

COLUMBUS TECHNICAL COLLEGE SURGICALTECHNOLOGY DEGREE PROGRAM INFORMATION SHEET

Length of Program: 24 Months - Total: 70 semester hours

Starting Dates: Applications can be submitted from 15 February thru March 1st, classes start: Summer Semester Hours:

Vary each semester. Clinical days are T, W, R 6:30 am - 2:30 pm

Class days: M,T,W,R end no later than 5:30 pm

Some prerequisite classes can be taken in the evening or on-line

Estimated Costs:	All costs are estimat	tes and subject to cha	inge	
Books: Basic, re	lated, and general	courses		\$650.00
ACEMAPP				50.00
Back Ground Che	ck/ Drug Screen			\$67.95
Lab supply fees S	Summer			\$100.00
Uniforms: 2 Lab	Coats			<u></u> \$ 60.00
White, leather, l	ace-up shoes			\$ 50.00
2 School Patches.				\$ 6.00
2 School Name P	<u>ins</u>			\$ 10.00
Insurance: Liabili	ity policy prior to fa	ll semester		\$ 9.52
Graduation: Opt	ional Participation			\$ 40.00
Certification: AST	Γ Gold Bundle/ Mem	bership study guide		
Mandatory	Certification	Assessment	Exam	administered
<u>Summer</u> :				\$ 247.00.00

\$1330.50

Tuition and Activity fees: Resident: \$7989.00

Non-Resident \$14864.00

Other program requirements and information: **

- 1. Hesi A2 Scores- 70 or Higher.
- 2. GPA must remain at 2.0 or higher. ("C" Average)



- 3. Must make a "C" or better in all courses to graduate.
- 4. Must supply current, documented immunization record and BLS card through the AHA.
- 5. Must have physical exam prior to clinical assignment.
- 6. Hepatitis B Immunization series is encouraged.
- 7. BackGround/ Drug screen passed prior to clinical rotations

Surgical Technology Student Clinical Manual



CLINICAL GUIDELINES

Latex allergy can be a serious health problem. Latex is used frequently in the lab and clinical areas. If you have been diagnosed with a latex allergy, please bring a copy of the physician's report. All latex free supplies will be purchased by the student at the student's expense. The instructor will provide information about ordering these supplies.

You have purchased a health care insurance policy with your student fees. Read the information and be familiar with what it covers. Outside of this policy, any health expense is totally your responsibility. Clinical sites are not responsible for taking care of illness or injury.

MISCELLANEOUS INFORMATION:

- No food or drink will be allowed in the clinical area, classroom or lab at any time.
- No children will be allowed in the clinical area, classroom, lab, hallways or offices.
- Student ID badge **MUST** be worn at all times.
- Substantial evidence exists that smoking is unhealthy for those who smoke and for nonsmokers exposed to secondary smoke. In an effort to create a healthier environment for students, faculty and staff, all areas of Columbus Technical College are tobacco-free. Tobacco use is prohibited inside and outside all buildings, in parking lots and vehicles in the parking lots, and within any College vehicle or any vehicle operated by the College. This policy applies to all persons while on campus. No person may use tobacco products to include cigarettes, cigars, pipes, smokeless tobacco, or any form of tobacco products while on Columbus Technical College property, this includes clinical sites during class times
- Leave a copy of your schedule with your babysitter, spouse, family member, friend, or anyone who might need to contact you in case of an emergency. Include your Instructors pager/cell numbers as you may not receive phone calls at your clinical sites. We will be sure to get any messages to you. Instructor numbers are Mr. Sandy 706-761-6614

Mr. Philip Clark; 706-536-6402 hospital numbers are as follows:

St. Francis Hospital/Emory OR: 706-596-4411 ext 27509

Piedmont Midtown OR: 706-571-1570 Piedmont Northside OR: 706-494-2100

- Patient confidentiality is a **must**! You will <u>never</u> divulge the names of patients or discuss specific cases with other employees, family, friends, news media, etc.
- <u>Nutrition and rest</u>: You will be expected to eat breakfast each morning prior to arriving at the clinical site. Sufficient sleep is also important to be an effective team member.
- You are <u>not</u> allowed to have visitors at the clinical site or telephone calls unless it is an emergency. Please leave our numbers listed above as a point of contact for emergent or urgent contact needs



- Spend any "spare" time at the hospital (between cases etc.) wisely. You should use this time to update your case notebook, read preference cards, check supplies, research procedures, review storage and supply areas, etc. Wasting time or not being in your assigned area will be reflected in your grade. You are not allowed to work on homework in the clinical area. However, please keep homework in your bag or car; if OR schedule is slow you may be sent to the CTC library to work on homework.
- Cell phones and personal pagers, I-pads etc...are **not** allowed in the classroom, lab or clinical areas. If an interruption occurs related to such a device, the student will be asked to leave and an absence will be recorded for that time. **30 points will be deducted from employability if a cell phone is used in the hospital.**
- Columbus Technical College will enforce the weapon policy according to the
 Official Code of Georgia Annotated (O.C.G.A.). See the Weapon policy waiver page for the entire
 policy statement.
- The buildings at Columbus Technical College and the hospitals are <u>smoke free</u>.

 Please observe the *No Smoking* signs at entry doors. Smoking is not allowed on campus and is <u>not allowed at all in the clinical setting or in Columbus Technical College or hospital scrubs. This includes all forms of tobacco.</u>
- Inherent dangers exist on campus as well as in clinical areas. Remain aware of your surroundings and alert to dangerous situations to protect your personal safety.
- Gifts from students to preceptors, instructors and/or lab assistants are inappropriate. This includes food, holiday gifts, thank-you gifts, birthday gifts, etc. Any gifts given by students will be promptly returned.

PLEASE READ CAREFULLY

*** Any student who is asked to leave an assigned clinical area by a preceptor, director, supervisor, etc. for any reason, and as a result is not allowed to return to that clinical assignment, may be dropped from the program. The ability to succeed in the clinical area while dealing with varying responsibilities and personalities is indicative of future success in the professional arena. *** The instructor reserves the right to alter the schedule and/or the organization of the material to meet the needs of the majority of the class. ***



POST EXPOSURE PROCEDURE

Refer to Columbus Technical College's Exposure Control Plan, for *Post Exposure Follow Up Policy*. The responsibilities and the procedure for the students and instructors to follow when a possible *Blood Borne Pathogen Exposure* has occurred during a clinical assignment are listed below. This procedure is for clinical areas at Piedmont Columbus Regional Midtown, Piedmont Columbus Regional Northside and St. Francis Hospital. Students at St. Francis Hospital will have expenses covered by the hospital and will not need to bill the insurance company.

DEFINITION OF EXPOSURE:

Any exposure during a clinical assignment that may place a student at risk of HIV and/or HBV infection defined as:

- Percutaneous injury- needle stick or cut
- Mucous membrane contact
- Skin contact when skin is chafed, abraded or dermatitis is present

With blood, tissue, or any other body fluids to which standard precautions apply:

- Semen, vaginal secretions, or body fluids with visible blood because these substances have been implicated in the transmission of HIV)
- Cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid (because the risk of HIV transmission has not yet been determined) Laboratory specimens that contain HIV.

STUDENT RESPONSIBILITIES AND PROCEDURES:

- 1. Immediately wash affected area.
- 2. Notify <u>instructor</u> *AND* <u>preceptor</u> of the occurrence **IMMEDIATELY**.
- 3. Report the exposure to Infection Control personnel in the hospital.
- 4. Complete interview/advisement with the Infection Control office personnel and instructor
- 5. Complete occurrence/variance report as indicated by Infection Control personnel.
- 6. If advised to do so by the instructor and/or Infection Control personnel, report to the Emergency Room of the hospital where the incident occurred. Immediate care will be given. Student will need CTC picture ID card!
- 7. If preventative medication is advised by the Emergency Room Physician and Infection Control personnel, make an informed decision on whether or not to follow through with the advice.
- 8. Take a copy of the ER bill to the CTC Business Office and obtain an insurance claim form. Complete the student information section, attach a copy of the bill and give the form to the instructor.

INSTRUCTOR RESPONSIBILITIES AND PROCEDURES

- 1. Ensure that exposure site has been washed
- 2. Gather information concerning source risk from Infection Control personnel and participate in advisement session with student.



- 3. Complete the TCSG Accidental Exposure Form and the CTC Accident Report. (Make copy for Division Chairperson)
- 4. Accompany student to Emergency Room if necessary.
- 5. Inform student of results of source evaluation. Provide a copy of "Occupational Exposure to Blood Borne Pathogens" to the student, advise about any medical condition that requires further evaluation or treatment.
- 6. Complete the Instructor's portion of insurance claim form.
- 7. Retain copy of evaluations with student's medical records for one year after graduation, completion, or termination from CTC.

Note: The health insurance purchased by the student as a part of the Student Activities Fee will cover the Emergency Room fee and preventative care need as the result of an accidental exposure. This includes but is not limited to serums, medications, vaccines, and AZT.

CORE CURRICULUM FOR SURGICAL TECHNOLOGY, 6th edition Surgical rotation and case requirements

Goal Statement: The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist. As stated in CAAHEP Standard II. Program Goals, C. Minimum Expectations: "To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Objectives:

- I. The surgical technology program is required to verify through the surgical rotation documentation the students' progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.
- **A.** While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.
- **B.** No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.
- II. Students must complete a minimum of 120 cases as delineated below.
- A. General Surgery cases
 - 1. Students must complete a minimum of 30 cases in General Surgery; 20 which **must** be performed in the First Scrub Role. The remaining 10 cases may be performed in either the First or Second Scrub Role.
- **B.** Specialty cases



- 1. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either the First or Second Scrub Role.
- **a**. A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of four surgical specialties.
- (1) A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).
- (2) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.
- **b**. The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role

C. Optional surgical specialties

- **I.** Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.
 - **a**. Diagnostic endoscopy cases **must** be documented in the category of "Diagnostic Endoscopy", rather than by specialty.
 - **b**. Vaginal delivery cases must be documented in the category of "Labor & Delivery" rather than in the OB/GYN specialty.
- **D**. Case experience in the Second Scrub Role is not mandatory.
- E. Observation cases must be documented, but do not count towards the 120 required cases.
- **F**. Counting cases
 - 1. Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to II. C.1.a. above).
 - 2. Examples of counting cases:
 - **a**. Trauma patient requires a splenectomy and repair of a Lefort I fracture. Two cases can be counted and documented since the splenectomy is general surgery specialty and repair of LeFort I is oral-maxillofacial surgical specialty.
 - **b**. Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure one case.
 - **c**. Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and documented as one (1) procedure—one case.

Note: Students must annotate and document every case they complete on the appropriate specialty log sheet provided in the Student Clinical Manual. Each case documented in the log sheet must have a completed scrub sheet that is signed by the preceptor and student before it is counted. Scrub sheets will be turned in weekly along with the Case Total sheet for evaluation. The cases will not be counted until verified by either the Clinical Coordinator and or the Program Director. The Case Total sheet will be a running tally of all cases by specialty area completed to that point, this will assist the clinical coordinator in tracking the student's



Progress and guide the instructors in assigning the student to the appropriate types and numbers of cases to successfully obtain the case requirements for graduation. All cases will be verified by the Clinical Coordinator and Program Director and all clinical files will be kept in student's records

Clinical Progress Records will be conducted on a recurrent basis for all students a minimum of three times per clinical semester. The Instructor(s) will observe each student and provide written and verbal feedback to the students. Areas that will be observed include, but are not limited to: sterile and aseptic technique, knowledge of the case being performed, set up of cases, anticipating needs of the Surgeon, and progression in degree of difficulty in cases scrubbed. The frequency of the Clinical progress form may increase if performance demonstrated needs improvement. Remediation will be conducted an a case by case basis. All clinical files. will be kept in the student's records



SURGICAL CATEGORY	Total # of cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can be Applied Towards 120 cases.
General Surgery	30	20	10
Surgical Specialties: Cardio-Thoracic ENT Eye GU Neuro Ob-Gyn Oral-Maxillo-facial Orthopedics Peripheral Vascular Plastics Procurement/Harvests	90	60	30
OPTIONAL: Diagnostic Endoscopy:			10 diagnostic endoscopy cases may be applied only toward the second scrub role cases. • Refer to Objective II.C.
Optional: Labor & Delivery			5 Vaginal deliveries may be applied only toward the Second Scrub Role cases • Refer to Objective II.C.
Totals	120	80	40



FIRST SCRUB ROLE

The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the First Scrub Role. A student not meeting the five criteria below cannot count the case in the First Scrub Role and the case must be documented in the Second Scrub Role or Observation Role.

- Verify supplies and equipment needed for the surgical procedure.
- Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the procedure.
- Perform counts with the circulator prior to the procedure and before the incision is closed.
- Pass instruments and supplies to the sterile surgical team members during the procedure.
- Maintain sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

SECOND SCRUB ROLE

The Second Scrub Role is defined as the student who is at the sterile field who has not met all criteria for the First Scrub Role, but actively participates in the surgical procedure by performing one or more of the following:

- Sponging
- Suctioning
- Cutting suture
- Holding retractors
- Manipulating endoscopic camera

OBSERVATION ROLE

The Observation Role is defined as the student who is in the operating room performing roles that do not meet the criteria for the First or Second Scrub Role. These observation cases are not to be included in the required case count, but must be documented by the program.

** Do not need background check, physical exam uniforms until after you are accepted in the program and begin the Summer Semester.

If you have any questions , please contact Carl Sandy at 706-225-0518 or csandy@columbustech.edu



General Sui	raerv Li	oa Sheet
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Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role
	Total Cases			
Instructor Sign	ature:			
General Surge	ry Log Sheet			
Date	Procedure	First Scrub	Second	Observation



	3 3 1 3 11 11 3 3			1
	Total Cases			
Instructor Sign ENT Log Sheet	ature:	Date:		_
Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role



COLUMBUS TECH				
	Total Cases			
Instructor Signa	ture:		Date:	 <u></u>



Genitourinary Log Sheet

Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role
	Total Cases			
Instructor Signa	ture:	Date:		_
Neuro Log Shee	t			<u>, </u>
Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role



COLUMBUS TECH				
	Total Cases			

Instructor Signature:______ Date:_____



OB-GYN Log Sheet

Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role
	Total Cases			
Instructor Signo		Date:		_
Ophthalmology Date	Procedure Procedure	First Scrub Role	Second Scrub Role	Observation Role

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	•				1
Date	Procedure	Fi	rst Scrub Role	Second Scrub Role	Observation Role
Instructor Sign Oral-Maxillo-F	Facial Log Sheet				
	Total Cases				
	7.1.16				



	COLOMBOS ILC			
	Total Cases			
Instructor Siana	ture:	Date:	L	

Orthopedics Log Sheet

Procedure	First Scrub Role	Second Scrub Role	Observation Role
	Procedure		



COLUMBUS TECH					
	Total Cases				
	ı				

Instructor Signature:	Date:

Peripheral Vascular Log sheet

Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role



COLUMBUS IEC		
Total Cases		

Instructor Signature:	Date:



Plastics Log Sheet

Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role
	Total Cases			
Instructor Signa	iture:	Date:		_
	arvest Log Sheet	I		
Date	Procedure	First Scrub Role	Second Scrub Role	Observation Role



Total Cases Instructor Signature:______ Date:_____ WK # _____ Scrub Sheet Dates___/__-___(Observe) ______ Service______
Surgeon_____Assistant_____

Scrub _____ Circulator____



Anesthesia ProviderType
Procedure
Definition
Student has documented this case in Log:yes,no; If "no" student needs to give explanation at the bottom of this shee why it has not been documented in Log.
First Scrub Role
Student performed the following duties during any given surgical procedure with proficiency:
Check supplies and equipment needed for the surgical procedure.
Set up the sterile table with instruments, supplies, equipment, and medications/solutions for the procedure.
Perform appropriate counts with the circulator prior to the procedure and before the incision is closed.
Pass instruments and supplies to the sterile surgical team members.
Maintain the highest standard of sterile technique during the procedure, recognize breaks in demonstrate knowledge of how to correct with appropriate technique.
Second Scrub Role Student actively participated in the surgical procedure in its entirety by completing any of the following:
Sponging
Suctioning
Cutting suture Holding retractors
Manipulating endoscopic Camera
Preceptor/Employee Signature:
Student Signature:
Instructor:



Competency Areas:					
General Surgery					
OB-GYN Or		Orthopedics _	PV	Plastics	
Procurement/Harvest	-				
SPECIAL EQUIPMENT/SU					
INSTRUMENTATION (TR	RAYS) -				
MAYO STAND SET-UP I		·	MAYO STAI	ND SET-UP II	 1
					•
POSITION AND POSITIO	NING EQUIPMENT	-			
PREPPING-					
DRAPING-					
SUTURE – organ					
musclesı	ıb-q	skin			
other					
DRESSINGS -					

Case Total

Name:	FSR	SSR	Observe	Total
Gen				



COLUMBUS TECH ENT GU Ortho Neuro OB/GYN **OPTHO** PV/cv **Plastics** Endoscopy Other Student Signature: _____ Instuctor Signature:_____ Date: _____

DATE	TIME	APPROVAL

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^{***} This form must be turned in at the end of each Semester in order not to receive an Incomplete.

^{***} Have your sign out sheet initialed by your preceptor or authorized employee each day.

^{***} Bring this form with you every Monday to be initialed by your instructor.



Student Name:	Date:
Case Observed:	
Observations:	
Feedback:	
Instructor Signature:	
Student Signature:	
	Student Clinical Evaluation SURG 2110
C4 1 4	T
Student:	Instructor:
Date:	



	Never		Sometimes			Always
	Meets	Below	Meets	Meets	Exceeds	Exceeds
	Expectation	Expectation	Expectation	Expectation	Expectation	Expectation
Reliability	0	1	2	3	4	5
Attendance	0	1	2	3	4	5
Appropriate Attire	0	1	2	3	4	5
Attitude	0	1	2	3	4	5
Dependability	0	1	2	3	4	5
Initiative	0	1	2	3	4	5
Organization	0	1	2	3	4	5
Team	0	1	2	3	4	5
Participation						
Accountability	0	1	2	3	4	5
Scrub	0	1	2	3	4	5
Technique						
Donning	0	1	2	3	4	5
Sterile Gown						
&Gloves						
Gowning and	0	1	2	3	4	5
Gloving						
another						
person						
Prepping	0	1	2	3	4	5
Draping	0	1	2	3	4	5

Student Clinical Preceptor Evaluation SURG 2120, SURG 2130 and SURG 2140

	<u> </u>	JOING ETGG and G	JING ET TO	
Student:	Clinical Site:		Date:	(Please evaluate the
students using the following c	linical areas and scoring sys	stem found on back of th	e sheet)	
A) CLINICAL SKILLS: Stude	ent correctly demonstr	rates the following sl	kills using proper a	septic technique.
SKILL/KNOWLEDGE		SCORE	COMM	ENTS
Surgical scrub				
Self-gowning and closed g	love technique			
Draping of mayo stand				



Basic mayo setup
Back table organization/ setup
Gowning and gloving of surgeon
Sponge, sharp, and needle counts
Blade loading/ unloading passing scalpels
Basic draping techniques
Passing instruments to surgeon
Loading /Unloading and passing needle holders
Passing basic instruments to surgeon
Proper handling of surgical specimens
Proper medication labeling/handling
Establishing sterile fields
Pre-op case preparation delivering
supplies/ instruments to
sterile field/ scrubbed person
Skin preparation
Urinary Catheterization/straight or Foley
Total

B) KNOWLEDGE: Student displays appropriate knowledge level in the following.

SCORE	COMMENTS
-	
	SCORE

C. EMPLOYABILITY: Student employability evidenced by

SKILL/KNOWLEDGE SCORE COMMENTS



Follows rules/ regulations of hospital
OR safety and universal precautions
Promptly reports absence/tardiness to OR
Wears appropriate OR attire
Promptly returns from breaks/ lunch
to assigned areas follows through with assignments
Accepts responsibility, responds to instructions
suggestions
Has a positive attitude and works well with others
Effective team member in case preparation,
post procedure clean-up and restocking supplies
Promptly reports any break in aseptic technique
on their part
Total

SCORING:

Excellent	9	Consistently beyond expected level
Very Good	8	Frequently beyond expected level
Satisfactory	7	Usually at expected level
Fair	6	Sometime at the expected level
Unsatisfactory	0	Less than acceptable
N/A		Not applicable

Evaluator/Preceptor:	
Student:	
Instructor:	

SURGICAL TECHNOLOGY ALL CLINICAL COURSES EMPLOYABILITY

At the beginning of every clinical semester, each student has 100 points in the "Employability Category". The designated point values listed below will be deducted for <u>each</u> violation during that semester. At the end of the semester, the remaining points in the employability category will count as 30% of the course grade.

Points Deducted: Clinical Violations:



COLUMBUS TECH

	COLUMBUS IECH
10	Failure to report to clinical as the result of an unexcused absence
	after 2 previous unexcused absences (refer to Health Studies
	Handbook for definition of excused
10	Failure to make up missed clinical hours above 16 hours (excused or unexcused
10	Failure to contact either the instructor or clinical site regarding <u>any</u> absence
5	Failure to be on time to clinical site, regardless of reason
10	Failure to report any absence or tardiness before 6:45 a.m. (must
	be reported to instructor and clinical unit)
10	Leaving the clinical site before designated time, regardless of
	reason, without notifying the instructor <u>and</u> preceptor
10	Failure to wear the proper uniform to and from the clinical
	site.(Clean ironed school scrubs with lab coat, and appropriate
	name and badge patch)
10	Failure to turn in <u>completed</u> clinical folder for the previous week
	on Monday morning at the beginning of class
50	Failure to observe <u>UNIVERSAL PRECAUTIONS</u> !! (Protective eye
	wear, gloves, and clothing when exposed to blood or body fluids;
	proper handling of sharps; proper confining and containing of
	blood and body fluids)_
10-50	Failure to demonstrate appropriate professional or ethical
	behavior. (Incidents will be evaluated on an individual basis by
	the preceptor and instructor)
	· · · · · · · · · · · · · · · · · · ·

EMPLOYABILITY SCORE SHEET

Instructor

Student

Name:	Semester:		
Violation Details and Date	Points Deducted	Signatures	
		Instructor	
		Student	
Violation Details and Date	Points Deducted	Signatures	



Violation Details and Date	Points Deducted	Signatures
		Instructor
		Student
the burgical recimology program.		
The instructor has reviewed the clinical guidelines an	nd manual with me	e as a class member.
Initial each of the following statements and sign and	date below:	
I understand and agree to follow the ru	les as stated.	
I understand the attendance policy.		
I understand the evaluation procedure assignments.	s, grading require	ments, textbooks required, and reading
Student Signature		 Date