I. Preoperative
  - A. Room preparation
  - B. Physical Preparation of the Patient
  - C. Positioning
  - D. Application of accessory devices
    - 1. Electrosurgery
    - 2. Pneumatic tourniquet
    - 3. Sequential compression devices (SCD)
    - 4. Suction
  - E. Medication and irrigation(s)
    - 1. Verifying
    - 2. Pouring
    - 3. Delivering to the sterile field
  - F. Initial surgical count
  - G. Skin preparation
    - 1. Open gloving
  - H. Assisting with gowning and gloving
- II. Intraoperative
  - A. Closing surgical count
  - B. Specimen care
    - 1. Verifying
    - 2. Collecting from field
    - 3. Labeling
- III. Postoperative
  - A. Securing
    - 1. Dressings
    - 2. Drains
  - B. Patient transfer
  - C. Patient transport
  - D. Disinfecting the surgical environment

### *Sterile Processing competencies:*

- I. Decontamination
  - A. Point-Of-Use
- II. Inspection
- III. Instrument assembly
  - A. Count sheet
- IV. Packaging
  - A. Container system
  - B. Peel pack (pouch)
  - C. Sealing (chemical indicator tape)

- D. Wrapped
- V. Operation of a steam sterilizer
- VI. Sterile storage management
- VII. Distribution of sterile items
  - A. Pick list and surgeon preference card
  - B. Case cart

***Clinical Competencies:***

A student must complete a minimum of 120 cases as delineated below:

A. General surgery

1. A student must complete a minimum of 30 cases in General Surgery.
  - a) 20 of these cases must be performed in the FS role.
  - b) The remaining 10 cases may be performed in either the FS or SS role.

B. Specialty surgery

1. A student must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.
  - a) A minimum of 60 cases must be performed in the FS role and distributed amongst a minimum of four surgical specialties.
    - 1) A minimum of ten cases in four different specialties must be completed in the FS role (40 cases total).
    - 2) The additional 20 cases in the FS role may be distributed amongst any one surgical specialty or multiple surgical specialties.
  - b) The remaining 30 cases may be performed in any surgical specialty in either the FS or SS role.
2. Surgical specialties (excluding General Surgery)
  - a) Cardiothoracic
  - b) Genitourinary
  - c) Neurologic
  - d) Obstetric and gynecologic
  - e) Orthopedic
  - f) Otorhinolaryngologic
  - g) Ophthalmologic
  - h) Oral Maxillofacial
  - i) Peripheral vascular
  - j) Plastics and reconstructive
  - k) Procurement and transplant



### ***Clinical Role definitions***

#### **First Scrub Role (FS)**

1. To document a case in the FS role, the student shall perform the following duties during any given surgical procedure with proficiency:
  - a) Verify supplies and equipment
  - b) Set up the sterile field
    - 1) Instruments
    - 2) Medication
    - 3) Supplies
  - c) Perform required operative counts
  - d) Pass instruments and supplies
    - 1) Anticipate needs
  - e) Maintain sterile technique
    - 1) Recognize sterility breaks
    - 2) Correct sterility breaks
    - 3) Document as needed

#### **Second Scrub Role (SS)**

1. The SS role is defined as a student who has not met all criteria for the FS role but actively participates in the surgical procedure in its entirety by completing any of the following:
  - a) Assistance with diagnostic endoscopy
  - b) Assistance with vaginal delivery
  - c) Cutting suture
  - d) Providing camera assistance
  - e) Retracting
  - f) Sponging
  - g) Suctioning

#### **Observation Role (O)**

1. The O role is defined as a student who has not met the FS or SS criteria. The student is observing a case in either the sterile or nonsterile role. Observation cases cannot be applied to the required 120 case count but must be documented.

### **Advisement/Improvement Plan**

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

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

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

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Clinical Instructor

Date

---

Student

Date

---

Program Director

Date

\*\*Signature indicates all parties in agreement.

**DECLARATION OF PREGNANCY FORM**

**LETTER FOR DECLARING PREGNANCY**

This form is required in declaring pregnancy.

**DECLARATION OF PREGNANCY**

TO: Program Director

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

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

- \_\_\_\_\_ 1. Continue educational program without interruption or modification
  - \_\_\_\_\_ 2. Continue in the Surgical Technology program with modification in clinical assignment – documented physician restrictions required so that accommodations can be made
  - \_\_\_\_\_ 3. Withdraw from the program with request to return as soon as availability allows
  - \_\_\_\_\_ 4. I elect to withdraw my declaration of pregnancy.
-

(Student Signature)

\_\_\_\_\_  
(Student Name Printed)

\_\_\_\_\_  
(Date)

**STUDENT AGREEMENT FORM**

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

.....

**CONFIDENTIALITY/HIPAA STATEMENT**

I have received, read and understand the Confidentiality/HIPAA Policy defined by the EPiC Surgical Technology Program officials and the information contained within this 2022-2023 Student Handbook. I understand and agree that any patient information acquired during my participation in clinical education must forever and always be held in the strictest confidence. I understand that any violation of the policy could result in immediate dismissal from the program.

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

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Date

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Print Name

**Release of Information  
Educational Programs in Collaboration (EPiC)  
Consortium**

In signing this document, I agree to allow faculty, administrators and support staff of the six member colleges and their affiliating clinical education providers participating in the Educational Programs in Collaboration (EPiC) Consortium to exchange information related to my admission to the program, academic and clinical access records and documents, and of academic progress.

The four member colleges are as follows:

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

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

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PRINT NAME

---

SIGNATURE

---

DATE

**Photo/Video/Audio/Interview Comment Release  
Educational Programs in Collaboration (EPiC) Consortium**

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

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

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

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

---

DATE

---

PHONE NUMBER

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CITY OF CURRENT RESIDENCE

**Course and Clinical Confidentiality Agreement**

A. I, \_\_\_\_\_, acknowledge that any and all information related to the treatment of patients at the clinical site I am assigned to during the Surgical Technology program shall be kept in strictest confidence as required by the patients' Constitutional Right to Privacy. I agree not to disclose, either during my clinical rotations, or after my rotation has been completed, any information received while involve in patient care and treatment, to others not directly involved in the patient's treatment, unless required by law. Information covered by this agreement includes patient lists, patient files, records and reports, or other related information learned while providing direct patient care.

B. I further agree that during the period described above, I shall not use, take, retain, or copy any information about the clinical sites' patient records, fee schedules, files, provision of health services, business records, financial condition, or other activities. I acknowledge that this information is confidential and is the exclusive property of the clinical sites.

C. I understand that any patient information that is used for homework assignments or class activities must be approved by the clinical site prior to use. All patient identifiers must be removed from any images or information used.

D. I understand that a breach of confidentiality is a serious matter, and could result in both legal action by the patient or clinical site, and academic sanctions up to and including dismissal from the Surgical Technology program.

E. I further agree to maintain confidentiality with regard to all examinations, including lab evaluations, I take during the Surgical Technology program.

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Signature

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Print Name

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Degree-granting Institution

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Date

### **Employer Contact Release**

Upon completion of the Surgical Technology program and after obtaining employment in the field of Surgical Technology, the EPiC Consortium has my permission to contact my employer.

The purpose of this contract is an effort towards continuing quality improvement by requesting my employer to complete an "Employer Satisfaction Survey" of my skills and readiness as an Surgical Technologist. This is intended as a reflection of the program, not me as an individual.

This information is used to determine if the program is successfully preparing students to work in the healthcare environment as a Surgical Technologist. The request to my employer shall be made within one year of my graduation date.

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Print Name

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Student Signature

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Date



