NEW ENGLAND TECH

SURGICAL TECHNOLOGY PROGRAM STUDENT HANDBOOK

New England Institute of Technology
One New England Technology Blvd.
East Greenwich, RI 02818

January 2026

TABLE OF CONTENTS

WELCOME

Welcome to New England Institute of Technology (NEIT) and the Surgical Technology (ST) program. We are pleased that you are ready to begin preparation for a career as a highly skilled, critical thinking certified surgical technologist (CST).

To be successful in the ST program students need to maintain a high level of motivation, energy, good health, good study habits and organizational skills. Please read this Student Handbook carefully and feel free to ask questions. It is the student's responsibility to know and to understand what is contained in the ST Student Handbook.

The primary documents for all NEIT students are the University catalog and the University Student Handbook. The most recent versions of these documents are found on the NEIT student Intranet for students enrolled in the ST program, the Student ST Handbook contains additional information, guidelines, policies, and procedures specific to the ST department.

These guidelines are effective for all ST students. The handbook addresses commonly asked questions from students. Student resources also include ST faculty, staff and your assigned student advisor.

The Student ST Handbook contains two sections. Section I (one) includes ST academic and laboratory information, and Section II (two) contains clinical information.

The ST faculty, staff and the University community welcomes you. We wish you the best along this journey. Please feel free to contact the ST Department Chair or ST faculty and staff for any questions or concerns.

Aeger Primo

Lisa R. Reed RN, MS, CNOR, CST, FAST
Professor
Department Chair:
Surgical Technology

New England Institute of Technology
One New England Tech Boulevard
East Greenwich, RI 02818-1205
Direct Line: 401 – 780-4157
P: 401-739-5000 Ext. 3485 F: 401-884-4650
Email:lreed@neit.edu

NEW ENGLAND INSTITUTE OF TECHNOLOGY
MISSION, EDUCATIONAL PHILOSOPHY, AND NON-DISCRIMATION STATEMENT

Statement of Mission

The mission of New England Institute of Technology (NEIT) is to provide specialized undergraduate and graduate degree and certificate programs which prepare students for professional and technical careers. Through the combination of professional and technical courses and an integrated liberal arts core, academic programs emphasize the relevance of continuous learning to personal and professional growth. Upon successful completion, graduates are prepared to enter the workforce or to continue their education. As an extension of the primary mission, NEIT offers the opportunity to pursue professional and technological studies to satisfy personal interests.As an institution primarily devoted to teaching, NEIT provides opportunities for students from diverse educational backgrounds and with varying levels of ability to study in a variety of technological fields.

Educational Philosophy

New England Institute of Technology is a private, non-profit, technical college whose mission is to provide specialized associate, bachelor's, and master's degree programs for students from diverse educational backgrounds and with differing levels of ability. The college's mission evolved from the principle that all persons, regardless of age, gender, disability, socioeconomic circumstances, religious, racial or ethnic background, should have access to career opportunities through a quality technical education. To achieve this purpose, NEIT is first and foremost an institution committed to teaching. At NEIT, we believe and affirm that every student can learn; we recognize that different students may learn in different ways with differing levels of ability; and we recognize the importance of creating a learning environment in each classroom and laboratory that both challenges and supports each of our students.

Nondiscrimination Statement

NEIT admits qualified students of any race, color, religion, sex, age, disability or national and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at the school. NEIT does not discriminate on the basis of race, color, religion, sex, sexual orientation, disability, age, or national and ethnic origin in administration of its educational policies, admission policies, scholarship, and loan programs, and other school administered programs nor does NEIT discriminate on the basis of race, color, religion, sex, sexual orientation, gender, identity of expression, age, disability or national and ethnic origin in any phase of its employment process.

INTRODUCTION

You are entering a rewarding and exciting career that is part of an integral surgical team that saves lives. Our intensive, experienced-based associate degree in Surgical Technology (ST) will prepare you for an entry-level position in hospital operating rooms, obstetrical departments, perioperative service departments and outpatient surgical centers.

Our Commission on Accreditation of Allied Health Education Programs (CAAHEP)-accredited program can be completed in a few as 18 months and requires no pre-requisites, getting you into the field quickly. As reported in the 2025 Annual Report, during the timeframe of 8/1/2023 – 7/31/2024 the pass rate for first-time candidates of the ST program was 88% on their Certified Surgical Technologist (CST) examination that is administered through the National Board of Surgical Technology and Surgical Assisting (NBSTSA). The CST is widely recognized as the foremost credential for surgical technologists in the country and required for most positions in the field.

You'll learn all the essential Surgical Technologist functions that are vital for the safety and care of surgical patients, from surgical instruments and surgical procedures to pharmacology and pathophysiology. You'll complete 160 hours of intensive, surgical simulation in our two industry-specific ST labs, actively turning theory into practice. You'll then complete a 20-week clinical externship in the field, gaining real-world experience and building your résumé. You won't just be observing – you'll be working side-by-side with the surgeon, their assistants, and preceptors passing instruments, cutting suture, holding retractors, and suctioning blood and body fluids. Clinical sites are equipped with advanced, life-saving technologies, including endovascular equipment, robotic surgical systems (such as the da Vinci Surgical System), surgical lasers, and laparoscopic equipment, providing hands-on experience across every training location.Our faculty, combined, has more than 60 years of experience in the field. Because of our small class and lab sizes, they'll get to know you and your career aspirations.

Accreditation Status

The New England Institute of Technology Associate in Science in Surgical Technology program of study is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Accrediting Review Council on Education in Surgical Technology and Surgical Assisting.

Commission on Accreditation of Allied Health Education Programs (CAAHEP)
9355 113th St N #7709
Seminole, FL 33775
Telephone (727) 210-2350 mail@caahep.org
http://www.caahep.org/

All surgical technology students must take The National Board of Surgical Technology and Surgical Assisting (NBSTSA) Certified Surgical Technologist examination before graduation.

GENERAL STUDENT INFORMATION

- All students are responsible for becoming familiar with the information and policies in the NEIT Catalog, the *Student ST Handbook, the ST Clinical Log Book,* the University *Student Handbook,* and any other material that is distributed by the faculty and staff.
- Financial and family obligations should be planned in advance in order to devote sufficient time to the course of study.
- Students should plan for at least two hours of preparation for each hour of class and laboratory; and one hour of preparation for four hours of clinical experience in order to be appropriately prepared.
- Students should take into consideration the hours of classes and travel time when making arrangements for childcare and other responsibilities. **Students may need to commute up to approximately 1.0 hour one way to a clinical rotation. Students must be available during the days and times designated by the clinical sites.** ***NOTE:*** The clinical component of the program shall be educational in nature. The student shall not be substituted for personnel during the clinical component of the program.
- Students are responsible for the costs and to obtain all of the required personal health information including but not limited to physicals, vaccinations, and titers; American Heart Association (AHA) Basic Life Support (BLS) for the Healthcare Provider certification; background check information including the Criminal Offender Record Information (CORI) required by the individual clinical sites, and some clinical sites may require drug testing and/or finger printing of students. Students will be placed on "hold" and will be unable to register for and attend clinical if all pertinent information is not obtained. It is at the discretion of the clinical sites as to what information will be acceptable for students to attend clinical.
- Students assume responsibility for their travel arrangements during the entire program. This includes transportation to the university and clinical sites. The university cannot guarantee that placement for internships will be in or near the student's hometown. The university does not reimburse students for traveling expenses (parking, mileage, etc.).
- Students must have access to a computer that runs Microsoft Word and PowerPoint programs as well as a printer. Computers are available in the Library for student use on campus.
- Students must use their NEIT email address for all communication with faculty. The university is not responsible for any information that the student does not receive due to an incorrect email address on file; nor is the university responsible for not receiving an email sent by the student from a non-NEIT email server.
- Students should check their email frequently. It is suggested that emails are checked at least each morning and one other time during the day.

FACULTY and STAFF

ST Department Chair
Professor
Lisa S. Reed, RN, MS, CNOR, CST, FAST
(401) 780- 4157 Ext 3485

Director of Clinical Sites
Dr. Megan Treloar, EdD, MBA, CST
Associate Professor
(401) 739 – 5000 Ext 3358

Faculty
Dr. Melissa Campbell, EdD, MS, CST
Assistant Professor
(401) 739 – 5000 Ext 3730

Adjunct Instructor
Laura Simon, BA, CST
(401) 739-5000 Ext 3579

ST Lab Assistant
Linda Deasley, CST
(401) 739 – 5000 Ext 3579

ST Student Advisor
Megan Starr
739-5000 Ext. 3436

Academic Skills Center
Linda Perentin
739-5000 Ext. 3444

Section I: ST ACADEMIC INFORMATION

General Information

The Associate in Science Degree in Surgical Technology prepares practitioners specifically for the operating room scrub role. During operative procedures, the surgical technologist functions as an integral part of the surgical team and works in cooperation with the surgeon, anesthesiologist, and registered nurse performing duties that are vital for the safety and care of surgical patients. Responsibilities include preparation of sterile operative equipment and supplies, instrumentation during operative procedures, and other intra-operative patient care activities. Common duties include operating sterilizers, lights, suction machines, electrosurgical units, and laparoscopic equipment as well as preparing the patient's surgical site.

In the Surgical Technology curriculum, theory and practice are integrated through the use of laboratory experiences in a completely equipped, on-campus simulated operating room and in actual operating rooms. Comprehensive background in anatomy and physiology is studied along with the proper medical terminology of the systems. An appreciation of the person having surgery, knowledge of common conditions requiring surgery and the surgical procedure as well as skills of patient care are included in surgical procedures classes. Ethical and legal dimensions of the work and profession of the Surgical Technologist are part of the program. Supervised clinical practice in surgical environments prepares students realistically.

Graduates are prepared for entry-level positions in such areas as hospital operating room departments, obstetrical departments, surgical supply/processing departments, outpatient surgical centers, and surgeon office practices.

The Surgical Technology program is a full-time, 6-term day program that may be completed in as little as 18 months. Through the combination of classroom, laboratory, and hands-on clinical experiences, students will be provided the opportunity to apply their knowledge and create real-world understanding. Upon successful completion of the entire course of study, graduates will be eligible to take the National Certification Exam administered by The National Board of Surgical Technology and Surgical Assisting (NBSTSA).

ST Program's Mission, Goals, and Outcomes

Program Mission

To provide entry-level professional skills in the art and science of surgical technology, emphasizing a background for professional growth and development, exposure to various surgical specialties and organization of departments in relation to the total complex of a health care facility. The surgical technologist works under medical supervision to ensure the procedure is conducted under conditions that maximize patient safety by maintaining aseptic technique, proper functioning of equipment and a safe environment. The Surgical Technologist is a respected and integral part of the team of medical practitioners providing surgical care to patients in a variety of settings.

Program Goals

Surgical Technology Program Goals

Goals	Learning Domains	Evidence of Meeting Goal
1. To prepare competent entry-level surgical technologists in the cognitive *(k*nowledge*),* psychomotor *(s*kills*),* and affective *(b*eha*v*ior*)* learning domains	Cognitive Psychomotor Affective	Meeting the 70% benchmark for passing the certification exam. Meeting the satisfaction benchmark of 70 % for both the employer and graduate surveys.
2. To demonstrate ad*v*anced *k*no*w*ledge of the principles of asepsis as applied to the practices of sterile techni*q*ue as *w*ell as pro*v*ide a safe*,* efficient, and supportive en*v*ironment for the peri-operative patient.	Cognitive Psychomotor Affective	Students have met the minimum requirements of a C+ or better in their performance of their Practicums and evaluations.
3. To pro*v*ide a *v*ariety of surgical specialty experiences in the spirit of cooperative education.	Cognitive Psychomotor	*M*eeting the required clinical case re*q*uirements by the end of term VI.
4. To pro*v*ide each student *w*ith a continuous*,* ongoing education *w*ith a consistent classroom and clinical experience.	Cognitive Psychomotor Affective	Completes the ST program by following the sequencing of courses each term.

5. To apply *k*no*w*ledge from other fields to help each student address the needs of the patient.	Cognitive Affective	Students participate in Interprofessional Educational activities.
6. To stress the importance of the educational process on a continuum.	Cognitive Psychomotor Affective	*M*eeting the retention *b*enchmar*k* of *60%*
7. To encourage *v*olunteerism as *w*ell as participation and activity in local, regional, and national organizations *w*ith a philosophy that ele*v*ates and reinforces the standards of the profession.	Cognitive Affective	Students are encouraged to: • become members of the ST Student Club and AST. • volunteer at university and community sponsored events. • promote AST state assemblies in state of residence. • promote Scholarship opportunities. • participate in In-services at clinical sites. To continuously evaluate the program to maintain the highest degree of quality.
8. To continuously e*v*aluate the program to maintain the highest degree of *q*uality.	Cognitive Psychomotor Affective	Program evaluation methods include: • Program Effectiveness Plan. • Input from TAC members. • Course Surveys. • Employer and Graduate Surveys. • Input Faculty/staff meetings. • Verifies that the NEIT ST curriculum is in line with the AST 7th edition Core curriculum. • Adhering to the CAAHEP Standards and Guidelines.

Program Outcomes

Graduates of the program will be able to:

- Successful completion of all preoperative competencies.
- Successful completion of all intra-operative competencies.
- Successful completion of all post-operative competencies.
- Successful completion of all professional skills competencies.

AS in ST Curriculum

Term I					
Course No.		*Course Title*	*C*	*L*	*T*
ST	101	Introduction to Surgical Technology	2	2	3
MGM	103	Computer Skills – Word and PowerPoint	0	2	1
BIO	*100*	*Anatomy & Physiology I (MA/SCI Core)*	4	0	4
BIO	*101*	*Anatomy & Physiology I Lab (MA/SCI Core)*	0	4	2
AHS	*102*	*Introduction to Allied Health (MA/SCI Core)*	2	0	2
EN	*100*	*Introduction to University Writing (COM Core)*	*4*	*0*	*4*
			12	8	16

Term II					
Course No.		*Course Title*	*C*	*L*	*T*
ST	120	Surgical Instrumentation	1	2	2
BIO	122	Microbiology	3	2	4
BIO	*120*	*Anatomy & Physiology II (MA/SCI Core)*	4	0	4
BIO	*121*	*Anatomy & Physiology II Lab (MA/SCI Core)*	0	4	2
		CHOOSE ONE (depending upon Math placement)			
MA	*109*	*Math for Life Science (MA/SCI Core)*	4	0	4
ELECTIVE		*100-200 Level Math/Science Core*			
			16	8	20

Term III					
Course No.		*Course Title*	*C*	*L*	*T*
ST	130	Surgical Procedures I	4	0	4
ST	131	Surgical Procedures I Lab	0	6	3
BIO	130	Pharmacology	3	0	3
BIO	131	Pathophysiology	2	0	2
EN	*110*	*Healthcare Communication Skills (COM Core)*	*4*	*0*	*4*
			13	6	16

Mandatory Intersession				
Course No.	*Course Title*	*C*	*L*	*T*
SS 271	*Introduction to Psychology (SSCore)*	*4*	*0*	*4*
ELECTIVE	*100-200 Level Humanities (or Arts/Foreign Language) Core*	*4*	*0*	*4*
		8	0	8

Term IV					
Course No.		*Course Title*	*C*	*L*	*T*
ST	200	Surgical Procedures II	4	0	4
ST	201	Surgical Procedures II Lab (5 weeks)	0	6	3
ST	203	Professional Communication Skills (5 weeks)	1	0	1
ST	204	Operating Room Laboratory I** (5 weeks)	0	12	4
AHS	201	Introduction to Medical Ethics and Bioethics	3	0	3
ELECTIVE		*100-200 Level Humanities (or Arts/Foreign Language) Core*	*4*	*0*	*4*
			12	18	19

Term V					
Course No.		*Course Title*	*C*	*L*	*T*
ST	205	Advanced Topics in Surgical Technology	1	0	1
ST	220	Surgical Procedures III	4	0	4
ST	222	Operating Room Laboratory II	0	24	8
ST	223	Surgical Seminar I	1	0	1
			6	24	14

Term VI					
Course No.		*Course Title*	*C*	*L*	*T*
ST	230	Operating Room Laboratory III ** (5 weeks)	0	12	4
ST	232	Advanced Applications of Surgical Technology	6	0	6
ST	233	Surgical Seminar II (5 weeks)	2	0	2
			8	12	12
Total Quarter Credit Hours = 101					

Optional Courses – To be taken at Department Chair's Discretion The credits for ST 98/ST99 do not count for degree requirements					
Course No.		*Course Title*	*C*	*L*	*T*
ST	99	Clinical Review	0	6	3
ST	98	Advanced Clinical Review	0	6	3

Legend

C = Number of lecture hours per week
L = Number of laboratory/clinical hours per week
T = Total Quarter Credit Hours where each lecture hour per week is one credit, every 2-4 laboratory hours are one credit depending on the expected amount of pre- or post-lab work.
**3 clinical lab hours = 1 Quarter Hour Credit OR Practicum Hours reflect 60-minute clock hours.

Please note: All liberal arts core courses are listed in italics.

All associate degree students are required to take (or transfer) 32 credits of liberal arts and math/science courses as selected from the liberal arts core. See the course descriptions section of this catalog for a list of the core area courses. Students who place out of EN 100, EN 110 or MA 109 must still take 32 credits of core courses.

PLEASE NOTE:

For all terms, a grade of C+ or better must be attained in BIO and ST courses and a C or better in AHS 102, in order to advance to the next term. A cumulative grade point average of at least 2.33 in all courses must be maintained throughout the program.

Students are required to complete all of the 1st academic year courses, including liberal, to progress to the 2nd academic year when actual hospital-based operating room experience begins.

Subject to change.

Professional Standards for Surgical Technology Program

The Surgical Technology program policies will adhere to all of the standards set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
Students enrolled in NEIT's Surgical Technology program will be held to the Association of Surgical Technologists (AST) "*Position Statement Code of Ethics*" listed below:

AST Position Statement Code of Ethics

In the conduct of professional activities, the Surgical Technologist shall be bound by the following ethical and professional principles.

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.

Technical Standards

In addition to the acquisition of the appropriate knowledge in the sciences and humanities, the faculty of the New England Institute of Technology Surgical Technology Program have determined that the essential requirements for the successful completion of an Associate Degree in Surgical Technology require that the student possess and be able to demonstrate, with or without reasonable accommodation, the following skills and abilities.

Cognitive Abilities

- Ability to learn, remember and recall detailed information and to integrate it for problem solving.
- Ability to organize or reorganize information presented in curriculum materials and problems.
- Ability to use abstractions in specific concrete situations.
- Ability to break information into its component parts.
- Ability to understand spatial relationships such as differing depths of organs and cavities.
- Ability to comprehend basic mathematic principles and count to 200 in English.
- Ability to perform tasks learned by demonstrations.
- Ability to perform tasks following verbal instructions.

Communications Skills

- Ability to communicate effectively with faculty, patients, physicians and other hospital staff.
- Ability to read English sufficiently to comprehend University level text books, a physician's
- preference card, medication labels, package directions and patient charts.
- Ability to write English sufficiently to record legibly information contained in course assignments, a physician's preference card and label medications.
- Ability to demonstrate and use the knowledge acquired during the classroom training process and in the clinical setting to identify appropriately, pertinent patient information and transmit the information, promptly, effectively, efficiently and sensitively to appropriate personnel even when the time span available for communication is limited.
- Ability to express verbally, clearly and distinctly to enunciate, medical and surgical terminology even while wearing a facemask.
- Ability to express thoughts clearly.

Adaptive Ability

- Ability to maintain emotional stability and to have the maturity necessary to interact with other members of the faculty, students and surgical team in a professional manner.
- Ability to make decisions appropriate to the care of patients under stressful and demanding conditions.
- Ability to follow instructions and complete tasks under stressful and demanding conditions.
- Ability to adapt in a positive manner to new and changing situations with an open mind and with flexibility.
- Ability to work in an environment which may change rapidly in unpredictable ways, without warning.
- Ability to think clearly and act quickly and appropriately in an emergency situation.

Physical Ability

- Ability to stand and perform extensive walking for 4-6 hours at a time with no breaks.
- Ability to sit for 4-6 hours at a time with no breaks.
- Sufficient strength to perform CPR (Cardiopulmonary Resuscitation) on both adult and pediatric patients.
- Sufficient upper body strength great enough to carry 20 pounds.
- Sufficient strength and agility to lift equipment, push stretchers and beds, and move large pieces of equipment.
- Sufficient strength and agility to grasp and maintain tension for long periods of time on tissues and bones using stainless steel retractors (some awkwardly shaped) and other operating room equipment.
- Sufficient strength to assist with positioning patients for and during surgery (e.g.: holding and lifting extremities in varying positions for surgical preparation and x-ray).
- Ability to wear and tolerate surgical masks and surgical gloves and other protective equipment including lead aprons.
- Ability to perform learned skills, independently, with accuracy and completeness within relatively short time frames in accordance with operating room procedure.
- Ability to perform exposure-prone procedures in accordance with recommendations set forth by the Center for Disease Control (CDC)*.
- Ability to work in an environment where there are latex/latex based products, and latex airborne particles such as dust and powder.

Manual Ability

- Sufficient manual dexterity and mobility to move stretchers, carts and equipment independently.
- Sufficient motor function and sensory abilities to participate effectively in the classroom laboratory and clinical setting.
- Sufficient manual dexterity and motor coordination to coordinate hands, eyes and fingers in the operation of medical and other equipment and surgical instruments.
- Sufficient fine motor control to manipulate microsurgical instruments.
- Ability to grasp, lift and carry instrument trays and various items of equipment.
- Agile enough to handle surgical instruments with both left and right hands at an extremely rapid pace.
- Ability to supinate and pronate at the wrist.

**The CDC recommends that Health Care Workers (HCW's) who are infected with AIDS (HIV) or Hepatitis B Virus (HBV) (and are Hepatitis B Antigen [HbeAg] positive) should not perform exposure-prone procedures unless they have sought counsel from an expert review panel and been advised under what circumstances, if any, they may continue to perform these procedures.*

Sensory Ability

Visual

- Visual ability, with or without correction, acute enough to differentiate surgical instruments, human anatomy and changes in the anatomy that occur during a surgical procedure.
- Visual ability, with or without correction, acute enough to read small printed labels on medications.
- Visual ability, with or without correction, acute enough to read small numbers on instruments, implants and guides.
- Visual ability, with or without correction, acute enough to handle extremely fine suture material.
- Must have visual acuity corrected to 20/20 and visual perception with respect to color.
- Must be able to interpret reactions on slides, and test tubes, and visually identify cellular components and microorganisms under a microscope.
- Must be able to properly identify surgical sutures, medication labels, and other surgical supplies that are color coded.
- Must be able to view images for accuracy, view computer screens for extended periods, and participate in surgical procedures in dim light.

Auditory

- Auditory ability, with or without correction, acute enough to hear and understand words spoken by staff and physicians in an environment with a high level of noise in the background (such as, but not limited to: saws, drills, anesthesia equipment, radios, lasers, etc.) when muffled by protective equipment. Individuals with auditory processing disorder will not have the visual cues needed to assist in processing the spoken word.

University Policies

Academic Honesty Policy:

Any project, paper, or examination is expected to be the student's own work, in the student's own words. Willful academic dishonesty (including but not limited to copying another student's work or allowing one's own work to be copied; using notes or books during an examination without the instructor's advance permission; presenting information or images copied from a book, journal, or online source as one's own) will not be tolerated.

Electronic Communication Device Acceptable Use Policy:

For the purposes of this policy, electronic communication devices include, but are not limited to cell phones, PDAs, chat, instant messaging, mp3 players, and CD players. It is the policy of New England Institute of Technology that the use of electronic communication devices is strictly prohibited during class and in the Academic Skills Center. The use of any electronic communication device during class time is discourteous to the instructor and to the students in the class. All students are required to turn off or silence all such devices prior to the beginning of class. Any student expecting an emergency call or page should bring this to the attention of the instructor at the beginning of class. If an emergency call must be taken, the student will be required to leave the classroom quietly and take the call elsewhere. Under no circumstances may the student take or make phone calls or use other means of electronic communications in the classroom during any class session without the prior consent of the instructor.

The use of any electronic communication device during a course assessment (e.g. quiz, test, exam) without prior consent of the instructor, may result in a reduction of points, a required retake of the assessment, or a failing grade for the assessment without the ability to re-take the assessment.

Repeated violations of this policy may result in disciplinary action up to and including suspension or dismissal from the class or the University.

Other Policies:

Each student is responsible for accessing the web site and becoming familiar with all academic policies. Students should be familiar with the following policies:
https://newenglandtech.sharepoint.com/:w:/s/OnlineLearningTeam/EYuh4Gz03E9PhpGXCNCHTekBiJXOjUnS3Vi2WMX16Pl7Tg?e=xPd3kh

- Course Registration – Add and Drop Policy
- Challenge Exams
- Portfolio Review and Assessment Policy
- Student Computing and Networking Use Policy

Academic Support

Academic support services are available through the Academic Skills Center, Student Support Services, and the Library as well as in the department. See tutoring schedule.

Graduation

Graduation is held in the Spring term (May) of each year. Graduates are awarded an Associate in Science degree in ST. Students should meet with their Student Advisor to discuss their eligibility for Commencement.

ST Program Policies

It is the intent of the faculty, staff and administration in the ST program to provide a safe learning experience for all students and provide guidelines for the development, performance, and continuation of a complete safety program.

Grading Policy:

1. Every student enrolled in the Associate in Science Degree in Surgical Technology (ST) is required to obtain a minimum grade of C+ (77%) for every ST and Biology (BIO) courses. In addition students must earn a C or better in AHS 102.
2. A student who receives less than a C+ (77%) in a ST or BIO course or less than a C in AHS 102 cannot advance to the next term.
3. Students who need to repeat a ST course may be admitted in the next term when the course is offered and space is available.
4. A student must maintain a cumulative grade point average of at least 2.33 throughout the program. Inability to meet the 2.33 GPA will lead to dismissal.
5. Students who fail to achieve the above stated grades must meet with the ST Department Chair or the Student Advisor for the ST program to discuss modifications to their class schedule. Failing to achieve a required grade may delay a student's graduation date. Failure to progress may also have financial implications. Each student is responsible for meeting with Student Accounts and Financial Aid personnel to discuss his or her individual situation.
6. Surgical Technology students are allowed only one withdrawal from a ST or BIO course during their program of study. Students will be allowed to repeat one ST and one BIO course and must earn a grade C+ (77%) or better to remain in the program.
7. A student may repeat only one failed (less than C+) ST course over the course of the program. A student who earns less than a C+ in the repeated course or any other ST course will be dismissed from the program.
8. A student may repeat only one failed (less than 77%) BIO course over the course of the program. A student who earns less than a C+ in the repeated course or any other BIO course will be dismissed from the program.
9. A student who does not earn at least a C+(77%) in two ST courses, or at least a C+ (77%) in two BIO courses, or one of each, will be dismissed from the program.

Attendance Policy:

To be successful in the ST program, students are expected to attend every class and participate in all learning activities. Poor attendance could impact the quality of the student's work and their success in the course. In the case of an unavoidable absence, it is the student's responsibility to contact his/her instructor to discuss options on how to obtain the material that was missed. Coming in tardy or leaving early is disruptive to the class. In consideration of your fellow classmates, please plan on arriving on time and staying for the entire class

Professional behaviors such as attendance are an integral part of becoming a surgical technologist. In preparing to become members of the healthcare team, students in the Surgical Technology program must acknowledge how their actions affect others and take responsibility

for their own actions. All Surgical Technology faculty value and require active participation in classes, your lateness, leaving early or absence has negative effects on everyone.

Attendance is based on time in class, from beginning to end of each session. Any student missing more than 20% of overall class time in either the Surgical Technology lecture or the Surgical Technology lab will automatically fail the course. There will be no exceptions. Additionally, all work missed due to absence, leaving early, or tardiness, regardless of cause, must be made up to the satisfaction of the instructor. A student who knows that he or she will be absent is expected to call the instructor in advance. The student is responsible for getting assignments from instructors in advance so that the necessary work will be completed before the student leaves or immediately upon his or her return. Speaking to a classmate about what you missed is not a substitute for speaking to your instructor. Students must take responsibility for contacting the instructor regarding class, lab or clinical that was missed. Students should also be aware that quizzes, tests and some classroom assignments cannot be made up. Missing a laboratory session does not release the student from his/her responsibility for laboratory content.

To meet the accreditation standards for clinical surgical case requirements, students are expected to attend all clinical days. Failure to meet these standards will result in the student's inability to meet graduation requirements. Any students missing more than 10% of a clinical course will automatically fail the course. There will be no exceptions.

Below are some tips on how to be successful in the ST program:

- Attend all classes and clinical
- Purchase and read your textbooks
- Complete all classroom assignments on time
- Take advantage of your instructor's office hours for clarification of material
- Utilize the tutors in the Academic Skills Center
- Utilize open lab hours for ST skills
- Have a realistic work schedule that allows you to have time to study and attend class
- Have transportation to both school and clinical
- Arrange to have a friend, relative, or someone that you trust to assist you with childcare

Program Evaluation:

Classroom Evaluation

- Assessments can include quizzes, examinations, assignments, group work, projects, discussions, presentations, and portfolio development. Assessments may be given in written, electronic, and/or oral format at any time based on the discretion of the ST program faculty. At a minimum, ST faculty are required to provide diagnostic, formative, and summative assessment methodologies during each unit of study in an ST course.
- To prepare you for the certification examination you will have comprehensive exams in terms II-VI. The material from ST, BIO, and AHS core courses will be on the comprehensive

exams. It is recommended that you do not sell or give away your textbook(s) until you have graduated from the ST program.
- It is an expectation that all Surgical Technology students be able to retain information from the core courses in the ST curriculum. The Surgical Technology certification examination is a requirement for all VI students.

Laboratory Evaluation

- Assessments can include quizzes, laboratory assignments, instrumentation examinations, mock surgical procedures, as well as laboratory practical examinations that allow students to apply their knowledge and demonstrate skills. All skill-sets must be performed with proficiency.

Program Remediation

Classroom Remediation

- ST students must maintain a cumulative grade point average of at least a 2.33 (C+) in all ST courses. Any student identified by ST faculty who is in danger of receiving a grade of "C" or less in any area of coursework will meet with the ST faculty person for the course where they are not meeting the academic standard of C+ or better to discuss recommendations on how to be successful in the course. Remediation may occur through faculty tutoring or attending an Academic Skills Center course.

Laboratory Remediation

- ST students are provided with "open laboratory" times to meet with ST faculty or ST laboratory assistant to practice skill-sets and prepare for laboratory evaluations.

Make-up Policy:

If the student is going to be absent, leave early, or come in late, the student is responsible for completing the assignments on or before the due date. Students should have a conversation with their instructor about assignments if the student is absent or only stays for a portion of the class or lab. Speaking to a classmate about what is missed is not a substitute for speaking to the instructor. Students **must** take responsibility for contacting the instructor regarding class, lab or clinical that was missed. Students should read their course syllabus for faculty policies related to late work, missed work, and/or assessments.

Late or incomplete assignments will not be accepted for any reason. Students are expected to be present for all scheduled quizzes, examinations, presentations, and lab practicums.

- **Regarding assignments**: Assignments will not be accepted late for any reason.
- **Regarding quizzes**: There will be no make-ups of quizzes for any reason.

- **Regarding midterm examinations**: Students will not be allowed to make-up their midterm examination. The final exam will be weighted by the combination of both the midterm and final examination.
- **Regarding laboratory practicums:** ALL students must take all instrument examinations and practicums. If a student misses an examination, then he/she must present documentation of an excused absence within (1) day of returning to class. An excused absence is one that is verified and documented. Example: active military duty, subpoena, jury duty, doctor's note for student's illness or funeral (spouse, parent or child). A student will be issued a make-up exam. A student must call the faculty to report an absence for an exam. It is the full responsibility of the student to provide the appropriate documentation to the faculty.
- **Regarding final examinations**: ALL students must take the final exam. If a student misses a final exam, then he/she must present documentation of an excused absence within (2) days of returning to class. An excused absence is one that is verified and documented. Example: active military duty, subpoena, jury duty, doctor's note for student's illness or funeral (spouse, parent of child). A student will be issued a make-up examination. A student must call their instructor to report an absence for an exam. It is the full responsibility of the student to provide the appropriate documentation to the faculty.

Tardiness:

Students who are tardy may not have enough time to complete the quiz/examination. The student will be allowed to work on the quiz/examination until the last "on time" student has completed their quiz/examination. In consideration of your fellow classmates, please plan on arriving on time and staying for the entire class.

Progress Reports

Progress reports are issued when students are not obtaining a 77 or better in the class or lab setting. These are typically issued after midterm grades have been computed. Anytime during the term, a student may receive a progress report if he/she has poor skills in clinical or in lab.

Students may also be placed on a Caring Action Plan for Student Success (CAPS Plan)Students or faculty may initiate the CAPS Plan. The CAPS Plan is comprised of components aimed at early recognition and prevention, otherwise known as health promotion and prevention, as well as interventions targeted at suddenly recognized or acute concerns.

On the next page are examples of a Progress Report and a CAPS Plan.

NEW ENGLAND INSTITUTE OF TECHNOLOGY
PROGRESS REPORT

I.D. Number: _____ Tech: Surgical Technology

Student: _____ Instructor: _____

_____ Date:_____Day X

(Course: Name, Number & Section)

MID-TERM AVERAGE:

COMMENTS:

RECOMMENDATIONS:

I have had a conference with my instructor concerning my work.

_____
Student Signature

Please send a copy of this report to the student, Tara Riccitelli and to the Department Chair. **Reports are due by the end of the 5th week of the term for 10 week course and the beginning of week 3 for 5 week courses.**

TIPS FOR BEING SUCCESSFUL IN MY CLASS:

☐ Do not miss any more class time (do not arrive late, leave early, or be absent).

☐ Do not text or otherwise use phone while in class; pay attention to what is going on in class!

☐ If you do not have the textbook, you need to purchase it. Your textbooks are used throughout the program.

☐ Print and bring to class the PowerPoint outlines I have posted in Canvas or that you have purchased in the bookstore.

☐ Bring your textbook to every class.

☐ Use the review guides posted on Canvas; ask in class or email me with questions.

☐ Complete discussion boards.

☐ See me during Office Hours for tutoring or utilize the tutoring services in Academic Skills Center.

☐ Join (or form) a Study Group, which could meet in one of the Library's group study rooms.

☐ Utilize open lab times for skills and instruments.

☐ Use the publisher's resources offered with your textbook (practice exercises, etc.)

☐ Make and use flash cards to new terminology, concepts, instruments, or processes.

☐ PowerPoint outlines are intended to guide you through topics in the text, not replace them.

☐ Read the textbook, highlight and make notes of important points NIGHTLY (not just before tests).

☐ Review quiz and or exam questions regularly.

- Utilize the learning objectives at the beginning of each chapter and the questions at the end of each chapter.
- Ask questions well in advance of the quiz or exam.
- If you find I spend a bit longer on some topics or they lead to class discussion, put a star next to those!

New England Institute of Technology

Department of Surgical Technology

CAPS Plan: Caring Action Plan for Student Success

The Faculty at NEIT is committed to maintaining an atmosphere of positive learning and support for surgical technology (ST) students enrolled in the Associate Degree program. Recognizing the rigor of the ST program coupled with potential life situations for the adult learner the faculty have crafted the CAPS Plan in the spirit of providing early recognition and support to the process of learning and growing in the ST program.

The CAPS Plan is comprised of components aimed at early recognition and prevention, otherwise known as health promotion and prevention, as well as interventions targeted at suddenly recognized or acute concerns. This can be used for both theory, lab, and clinical. The student may initiate the CAPS Plan for Student Success as well as the faculty. Faculty encourages ongoing student self-assessment and engagement in the process of their education as a member of a discipline where self-reflection and ownership are critical components for success and ongoing growth in the profession.

Both instructor and learner should have copy of CAPS Plan.

A. Identification of Issue(s)

1. Signs and Symptoms: Risk Identification

- ☐ New to college life
- ☐ Out of college for a period of time
- ☐ Multiple family demands
- ☐ Late Registration
- ☐ Returning to NEIT after time away
- ☐ Student recognition of actual problem
- ☐ Disclosed Personal Issue
- ☐ Grade Concerns
- ☐ Absenteeism
- ☐ Poor lab/clinical skills
- ☐ Other _____

Student Name_____ Date Plan Initiated_____

Term Enrolled _____ Faculty_____

Section 1. Identification of Issue/Area of Improvement (Explain): If related to clinical or classroom objective, please specify/list objective. (Please see above)

1. _____

2. _____

3. _____

Section 2. Identification of Plan of Remediation and/or Assistance: NEIT support departments, course work, lab remediation for skill, etc. Be specific. (ex: Collaboration between student and others ASC, Student advisor)

1._____

2._____

3._____

4._____

Section 3. Time Frames for Agreed Upon Actions/ Dates and Follow-up

1._____

2._____

3._____

4._____

Section 4

- ☐ Goals are met
- ☐ Goals are not met reasons include:

_____

_____

Signature of Learner: _____

Learner Comments: _____

Signature of Instructor: _____ Date: _____

ST Laboratory Policies

Students who do not adhere to these lab policies may require the immediate application of disciplinary action up to and including dismissal from the ST program.

The ST laboratory augments classroom theory by teaching critical thinking and problem-based skill performance, which are necessary in the application of theory. The following instructional methods are utilized in the lab: scenario/problem-based learning, oral and written reflection and analysis, demonstration, supervised practice, individual practice, independent viewing of slides, tapes, and film presentations, computerized instruction, and skills check-offs. At the beginning of each term, the ST student will receive a list of skills or simulation experiences to be completed during the term and the time frame for completion of each skill.

ST Laboratory Attendance

Students are required to attend all University ST laboratory experiences and must follow professional clinical behaviors. Each student is required to call the course lab faculty member to report an anticipated absence from an assigned lab experience. Students will be responsible for material and hours covered at the missed University laboratory, i.e., demonstration, supervised practice. Students with lab absences run the risk of not meeting laboratory objectives, and attendance policy requirements resulting in failure of the course.

***See ST Program Attendance Policy**

ST Uniform Policy

Student uniforms must be purchased and worn as directed by the ST department including teal-colored scrubs a white lab coat and fluid resistant shoes that are closed at the toe and back of the shoe. Canvas shoes, sneakers with mesh, etc. are not acceptable. Shoe covers must be worn while in the operating room during clinical. Uniforms are worn in lab, open lab and clinical. There may be other times that students will be required to wear the uniform.

The uniform must be in good condition, appropriate fitting, clean, ironed completely, and worn correctly. If scrub tops do not have pockets, the top must be tucked in at the waist. Ties on pants must be tucked inside. It is expected that all students will conduct themselves in a professional manner when dressed in the lab uniform. The uniform and lab coat with a school patch on the sleeve must be worn each day to the clinical setting. The student will change to clinical site scrubs.

Colored nail polish, acrylic nails, excessive make-up, false eyelashes, perfume, scented aftershave, or other offensive odors (including smoking odor) are not acceptable. Nails for both male and females must be always kept short and clean. Gum chewing will not be allowed in lab or in clinical.

One pair of small stud earrings may be worn while in uniform. Large earrings, loops or dangling earrings are not permitted. Any body piercings that can be removed without surgery (eyebrow, lip, nose, tongue, etc.) must be removed for lab classes and/or clinical. If piercings need to be surgically removed, they must be contained. This would include but not limited to wearing a mask. If a piecing cannot be contained, it must be removed permanently for lab and clinical. Students are responsible for incurring any costs associated with removing any piercings.

When scrubbing, students must remove all jewelry including rings, watches, bracelets, and other items that can harbor bacteria. Eye protection must be worn both in the lab and clinical settings. Students will need to bring their eye protection to lab class.

Body art or tattoos must be covered per clinical policy. Students should avoid having fresh tattoos while in the lab and clinical. Fresh tattoos are considered an open wound and will prevent students from scrubbing. This can have a negative grade effect for both lab and clinical courses.

Hair must be cleaned and styled in a professional manner. Students must be aware that a clinical site may have a policy as it relates to extreme hair color that is not natural, that they must adhere to while in the clinical setting.

Hats are not permitted in the lab or in clinical. While in clinical, students are required to wear bouffant style, disposable head caps. Cloth caps, and other styles of caps are not permitted to be worn by NEIT students in the clinical setting. All hair and ears must be covered while wearing the surgical cap. Religious beliefs regarding headwear should be respected without compromising patient safety. Students will need to follow the clinical site policy on surgical attire.

Clinical sites may require the student to wear an identification badge. The badge must be worn per clinical policy. If the badge is issued by the clinical site, the badge must be returned at the end of the clinical rotation.

ST students must comply with the ST uniform policy. Students who do not adhere to this policy, can be dismissed from lab and or clinical. A second offense may result in exclusion from the program.

ST Laboratory Safety Guidelines

The following guidelines provide instructions in maintaining safety for students, staff, and faculty while using the clinical skills laboratory within NEIT and will be adhered to by all concerned.

- All faculty, staff, and students must know and practice the safety guidelines at all times while using the ST lab. Failure to abide by general guidelines can result in disciplinary action.

- All labs are locked unless occupied by faculty, staff, and/or students during class or practice. When the laboratory is not occupied, it must be locked. At no time are students left alone in the laboratory. Any break in security must be reported immediately to University Security Officer at extension 3705 or cell phone at 573-4053 or 573-4245.

- Students should be knowledgeable of the care, handling, and proper use of equipment prior to using it in the laboratory. No abuse, inappropriate use, or theft of equipment will be tolerated and may be grounds for dismissal from the ST program.

- It is the right of the ST faculty to determine whether a student is capable of safely performing the required skills needed to provide competent surgical technology skills.

- While in the lab, students should be working towards skill sign-offs (pre-clinical competencies). Come prepared to work, not socialize.

- There shall be no eating or drinking in the labs during student use, demonstration or return demonstration.

- At no time, will exits be obstructed.

- All doors and cabinets shall remain closed and locked when not in actual use.

- All electronic equipment shall be stored in a locked cabinet or storage room when not in use.

- The ST lab and the equipment herein will not be used as a health center for ill students, staff, or faculty. Nor will any equipment be utilized on a student or any living person. All ST equipment is meant for educational purposes only and is NOT intended for patient/personal use.

- Children or unauthorized personnel are not allowed access to the clinical skills lab at any time. Injury to unauthorized personnel in the lab will not be considered the responsibility of NEIT.

- All students shall practice proper hand washing technique while utilizing skills lab.

- Students and faculty wear gloves during any contact with body fluids. Gloves are utilized for practice and demonstration of skills. Gloves are utilized for personnel using harsh disinfectants to clean the lab. NEIT will provide sterile and non-sterile gloves for faculty and students.

- The clinical skills lab, the debriefing areas and faculty/staff offices are not to be used as a social area.

- Students should report any misconduct occurring in the skills or computer laboratories and may be held responsible if not reported.

- Students are expected to come to lab prepared by having read the scheduled lab objectives and assignments prior to the start of the lab period.

- Lockers are located in the laboratory for the convenience of the student to use during laboratory time. Lockers are the property of NEIT. Students will not write on or inside the lockers or use stickers or labels on or inside them as well. Any acts of vandalism will lead to disciplinary action and could include dismissal from the program. Students who place items in the locker must remove them after class. Students may bring their own locks and use them during class time. The locks must be removed after class. Any locks left on the lockers will be removed and possibly damaged. Students are encouraged not to bring any valuables to laboratory. NEIT is not responsible for any personal items that are stolen or damaged.

Sharp Safety

- Students will be instructed to practice and demonstrate only those skills for which they have had prior instruction and gained knowledge with content and proper method. Students are expected to come to the laboratory prepared according to the prior instruction on the procedure.

- Students should at all times practice safe techniques while learning in the skills laboratory. Standard precautions should be followed at all times.

- Needles, surgical blades, and other sharp items are provided for practice and are used only when faculty and staff are present.

- Students must demonstrate safety precautions while utilizing needles and other sharps during practice as instructed in class. Any irresponsible use of needles and sharps will result in disciplinary action and possible failure of the course.

- Students are never to recap needles using the two-handed technique and must discard used needles in the sharps disposal container provided in the ST lab.

Electrical Safety

- Wet materials may not be used around electrical outlets or equipment.

- Faculty, staff, and students are responsible for reporting any problems encountered with electrical equipment immediately.

- No electrical cords will be left in the pathway of walking traffic. Extension cords will be properly taped to the floor if utilized.

- All electric ST equipment such as surgical beds, laparoscopic equipment, computers etc. shall be inspected as needed for repairs.

- Surgical beds and non-electric stretchers must be maintained in the lowest position.

- Only three-prong plugs that contain a ground wire should be used to power equipment

in the ST labs.

Physical Safety

- Students will be instructed in principles of body mechanics prior to practice and return demonstration of moving, lifting, and transferring skills.

- Student should use caution when practicing lifting skills. If the student is unsure of the proper technique or is concerned regarding object weight, an instructor must be present and assistance obtained.

- Students practicing lifting techniques will not perform these procedures without prior instruction from a ST faculty member or staff person. Students, who do not adhere to this policy, may require the immediate application of disciplinary action up to and including dismissal.

- Equipment needed for body mechanics practice will be kept in good working order. Any broken part will be reported immediately to the ST faculty or staff.

- Equipment with wheels is to be locked during practice and return demonstration.

Reporting an Injury

- All injuries or accidents shall be reported to the ST faculty, staff, and Department Chair immediately.

- The student with assistance from the ST faculty/staff are responsible to fill out a *Student Accident/Incident Report* form immediately and submit it to the ST Department Chair.

New England Institute of Technology

STUDENT ACCIDENT/INCIDENT REPORT

Date of Report _____ Date/Time of Accident/Injury _____

Student Name: _____

Address: _____

Home Phone # _____ Cell Phone # _____

Exact Location Where Accident/Incident occurred (physical location of accident)

_____

_____

What was student doing when accident/incident occurred? (Be specific – if using tools or equipment or handling materials – name them and tell what student was doing with them).

_____

_____

How did accident/incident occur? Tell what happened and how it happened. Name any objects or substance involved and tell how they were involved. Give full information on all factors which contributed to this accident/incident.

_____

_____

Witnesses (Name, Home phone, Home address, etc.)

_____

_____

Did Accident/Incident occur because of Mechanical Defect or an unsafe act?
If yes, explain

_____

_____

Name and location of injury (Describe fully, include parts of body affected)

_____

_____

Was student seen by physician, treated at hospital, etc. yes no

_____

_____

Attending Physician and Address (If hospital involved, please indicate)

_____

_____

How could this incident have been prevented?

_____

Date: _____ **Student Signature:** _____

Date: _____ **Faculty Signature:** _____

Date: _____ **Chairperson Signature:** _____

Section II: CLINICAL INFORMATION

- ***NOTE:*** The clinical component of the program shall be educational in nature. The student shall not be substituted for personnel during the clinical component of the program.

I. Clinical Education Overview

- The purpose of clinical education is to provide students with the opportunity for clinical experience under appropriate supervision. It encourages students to apply what they are learning in the didactic and laboratory settings to the clinical area, and provides a forum for professional role modeling.

- As students continue to practice specific skills and behaviors in the clinical setting, they are expected to develop competence that will allow them to perform these skills on their own. They should be encouraged to develop increasing self-confidence as their skills improve, as well as the judgment skills that come from continued practice and exposure.

- As in any education program, the importance of well-motivated, enthusiastic students cannot be underestimated in terms of optimizing the learning experience. Students are encouraged to be actively involved to optimize their learning experience.

- In order to achieve quality clinical education, several important factors are necessary:
    - Clearly delineated objectives and expectations regarding students' progress and behavior in the clinical setting
    - Clinical Experiences that can accomplish these objectives
    - Clinical faculty who can provide the necessary level of instruction and supervision required in the department
    - Facilities with a wide variety and range of learning experiences and resources available to the students
    - Evaluation of student performance

Clinical Objectives

- To attain the curricular goals as set-forth by the Association of Surgical Technologist Core Curriculum, 7th edition. All surgical procedures will be documented and verified by signature in the clinical log book. Each ST student will participate in a minimum of 120 procedures in their clinical setting, according to the AST Core Curriculum, 7th edition.

- Respect the patient's inherent right to privacy, dignity, and confidentiality.

- Recognize the importance of teamwork, consideration, and cooperation.

- Function efficiently and in a professional manner in all aspects of surgical care, during both routine and special duties and procedures.

- Apply the principles of asepsis in a knowledgeable manner to provide optimum patient care.

- Prepare and know the specific uses of all equipment and supplies used for surgical procedures.

- Demonstrate knowledge of the step-by-step progress of specific surgical procedures and display dexterity in the use of the required instrumentation.

- Anticipate the needs of the surgeon in order to expedite the procedure, thus minimizing the patient's exposure to surgical and anesthetic stress.

- Demonstrate initiative in expanding knowledge of new surgical procedures and subjects relating to the operating room and to the surgical patient.

- Describe the purpose of the observation role.

- Develop professional competency by performing in the scrub role during an arranged clinical experience.

- Evaluate the development of professionalism throughout clinical experiences using various methods.

- Utilize sufficient documentation for verifying cases and roles performed.

- Demonstrate procedural proficiency by completing a minimum of 120 surgical cases.

OUTCOMES OF SURGICAL TECHNOLOGY PROGRAM GRADUATES

PRE-OPERATIVE OUTCOMES	AS EVIDENCED BY:
1. Demonstrate the principles involved in donning or doffing surgical attire.	Shirt is tucked in, all hair and ears are covered, fluid resistant shoes, (with shoe covers). No jewelry. Facial piercings must be contained.
2. Demonstrate the role of the surgical technologist in the application of surgical supplies and preparing the O.R. for the surgical procedure.	Gathers/checks case supplies according to surgeon's preference card as well as specific patient needs include x-rays, diagnostic tests and/or lab values, positioning aids and other equipment needed for the case.
3. Demonstrate opening sterile supplies as well as demonstrating the procedure to correct contamination during the opening process.	Opens sterile supplies using proper aseptic technique. Student checks external indicators for sterile exposure. Identify and correct breaches in sterile technique including instances of dropped instruments or supplies, and accidental contamination of the sterile field.
4. Demonstrate the steps of performing surgical hand scrub.	Observes proper time/technique according to policy. Recognizes breaks in technique and corrects them appropriately.
5. Apply the principles of asepsis to gowning and gloving of self.	Maintains sterility of gown and gloves using the closed gloving technique. Should contamination occur, the student makes the necessary corrections.
6. Apply the principles of asepsis to gowning and gloving other team members.	Forms protective cuff for hands while holding gown in correct position. Holds gloves in correct position maintaining sterile technique. Recognizes & corrects breaks in technique.
7. Demonstrate the process of organizing the sterile field while applying the principles of spatial awareness and motion economy.	Establishes routine set-up to place and organize instruments, towels, basins, drapes and supplies – procedure specific. Timely and organized. Movements are purposeful and smooth. Labels all medications/solutions properly. Observes whether internal indicators reveal exposure to sterilization process. Drapes and set-up Mayo stand and has knowledge of basic instruments.
8. Demonstrate the assembly, use, and care of various types of equipment.	Able to properly assemble equipment such as but not limited to laparoscopic, robotic etc.
9. Demonstrate the finalization of the sterile field.	Final verification of instrumentation and supplies needed for the procedure. Maintain integrity and minimize movement around the sterile field. Monitor the sterile field for contamination.
10. Demonstrate modifications to the sterile when a special circumstance occurs.	Responds to unexpected situations that may require modifications to the sterile field. Examples include contaminated supplies, patient emergency during the procedure, breach of the sterile field, change of procedure with addition of instrumentation and supplies.

11. Demonstrate the principles of asepsis when draping the patient, furniture, and equipment.	Maintains sterile technique, follows draping principles, organizes and passes drapes in correct order of use. (Without contamination; recognizes and corrects breaks in technique.)
12. Participation in the identification process of the surgical patient.	Participates in the Time-Out procedure by stopping to verify; patient, procedure, site, and side.

INTRA-OPERATIVE OUTCOMES	**AS EVIDENCED BY:**
13. Demonstrate proper sterile technique and methods for monitoring the sterile field.	Maintains sterile technique throughout the procedure. Recognizes breaks in technique, then initiates and carries out appropriate steps to correct these. Anticipates the surgeons needs.
14. Demonstrates practicing Standard precautions.	Maintains proper PPE, in accordance with facility policy, in regard to using X-Ray shields, laser goggles, hood systems, etc.
15. Demonstrate the safe use & management of medications & solutions handled within the surgical environment while also demonstrating the surgical technologist's role in hemostasis.	Prepares medications and solutions properly and correctly labels them. Repeats the doctor's order each time a medication or solution is passed. Support the surgical team in achieving hemostasis by anticipating needs, passing appropriate instruments, and managing hemostatic agents in alignment with the surgical technologist's role.
16. Demonstrate the procedure for counting sponges, sharps, instruments, and accessory items on the field.	Follows organization's policies and procedures to conduct counts of sponges, sharps, and instruments. Separates sponges and counts each correctly and individually. Learn to initiate counts at appropriate times.
17. Demonstrate sharp safety and management.	Safely handles sharps according to facility policy and procedures. Loads knife blades with needle holder over sharps box. Use one-handed recapping technique for hypodermic needles, if recapping is necessary. Use instrument tip, and not fingertip, to count used items in the sterile sharps box (i.e. used suture needles). Utilizes the neutral zone when applicable.
18. Demonstrate correctly passing instruments.	Passes the instrument so that it is received in a position ready for use - for both left or right handed surgeon/assistant.
19. Demonstrate techniques for tissue exposure.	Chooses appropriate retractors. Avoids applying excessive pressure when holding retractors. Proper use of suction and sponges to keep the field free of blood and fluid. Adjusts surgical lights for maximum illumination of the surgical site.
	Loads and passes suture materials correctly, and as requested. Identifies the proper suture materials as expected according to the type of surgery and the surgeon's

20. Demonstrates proper suture selection, preparation, handling and cutting techniques.	preferences. Loads and reloads stapling devices according to manufacturer's instructions.

21. Demonstrate electrical and fire safety precautions during the intraoperative phase.	Inspects equipment and instrumentation for damage. Follows all operational guidelines. Notify staff of any equipment problems. Participate in fire risk assessment.
22. Demonstrate knowledge of operating the electrosurgical unit.	Monitors usage and ensures proper grounding to prevent shocks or burns. Returns ESU to holster after each use. Monitors for signs of malfunction during the procedure.
23. Demonstrates the proper care and handling of specialized equipment.	Demonstrates the proper handling of specialized surgical equipment and accessories according to facility policies. For example: robotics, endoscopic scopes, cameras, light cords, etc. Also power tools, microscopes, irrigation devices, etc.
24. Demonstrate the proper care, handling, and safety of lasers in the surgical setting and as it relates to the patient and healthcare provider.	Ensure that all personnel in the laser area wear appropriate laser safety goggles that are specific to the laser's wavelength. Use appropriate signage to indicate that lasers are in use, and limit access to authorized personnel only. Regularly inspect laser equipment for functionality and safety. Avoid using lasers near reflective surfaces that could redirect the beam unexpectedly.
25. Demonstrate point of use cleaning methods.	Keep instruments clean and free of visible debris using sterile water.
26. Demonstrate methods for handling and validating various types of specimens.	Identifies specimens and prepares the tissue or culture to be passed off to the circulator. Verifies that specimen label and patient information is accurate.
27. Demonstrate application and preparation of various type of dressings, catheters, & drains.	Demonstrates ability to clean the wound and patient prior to applying dressing, using aseptic technique, and according to the surgeon's request and preference. Demonstrates knowledge of proper handling for drains and catheters.
28. Demonstrate the transfer of care.	If there's a change in personnel (e.g., new scrub tech), the technologist ensures that the incoming team member is briefed on the patient's status, the progress of the surgery, counts, medications, solutions and any specific needs or considerations for the case.

POST-OPERATIVE OUTCOMES	**AS EVIDENCED BY:**
29. Demonstrates the breakdown of the sterile field.	Based on facility protocol, student dismantles instruments and equipment safely and carefully, and prepares them for processing following facility policies, and manufacturer's recommendations. Wears proper PPE.
	Learns to assist with turnover duties, according to facility policy and procedure. May include housekeeping tasks.

30. Demonstrate the disinfection of the surgical environment.	
31. Demonstrates the principles of safe patient transport and transfer.	Provides safe transfer of surgical patients and recognizes possible hazards to prevent injuries to the patient and perioperative team.

PROFESSIONAL BEHAVIOR OUTCOMES	**AS EVIDENCED BY:**
32. Demonstrates Initiative and interest in assignments.	Carries out assigned tasks willingly, creating an appreciation for both the importance and joy of learning.
33. Demonstrates accountability in recording surgical cases.	Maintains clinical log book; accurately documenting the requirements of the logbook daily. Student also maintains a computerized log, updated each week.
34. Demonstrates ethical conduct and understands the importance of HIPAA.	Displays respectful attitude toward staff, surgeons, and patients in the OR. including diversity factors such as; socio-cultural, socioeconomic, spiritual and lifestyle choices.
35. Demonstrate the key elements related to developing a surgical conscience.	Displays utilization of critical thinking skill by learning from mistakes and making changes to his/her behavior in order to prevent repetition of the same mistake in the future. Student has to recognize his/her own mistakes.
36. Demonstrate principles of teamwork in the surgical environment.	Follows directions in a positive manner, completes tasks effectively in a timely manner. Interacts effectively with team members. Offers help and support to others readily.
37. Demonstrate principles of communication in the surgical setting	Communicates effectively with staff, surgeons and faculty. Avoids unnecessary and inappropriate conversations.
38. Demonstrates punctuality/dependability.	Arrives on time to start in the morning. Stays on-site until 1530. Goes to break when instructed to do so, and returns within the allotted timeframe, ready to resume duty.
39. Provides a safe environment.	Maintains his/her own physical health and mental alertness and adheres to patient care safety measures.
40. Demonstrates adherence to program and facility policies and industry standards.	Adheres to NEIT, ST program, and facility policies. Follows pertinent policies from regulatory agencies such as; OSHA, CDC, The Joint Commission, etc.
41. Demonstrates commitment to learning by having excellent attendance.	Attends clinical as assigned with no absences.

Measuring Competence

- The NEIT Surgical Technology Program clinical evaluation is *competency based.* Skills identified which are critical in assuring a competent Surgical Technologist based on nationally accepted standards.

- The program utilizes a combination of paper documentation and secure, web-based tracking system EXXAT that allows input documentation on-line from any internet-connected computer/device as well as any hand-held mobile device. (e.g. Smart phones, IPAD)

- Clinical rotations identify mandatory tasks or skills, which must be mastered before the student, can progress to the next term. In addition, previously mastered skills must be maintained as students' progress through the program.

- Although by nature the evaluation tools must be based on assurance of minimal competencies in the graduates, we strive to achieve overall excellence in our students. Technical competence does not necessarily imply that a student has developed the self-confidence, interpersonal skills, and a sense of professionalism and integrity that we associate with an excellent Certified Surgical Technologist. These are the qualities that both the program and clinical preceptors attempt to instill in our students during throughout their education. Clinical faculty assess student's clinical performance on a regular basis and on the Clinical Evaluation tool that is reviewed with the student. A final evaluation is completed at the end of the term.

Assessment of Professional Behavior and Affective Skills

- The major goal is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

- Faculty and advisors recognize that in order to be well rounded surgical technologists, one must possess not only technical competence, but also professional behaviors and strong interpersonal and communication skills.

- The clinical aspect of the training assessment is based on competence and application of skills obtained. While acknowledging the great importance of qualities such as professionalism, interpersonal skills, positive attitude, initiation, motivation, and other significant behaviors, are part of the clinical grade.

- Students *must* receive feedback on their behavior and level of professionalism as part of comprehensive feedback analysis.

Professionalism

- Professionalism is defined as "the conduct, aims or qualities that characterize or mark a profession or a personal professional person."

Measuring Professional Characteristics in a Clinical Setting

- To measure the quality of professional behavior that distinguish a competent surgical technologist from an excellent surgical technologist a list of qualities* is provided which should be the goal for every student and surgical technologist:
  - Professional manner
  - Time management
  - Communication
  - Cooperation
  - Ability to listen and observe
  - Adaptation and coping skills
  - Integrity
  - Concern for people
  - Constructive evaluation
  - Self-learning
  - Leadership
  - Motivation
  - Dependability and responsibility
  - Excellent work habits
  - Professional appearance
  - Knowledge, comprehension and judgment

  Adapted from: *A Handbook on Evaluation for the Allied Health Program,* by Robert O'Reilly, Ph.D. and Philip A. Von der Heydt, M.Ed., RRT

Dependability/Reliability

- Attendance
- Arrival at the clinical site prepared and on time and stay until 3:45 PM
- Completion of assignments with minimal direction (trustworthy, credible, responsible)

Interpersonal Relations/Communication

- Functions effectively as a member of the healthcare team
- Contributes to a positive environment within the department (collegial, helpful, loyal)
- Accepts supervision and works effectively with supervisory personnel (accepts constructive criticism and guidance)
- Interacts appropriately with patients, and members of the peri-operative team (courteous, thoughtful, empathetic, displays patience, nonjudgmental)

- Conducts himself/herself in an ethical and professional manner
  (displays integrity and sincerity, applies discretion)
- Communicates effectively within the healthcare setting
  (communicates appropriate information, applies confidentially, uses appropriate medical terminology)

Quality of Work

- Efficient planning and time management (prioritizes work, adapts to changing workload, completes assignment on time)
- Self-direction and responsibility for his/her actions
- Confidence in abilities, good judgment, and maintenance of composure in stressful situations
- Participation in educational activities that enhance clinical performance

Clinical Supervision of Students

- Students should never be without supervision at the clinical site. The degree of supervision may vary depending upon student performance and evaluation, as well as the required patient care.
- Students are there to learn, not an extra surgical technologist.
- A clinical preceptor working with students will allow students to:
  - Observe and participate in the surgical procedure under the preceptor's guidance and supervision.

Serendipity Learning

- When unusual procedures, disease, conditions, equipment and situations present themselves, both the clinical faculty and the students should make every effort to avail themselves of the learning activities in these areas. For example: trauma surgery, organ procurements, etc. and other conditions that simply cannot be scheduled. Students are encouraged to participate actively in their clinical education and to seek out and take advantage of learning from unusual occurrences with the support and knowledge and direction of the clinical faculty and/or preceptor.

CLINICAL STANDARDS AND POLICIES

Standards of Interaction

- NEIT students are guests of the clinical setting. As guests, they are always expected to behave appropriately, and to follow the rules and regulations of the clinical affiliate.

- Students should:
  - Conform to the standards of dress, grooming, attendance and punctuality.
  - Familiarize themselves with the purpose of the clinical rotation ahead of time by reviewing the clinical syllabus.
  - Be responsible about complying with department policies regarding paperwork, coffee breaks, meals etc. Do not criticize hospital policies. If you have valid questions or concerns, address the clinical faculty in private.
  - Keep in mind there may be several ways to perform a surgical set-up. Inappropriate comparisons or criticism will not be tolerated.
  - Remember that patient confidentiality is of primary importance and is mandated by law (HIPAA). Students should conduct themselves in a professional and mature manner. Neither patients nor their cases should be discussed in front of other staff, patients, or in public areas such as cafeterias or elevators.
  - Ask questions. Keep in mind, however, that you may need to hold questions for a more appropriate place or time. It may not always be possible for a preceptor to explain a procedure during surgery. Some questions are better asked before or after leaving the area.
  - Learn to work with others as a team. Don't be oversensitive to comments meant to help you learn and develop as a professional.
  - Personal cell phone use is prohibited during in the operating room.
  - It is prohibited for students to smoke during clinical. Taking time away from clinical for any personal matter other than emergencies is prohibited.

- Program faculty reserves the right to dismiss any student who demonstrates behavior, which, in the professional opinion of the clinical instructor and faculty is deemed to be inappropriate, potentially dangerous, or which interferes with clinical performance.

Confidentiality

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is a law that mandates patient confidentiality. This law is strictly enforced with penalties for non-adherence. Compliance and adherence to HIPAA by NEIT surgical technology students is mandatory. For specifics refer to: http://www.hhs.gov/ocr/privacy/

Social Media Policy

The use of social media by students presents special concerns for privacy and confidentiality as it relates to patients. The ST department has clinical affiliations to provide clinical experience to students in terms IV – VI.

Social media is defined as web-based or mobile technologies used for interactive communication. Examples of social media include, but are not limited to, electronic messages, email, blogs, Twitter, YouTube, and social networking sites (e.g., Facebook, Instagram, Pinterest Snap Chat).

Regardless of how these forms of media are used, students are responsible for the content they post or promote. Content contributed on these platforms is immediately searchable and shareable, regardless of whether that is the intention of the student. Once posted online, the content leaves the contributing student's control forever and may be traced back to the individual.

ST students must recognize that they have an ethical and legal obligation to maintain patient privacy and confidentiality at all times. Students are prohibited from disclosing through social media the following:

- Protected Health Information, as defined by the Health Insurance Portability and Accountability Act (HIPAA) – For example, individuals may not disclose patient names or otherwise refer to patients in any way that identifies them individually, including by their initials or by their location (e.g., hospital name, surgical procedure, or unit).
- ST students must not transmit by way of any electronic media any patient-related information or image that is reasonably anticipated to violate patient rights to confidentiality or privacy or to otherwise degrade or embarrass the patient.
- ST students cannot take photos or videos of patients on personal devices, including cell phones.
- ST students must not share, post, or otherwise disseminate any information (including images) about a patient or information gained in the surgical team - patient relationship with anyone.
- Limiting access to postings through privacy settings (e.g. private chat, or private group messages) is not sufficient to ensure privacy.
- ST students must be aware of and comply with clinical affiliate policies regarding the use of affiliate-owned computers, cameras, and other electronic devices and the use of personal devices in the clinical setting.

- ST students should understand that patients, other students, faculty, institutions, and clinical affiliates may view postings.
- ST students, faculty, and staff must promptly report any identified breach of confidentiality or privacy.
- **Students who violate this policy may face disciplinary action up to and including termination from the Surgical Technology program.**

Clinical Attendance Policy

To meet the accreditation standards for clinical requirements, surgical technology students are expected to attend all clinical days. Failure to meet these standards will result in the student's inability to meet graduation requirements. Any students missing more than 10% of a clinical course will fail the course.

Examples: Term-4 120 hours total
12 hours missed = removal from the clinical rotation

Term-5 240 hours total
24 hours missed = removal from the clinical rotation

Term-6 120 hours total
12 hours missed = removal from the clinical rotation

The essence of collegiate learning involves dialogue between faculty and students. Therefore, a student's attendance at and participation in every clinical experience is expected. Attendance for clinical and laboratory is mandatory. Students are responsible for course content even when absences occur. Students are to notify their clinical instructor and clinical site regarding all anticipated absences as well as late arrivals or leaving early to and from clinical. Students should not send messages to their clinical faculty through their ST peers/clinical group members. Failure to directly notify the clinical instructor and clinical site directly may result in a clinical warning.

The ST faculty at NEIT discourages all clinical absences. Students missing clinical are required to present a letter immediately explaining the absence to the ST clinical faculty and/or the Department Chair. Any related supporting documentation must be presented by the student when he/she presents to ST faculty and Department Chair.

- Make-up policy: There is no make-up for missed clinical time.
- Tardiness or leaving early: punctuality is required of all students. Two late arrivals, more than 15 minutes late, or leaving early twice more than 15 minutes or a combination of the two constitute one absence. Students will notify the clinical site and the clinical faculty in the event they will be tardy or leave early.

A student who is absent, tardy or leaves early must do the following:
- Notify the clinical site as early as possible of the absence.
- Notify your NEIT Clinical Faculty professor by calling his/her mobile phone.

Numbers are:
Lisa Reed: 401-248-5538
Megan Treloar: 508-642-3841

- Call between hours of 0630 and 1600 on any clinical day. **Do Not send emails!!! Clinical faculty may be driving to the clinical site and will not be able to check emails.**
- If you can't reach the faculty person by mobile phone, then notify the ST Department. Numbers for ST Dept. Lab: 800-736-7744 extension 3579.
- Submit official verification that explains the absence from clinical, if you can obtain such documentation (i.e. physician's note, obituary, etc.)
- **During a week where a student will have a major assignment/exam such as a midterm, final, presentation, etc., and that student is absent from clinical, the clinical grade will be decreased by one letter grade. For example, A to A minus. The reduction in grade could result in a failing grade if, for example, a final grade would fall below C plus.**
- Any student who is absent from his/her clinical rotation for any reason, will incur a reduction in final grade average for the clinical course by one point per hour in term five, and two points per hour in terms four and six. This reduction in the grade could result in failing the clinical course. This may jeopardize future clinical placements and meeting of degree requirements. Reduction in grade is automatic, unless the following parameters are met:
  - Submit a physician's note (on official letterhead) which excuses the student for illness.
  - Submit a research paper with pages numbered as below:
    Two pages for any absence in a four-hour block. The topic for the paper will be determined by the Clinical Site Director.

Please Note: Even though a student may have excused absences, the student still cannot exceed missing 10% of the clinical hours.

- Inclement weather: in the event of inclement weather, students should be guided by the class cancelation for NEIT. If classes at ALL NEIT campuses are cancelled students are not required to be at clinical that day. Students must make their own decision as to the weather conditions in their area, but must make up clinical day if classes at NEIT *are not* cancelled. This absence will follow make-up policy stated above. There are times when classes are cancelled at one campus and not on the other campuses; if this occurs, students are expected to be at clinical.

CLINICAL DISMISSAL POLICY

A student may be dismissed from a clinical site at the request of the clinical site administration or by NEIT clinical faculty.
The following is a list of reasons for dismissal but is not limited to:

1. Patient care safety issues
2. Poor performance
3. Medication errors
4. Reporting to the clinical site chemically impaired
5. Inappropriate behavior
6. Not adhering to the clinical site and NEIT policies and procedures
7. Excessive absenteeism (refer to attendance policy)
8. Unable to meet Technical Standards with or without reasonable accommodation.
9. Failure to maintain current health records with NEIT, such as TB test, physical exam (both require annual update).
10. Failure to maintain record of current CPR certification, and malpractice insurance coverage.
11. History of criminal activity revealed by the criminal background check as determined by the clinical affiliate.
12. If required to, but does not attend the clinical facility orientation.
13. Failing a drug test.
14. Violating the Health Insurance Portability and Accountability Act (HIPAA).
15. Falsifying documents including but not limited to clinical log books, health records, lab results etc.
16. Violating local, state, or federal laws.

If a student is dismissed from a clinical site, the student will receive a grade of F for the clinical course.

If the student is dismissed from clinical for the first time, due to performance issues, the student will be allowed to remediate the skills in ST 98 and/or ST 99. With the successful completion of ST 98 and/or ST 99, the student will be placed in a different clinical site. If a student does not successfully complete ST 99 and/or ST 98, the student will be dismissed from the ST program.

If the student is dismissed from clinical for the first time due to behavioral issues, the student will meet with the Department Chair to review the behavior.

1. If the Department Chair determines that infraction was minor or unintentional, the student will be placed in ST 98 and/or ST 99 for continuity of skills. With the successful completion of ST 98 and/or ST 99, the student will be placed in a different clinical site. If a student does not successfully complete ST 99 and/or ST 98, the student will be dismissed from the ST program.

2. If the Department Chair determines that the infraction was egregious or intentional, the student will be dismissed from the ST program.

If a student is dismissed from clinical a second time the student will receive a grade of F in the clinical course and the student will be recommended for dismissal from the Surgical Technology Program.

The student has the right to petition this decision through the Office of Teaching and Learning.

The safety of the patient and the professional behavior of the student are essential. A student may be given a clinical warning, or possibly terminated from the ST course and/or Program if the student's practice or behavior does not meet the criteria for the clinical experience.

A Clinical Warning applies to any student who is unsafe or unprofessional in clinical practice. The student who is placed on "Clinical Warning" will receive a letter and/or a progress report describing the incident or behavior along with required remediation. If a student does not satisfactorily complete the remediation process within the designated time frame, the student may require the immediate application of disciplinary action up to and including dismissal. A "Clinical Warning" may be initiated by clinical faculty. If the student is dismissed from clinical for the first time, due to performance issues, the student will be able to remediate the skills in ST 98 and/or ST 99.

With the successful completion of ST 98 and/or ST 99, the student will be placed in a different clinical site. If a student does not successfully complete ST 99 and/or ST 98, the student will be dismissed from the ST program.

If a student is dismissed due to behavioral issues, the student will meet with the department chairperson and the student advisor for the Surgical Technology Program to discuss the inappropriate behavior. Depending on the severity of the inappropriate behavior, the student may be terminated from the ST program. If the student can continue in the program, the student will be placed in ST 98 and/or ST 99. Placement in ST 98 and/or ST 99 is not for remediation of skills but for continuity of skills. With the successful completion of ST 98 and/or ST 99, the student will be placed at a different clinical site.

Any student who is placed on "Clinical Warning" and fails to satisfactorily complete remediation may receive a "Clinical Termination" which equals a clinical failure and a grade of "F" in the course. A student *may* also receive "Termination" from the program *without* a prior "Clinical Warning" if the faculty believes that serious consequences to the student, patients, peers, or others may occur because of the student's behavior. A student who is dismissed from the University due to clinical termination is not eligible for readmission to the ST program. The student has the right to petition this decision through the Office of Teaching and Learning.

New England Institute of Technology

CLINICAL WARNING FORM

STUDENT: _____

Date: _____

Problem/Unsafe or Unprofessional Practice (Specify):

Discussion:

Action Taken/Recommendations for Improvement:

Warning

Instructor's Signature: _____

Date:_____

I, have read the above documented problem and (Student Name-Print)has been counseled by his/her instructor.

Student Signature _____

Date:

New England Institute of Technology

CLINICAL TERMINATION FORM

STUDENT: _____

Date: _____

Clinical Warning Issued (Specifics):

Discussion Regarding Failure to Complete Remediation:

Suggested Action To Be Taken:

Instructor's Signature _____ Date_____

I, _____ have read the above documented problem and
(Student Name-Print)

counseled by his/her instructor.

Student Signature: _____

Department Chairperson: _____ Date _____

CLINICAL SITE INFORMATION

- Clinical sites are assigned by the Clinical Site Director.
- Travel time to a clinical site may be up to an hour commuting each way.
- NEIT does not provide transportation to the clinical site.
- NEIT does not reimburse for travel expenses.
- You will be assigned to 1 - 3 sites to complete your experience. NEIT reserves the right to decrease or increase the number of assigned clinical sites.
- Students are required to report to the assigned clinical site in full uniform including lab coat with school patch and name badge. If student is issued a facility ID, the student must wear it according to the facilities policy.
- For assurance of the health and safety of the patient, the student participates in activities that are educational and the ST student is not substituted for staff.
- The clinical experience is Tuesday through Thursday from 6:45 a.m. to 3:45 p.m.
- Students are always expected to exhibit professional behavior.
- Electronic communication devices: Electronic devices including, but not limited to, cell phone, camera, and audio player, may not be used in the operating room, or any restricted area of the surgical department.
- Students who have a disruption in the continuity of the clinical rotation due to failure of a ST course, medical, or personal reasons must take ST 99 and/or ST 98 for review of clinical skills.
- Students are expected to call the Clinical Site Director in the event of an emergency, absence, or request to arrive late or leave early from the clinical site. Also call for any questions pertaining to the clinical experience.
- New England Institute of Technology: 800-736-7744– ext. 3579
- NEIT Faculty Mobile Phones: (between hours of 0630 and 1600 on any clinical day)
  - Lisa Reed: 401-248 - 5538
  - Megan Treloar: 508-642-3841

Health and Safety Requirements

Criminal Background Check for Clinical Placement

Healthcare institutions associated with our clinical education program require criminal background checks on incoming clinical students. A negative background check may prohibit a student from attending a clinical rotation. Healthcare institutions have the right to prevent a student from practicing at their facility. If a student is declined from a facility, this may impact their completion of the ST program. Students will be required to order a background check in sufficient time for it to be reviewed by the healthcare facility prior to starting your clinical rotation. A student may be denied clinical sites because of their criminal background check which will impact satisfactory program completion. Students are to assume all costs associated with a criminal background check.

Physical Exam

To protect students as well as patients or clients, all clinical sites require students to be healthy and free of communicable diseases. A student must submit a history and results of a physical examination taken within the past 3 months on the NEIT History and Physical Form. It must be completed by a licensed Health Care Practitioner and must be current while in clinical.

Immunization Policy

Submit proof of immunizations that is required by hospital policy and State Department of Public Health. Immunization (titer) documentation must include evidence of the following:

- Chicken pox history
- Rubella immunization
- Polio immunization
- Measles vaccination (for students born on or after Jan. 1, 1957)
- Tetanus immunization
- Two step tuberculosis test (mantoux performed within the last 6 months), followed by a yearly one step PPD
- Hepatitis B immunization and achieve a positive titer.
- Annual seasonal Flu vaccination
- COVID 19 Vaccine and Booster

Students incur out-of-pocket expenses for obtaining the required health documentation which includes titers and/or immunizations, etc.

Each clinical facility may require additional information such as driving record, drug testing, or any other information it deems appropriate. Students will also assume these costs as well.

CPR Requirement

All students are required to maintain at their own expense current American Heart Association BLS certification for Healthcare providers at the infant, child and adult levels. Failure to provide

this evidence will result in exclusion from clinical sites and the inability to progress in the ST program.

Students will not be allowed to register for or attend term 4 clinical courses if any of the paperwork described above is not on file with the ST Department. Students should be aware that their academic progress will be affected if clinical does not begin on time.

Student Liability Insurance

All students are required to purchase Professional Liability Insurance from HPSO Healthcare Provider Service Organization in the amount of $1,000,000 per occurrence and $3,000,000 aggregate. This insurance protects you in case of an incident of malpractice during your clinical experiences. Students must maintain this Liability Insurance during enrollment in the ST program. The student will provide a copy of the insurance certificate to the ST Department to be placed in the student file. Students will be provided the appropriate form during orientation.

Clinical Placement Policy

Eligibility: For placement of a Surgical Technology student in a clinical setting, the student must meet the following requirements:

- Complete all technical core courses in Terms I - III with a C+ or better. Complete HS 102 with a C or better.
- Complete all Liberal Arts and MA requirements for Terms I - III including the intersession Liberal Arts courses.
- Complete successfully ST 201 with a C+ or better.
- Complete successfully ST 200, ST 203, and ST 204 with a C+ or better for Term V Clinical Placement.
- Complete successfully ST 205, ST 220, ST 223, and ST 222 with a C+ or better for Term VI Clinical Placement.
- Attain an overall G.P.A. of 2.33.
- Complete the mandatory training session on Bloodborne Pathogens Training.
- See physical form for required immunizations. This includes an annual seasonal flu vaccination.
- Complete all the Health and Safety Requirements listed above.
- Students who have a disruption in the continuity of the clinical rotation due to failure of a ST course, medical, or personal reasons must take ST 99 and/or ST 98 for review of clinical skills.
- Must sign and submit the Applied Learning Experience Agreement.

Clinical Grading and Performance Evaluation

Clinical faculty assess student's clinical performance on a regular basis. The faculty will observe students while they are in the clinical setting. The faculty will also meet with clinical personnel to discuss the students' performance. The clinical faculty will document and share with the student the clinical assessment and clinical site feedback on a regular basis. At the end of each clinical rotation an evaluation is completed by the clinical site which is worth 50% of the final grade, the assigned clinical faculty which is worth 30% of the final grade, the student completes a self-evaluation which is worth 10% of the final grade and a weekly clinical site report completed each week based on student performance is worth 10% of the final grade. The evaluation is based on the student's performance during the clinical rotation and in aligned with the ST Outcomes. The ST Outcomes grade the student's ability to perform a task.

Students will be evaluated to the degree to which they demonstrate integrative abilities in the following areas:

- Theoretical knowledge comprehension and judgment integration as they relate to the task and procedure. Students should be able to demonstrate acceptable theory and judgment skills when interacting with staff, peers, surgeons, clinical faculty and patients, and while performing and/or discussing patient surgical cases, theory or procedures. Students should be able to recognize the existence of procedural and technical problems, and relate this information in a coherent manner, and understand corrective action.

- Degree of competence in skills and procedures. While students are not expected to have as much experience and expertise as certified surgical technologists, students must achieve at least satisfactory competence as acknowledge by the clinical faculty and clinical site personnel to receive a passing grade for each clinical rotation.

- Quality of clinical skill and understanding. Application of knowledge and integration of skills to achieve an overall comprehensive functioning in the clinical setting is acknowledged by the satisfactory completion of the individual ST Outcomes. To receive a passing score, students must be able to demonstrate an integrated application of knowledge, comprehension, and skill mastery in all aspects of clinical functioning as indicated and rated in successful completion of clinical skills as defined by the clinical faculty and the facility while maintaining competencies in all areas of clinical.

- An example of a term IV Clinical Site Evaluation is shown on the next page.

NEW ENGLAND INSTITUTE OF TECHNOLOGY

HOSPITAL OUTCOMES EVALUATION

Student Name: _____TERM: 4
Clinical Site: _____Date of Evaluation: / /

Scoring Key:

0 **Unacceptable Performance** - The student performs the task with inconsistent technical skill; does not adhere to college, Surgical Technology department, Facility, and/or safety policies. The student has consistent errors and does not appear to understand or retain the concepts or applications of technique.

2 **Marginal Performance** – The student performs the task with marginal technical skill. Performance indicates conceptual grasp. Supervision and frequent prompting is typically required, however the student does not meet the minimum demand for speed and accuracy.

3 **Very Good Performance** - The student performs the task with good technical skill. Needs moderate supervision, and very little prompting. Has a good working knowledge of surgical concepts and their applications.

4 **Excellent Performance** - The student performs the task with accuracy and within allotted time. Works well with staff and does not require prompting. Student demonstrates clear understanding of surgical concepts. Performance is highly skilled and self-initiated.

NA **Not Applicable** - Any skill that has not been performed, unable to assess.

SURGICAL TECHNOLOGY OUTCOMES (DUTIES)	EXPECTED LEVEL	ACTUAL LEVEL	AS EVIDENCED BY:
Pre-Operative Outcomes:			
1. Demonstrate the principles involved in donning or doffing surgical attire.	4		Shirt is tucked in, all hair and ears are covered, fluid resistant shoes, (with shoe covers). No jewelry, facial piercings must be contained.
2. Demonstrate the role of the surgical technologist in the application of surgical supplies and preparing the O.R. for the surgical procedure.	3		Gathers/checks case supplies according to surgeon's prefere card as well as specific patient needs includes x-rays, diagnos tests and/or lab values, positioning aids and other equipmen needed for the case.
3. Demonstrate opening sterile supplies as well as demonstrating the procedure to correct contamination during the opening process.	4		Opens sterile supplies using proper aseptic technique. Student checks external indicators for sterile exposure. Identify and correct breaches in sterile technique including instances of dropped instruments or supplies, and accidental contamination of the sterile field.
4. Demonstrate the steps of performing surgical hand scrub.	4		Observes proper time/technique according to policy. Recognizes breaks in technique and corrects them appropriately.
5. Apply the principles of asepsis to gowning and gloving of self.	4		Maintains sterility of gown and gloves using the closed gloving technique. Should contamination occur, the student makes the necessary corrections.
6. Apply the principles of asepsis to gowning and gloving other team members.	3		Forms protective cuff for hands while holding gown in correct position. Holds gloves in correct position maintaining sterile technique. Recognizes & corrects breaks in technique.

7. Demonstrate the process of organizing the sterile field while applying the principles of spatial awareness and motion economy.	3		Establishes routine set-up in order to place and organize instruments, towels, basins, drapes and supplies – procedure specific. Timely and organized. Movements are purposeful and smooth. Labels all medications/solutions properly. Observes whether internal indicators reveal exposure to sterilization process. Drapes and set-up Mayo stand and has knowledge of basic instruments.
8. Demonstrate the assembly, use, and care of various types of equipment.	3		Able to properly assemble equipment such as but not limited to laparoscopic, robotic etc.
9. Demonstrate the finalization of the sterile field.	3		Final verification of instrumentation and supplies needed for the procedure. Maintain integrity and minimize movement around the sterile field. Monitor the sterile field for contamination.
10. Demonstrate modifications to the sterile when a special circumstance occurs.	3		Responds to unexpected situations that may require modifications to the sterile field. Examples include contaminated supplies, patient emergency during the procedure, breach of the sterile field, change of procedure with addition of instrumentation and supplies.
11. Demonstrate the principles of asepsis when draping the patient, furniture, and equipment.	3		Maintains sterile technique, follows draping principles, organizes and passes drapes in correct order of use. (Without contamination; recognizes and corrects breaks in technique.)
12. Participation in the identification process of the surgical patient.	4		Participates in the Time-Out procedure by stopping to verify; patient, procedure, site, and side.

Intra-Operative Outcomes:

13. Demonstrate proper sterile technique and methods for monitoring the sterile field.	4		Maintains sterile technique throughout the procedure. Recognizes breaks in technique, then initiates and carries out appropriate steps to correct these. Anticipates the surgeons needs.
14. Demonstrates practicing Standard precautions.	4		Maintains proper PPE, in accordance with facility policy, in regards to using X-Ray shields, laser goggles, hood systems, etc.
15. Demonstrate the safe use & management of medications & solutions handled within the surgical environment while also demonstrating the surgical technologist's role in hemostasis.	3		Prepares medications and solutions properly and correctly labels them. Repeats the doctor's order each time a medication or solution is passed. Support the surgical team in achieving hemostasis by anticipating needs, passing appropriate instruments, and managing hemostatic agents in alignment with the surgical technologist's role. handling.
16. Demonstrate the procedure for counting sponges, sharps, instruments, and accessory items on the field.	3		Follows organization's policies and procedures to conduct counts of sponges, sharps, and instruments. Separates sponges and counts each correctly and individually. Learns to initiate counts at appropriate times.
17. Demonstrate sharp safety and management.	3		Safely handles sharps according to facility policy and procedures. Loads knife blades with needle holder over sharps box. Uses one-handed recapping technique for hypodermic needles, if recapping is necessary. Uses instrument tip, and not fingertip, to count used items in the sterile sharps box (i.e. used suture needles). Utilizes neutral zone when applicable.

18. Demonstrate correctly passing instruments.	4		Passes the instrument so that it is received in a position ready for use - for both left or right handed surgeon/assistant.
19. Demonstrate techniques for tissue exposure.	3		Chooses appropriate retractors. Avoids applying excessive pressure when holding retractors. Proper use of suction and sponges to keep the field free of blood and fluid. Adjusts surgical lights for maximum illumination of the surgical site.
20. Demonstrates proper suture selection, preparation, handling and cutting techniques.	3		Loads and passes suture materials correctly, and as requested. Identifies the proper suture materials as expected according to the type of surgery and the surgeon's preferences. Loads and reloads stapling devices according to manufacturer's instructions.
21. Demonstrate electrical and fire safety precautions during the intraoperative phase.	3		Inspects equipment and instrumentation for damage. Follows all operational guidelines. Notify staff of any equipment problems. Participate in fire risk assessment.
22. Demonstrate knowledge of operating the electrosurgical unit.	3		Monitors usage and ensures proper grounding to prevent shocks or burns. Returns ESU to holster after each use. Monitors for signs of malfunction during the procedure.
23. Demonstrates the proper care and handling of specialized equipment.	3		Demonstrates the proper handling of specialized surgical equipment and accessories according to facility policies. For example: robotics, endoscopic scopes, cameras, light cords, etc. Also power tools, microscopes, irrigation devices, etc.
24. Demonstrate the proper care, handling, and safety of lasers in the surgical setting and as it relates to the patient and healthcare provider.	3		Ensure that all personnel in the laser area wear appropriate laser safety goggles that are specific to the laser's wavelength. Use appropriate signage to indicate that lasers are in use, and limit access to authorized personnel only. Regularly inspect laser equipment for functionality and safety. Avoid using lasers near reflective surfaces that could redirect the beam unexpectedly.
25. Demonstrate point of use cleaning methods.	4		Keep instruments clean and free of visible debris using sterile water.
26. Demonstrate methods for handling and validating various types of specimens.	3		Identifies specimens and prepares the tissue or culture to be passed off to the circulator. Verifies that specimen label and patient information is accurate.
27. Demonstrate application and preparation of various type of dressings, catheters, & drains.	3		Demonstrates ability to clean the wound and patient prior to applying dressing, using aseptic technique, and according to the surgeon's request and preference. Demonstrates knowledge of proper handling for drains and catheters.
28. Demonstrate the transfer of care.	3		If there's a change in personnel (e.g., new scrub tech), the technologist ensures that the incoming team member is briefed on the patient's status, the progress of the surgery, counts, medications, solutions and any specific needs or considerations for the case.

Post-Operative Outcomes:

29. Demonstrates the breakdown of the sterile field.	**3**		Based on facility protocol, student dismantles instruments and equipment safely and carefully, and prepares them for

			processing following facility policies, and manufacturer's recommendations. Wears proper PPE.
30. Demonstrate the disinfection of the surgical environment.	**3**		Learns to assist with turnover duties, according to facility policy and procedure. May include housekeeping tasks.
31. Demonstrates the principles of safe patient transport and transfer.	**4**		Provides safe transfer of surgical patients and recognizes possible hazards to prevent injuries to the patient and perioperative team.

Professional Behavior Outcomes:

32. Demonstrates Initiative and interest in assignments.	**4**		Carries out assigned tasks willingly, creating an appreciation for both the importance and joy of learning.
33. Demonstrates accountability in recording surgical cases.	**4**		Maintains clinical log book; accurately documenting the requirements of the logbook daily. Student also maintains a computerized log, updated each week.
34. Demonstrates ethical conduct and understands the importance of HIPAA.	**4**		Displays respectful attitude toward staff, surgeons, and patients in the OR. including diversity factors such as; socio-cultural, socioeconomic, spiritual and lifestyle choices.
35. Demonstrate the key elements related to developing a surgical conscience.	**3**		Displays utilization of critical thinking skill by learning from mistakes and making changes to his/her behavior in order to prevent repetition of the same mistake in the future. Student has to recognize his/her own mistakes.
36. Demonstrate principles of teamwork in the surgical environment.	**3**		Follows directions in a positive manner, completes tasks effectively in a timely manner. Interacts effectively with team members. Offers help and support to others readily.
37. Demonstrate principles of communication in the surgical setting	**3**		Communicates effectively with staff, surgeons and faculty. Avoids unnecessary and inappropriate conversations.
38. Demonstrates punctuality/dependability.	**4**		Arrives on time to start in the morning. Stays on-site until 1530. Goes to break when instructed to do so, and returns within the allotted timeframe, ready to resume duty.
39. Provides a safe environment.	**4**		Maintains his/her own physical health and mental alertness and adheres to patient care safety measure.
40. Demonstrates adherence to program and facility policies and industry standards.	**4**		Adheres to NEIT, ST program, and facility policies. Follows pertinent policies from regulatory agencies such as; OSHA, CDC, The Joint Commission, etc.
41. Demonstrates commitments to learning by having excellent attendance.	**4**		4 points for no absences, 3 points for up to 4 hours, 2 points for over 4 hours to 8 hours, 1 point for over 8 hours -12 hours. **Anything over 12 hours the student will fail clinical.**
EXPECTED total of points = 140 **The student can only achieve the maximum number of total points.**			_____ **= ACTUAL total of points (earned)**

Evaluator Comments:

Student Comments:

What letter grade would you give this student? Circle one: (A, A-, B+, B, B-, C+, C, C-, D or F)

Evaluators Signature _____Date _____

Student's Signature _____Date _____

SURGICAL ROTATION CASE REQUIREMENTS

-from Core Curriculum for Surgical Technology, 7th edition.

Surgical Specialty	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: • Cardiothoracic • ENT • Eye • GU • Neuro • Ob-Gyn • Oral/Maxillofacial • Orthopedics • Peripheral vascular • Plastics	90	60	30
Optional: Diagnostic Endoscopy: • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Ureteroscopy			10 diagnostic endoscopy cases may be applied toward the second scrub cases.
Totals	**120**	**80**	**40**

Objectives:

I. The surgical technology program is required to verify through the surgical rotation documentation the student's 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
      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.

b) A minimum of ten cases in four different specialties must be completed in the FS role (40 cases total).

c) The additional 20 cases in the FS role may be distributed amongst any one surgical specialty or multiple surgical specialties.

2. The remaining 30 cases may be performed in any surgical specialty in either the FS or SS role.

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

Case experience in the Second Scrub Role is not mandatory.

A. Observation cases must be documented, but do not count towards the 120 required cases.

III. Counting cases

B. Cases may be counted according to surgical specialty2 as defined in the core curriculum.

1. One pathology is counted as one procedure.
2. Examples of counting cases

i. 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.

ii. 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.

iii. 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.

Guidelines for Scrub Categories

Below you will find the criteria for surgical scrub categories. The Association of Surgical Technologists (AST) set forth the following criteria in 2022 in a publication titled; Core Curriculum for Surgical Technology, 7th edition.

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 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 according to AST guidelines and facility policy.
- Pass instruments and supplies to the sterile surgical team members during the procedure and anticipate needs.
- Maintain sterile technique as measured by recognized breaks in technique, demonstrate knowledge of how to correct with appropriate technique, and document as needed.

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 in its entirety by completing any of the following:

- Assistance with diagnostic endoscopy
- Assistance with vaginal delivery
- Cutting suture
- Providing camera assistance
- Retracting
- Sponging
- Suctioning

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. The student is observing a case in either the sterile or nonsterile role. Observation cases are not to be included in the required case count but must be documented by the program.

CLINICAL LOG BOOK INFORMATION

In term IV, students will need to purchase a clinical logbook from the NEIT bookstore. The log book must be returned to the ST Department at the end of the clinical rotation in term VI. For accreditation purposes The ST Department is required to maintain verification of student's clinical cases. Students are also required to log their procedures into a web-based program. Audits will be done periodically and it is the student's responsibility to correct any and all errors. If log books are not up-to-date the student will not receive a passing grade for clinical until it is rectified.

Policy for Logging Surgical Cases

Site #1 Term: # _4

Name of Site: _____ Dates: From_____ To: _____

Site #2 Term: # _5

Name of Site: _____ Dates: From_____ To: _____

Site #3 Term: # _6

Name of Site: _____ Dates: From_____ To: _____

The Log Book is required to be kept by each ST student. This log is kept in two places; 1) the written log and, 2) the e-log. The proper execution of the following instructions is the sole responsibility of each student in the ST Program.

I. The written log.
   A. Use indelible ink pen throughout (no pencil) Black or Blue is preferred.
   B. Determine your role, as described previously. Then, consulting with the preceptor, or NEIT clinical faculty, the student documents the name of the procedure and places a checkmark (√) to document his/her role in the case; 1st scrub, 2nd scrub, or observed. The student also documents the date the case was done, in the date column.
   C. Enter each procedure, using one line. Multiple procedures done on the same patient may require more than one line.
   D. Preceptor enters a checkmark in the column for the surgical specialty that was done. The preceptor adds his/her signature beside each case to verify. In addition the preceptor must print and sign his/her name in Preceptor Identification Section, at the bottom of the page. The preceptor must record his/her name and signature on each page of the log book that his/her initials are entered on**. Falsification of preceptor's entry is grounds for dismissal.**
   E. This log will become part of the student's permanent record at New England Institute of Technology at the end of the student's clinical rotation. Please be careful to maintain accuracy, legibility and integrity.

F. Errors must be corrected, but only with faculty approval. Review all changes with faculty. Errors must remain legible; cross out the error with a single line. Do not obliterate the error; do not scribble over it or use White-Out.
G. Keep this log book updated daily.
H. Faculty will review the log book with you periodically (i.e. weekly or bi-weekly) to check accuracy/compliance. A faculty sign-off, at the bottom of each log book page, is provided to keep track of these reviews.

II. The computer log (e-log).

A. Access the e-log at this web site: https://www.surgicalcounts.com
B. Sign in using your username and password for surgical counts
   i. Select the "date".
   ii. Enter "surgical procedure". Please make sure to check spelling and include site and side. *NOTE: The written log book must show all the following; role, date, name of procedure, and preceptor initials, before that case can be entered into the surgical counts.
   iii. Select the "specialty from the drop-down menu".
   iv. Select "role" (1st, 2nd, or observed)
   v. Select "clinical site"
   vi. Enter "surgeon & preceptor name".
   vii. IMPORTANT à Select "save" after each case is entered on the same date. Once all cases for that date have been entered, select "close and update case counts".
   viii. To enter cases for a different day, click on the date, then proceed with the steps above; i – vii .
   ix. If you have difficulty with any part of this, notify the Clinical Site Director.

C. Keep surgical counts updated each week.

D. No changes may be made to surgical counts without prior approval from faculty.

E. Weekly audits will be done to check the accuracy of all entries, both in the written log and the e-log. Clinical faculty will inform students of any corrections that need to be made in the written and electronic log book. It is each student's responsibility to correct any discrepancies that are found and to communicate to the ST Clinical Site Director that corrections have been completed. Failure to reconcile the logs will result in a reduction in the grade for that clinical course; one grade level for each correction not made (a grade of B would become B minus for example).

III. At the end of each Term, a student will receive a failing grade for clinical if the log books are not updated. This includes the written log and the electronic log books.

Failure to reconcile the logs will result in a reduction in the grade for that clinical course; one grade level for each correction not made (a grade of B would become B minus for example).

NEIT SAFETY AND HEALTH
7.02 CLINICAL EXPOSURE CONTROL PLAN
[Rv. 11/13/13, Rv. 7/22/15, Rv. 1/14/18]

I. Policy

New England Institute of Technology (NEIT), in accordance with the Occupational Safety and Health Administration (OSHA) Standard 1910.1030 Standard "Occupational Exposure to Bloodborne Pathogens," has developed this Exposure Control Plan for the purpose of protecting students, faculty and staff from acquiring bloodborne infections. Bloodborne diseases include but are not limited to Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS.

II. Definitions

Definitions of terms used throughout this plan are located in Attachment A.

III. Responsibilities

Working in a direct patient care environment places the Health Sciences students, faculty and staff at a higher risk than members of the general population of contracting some form of communicable disease. Ignorance and negligence are the greatest known contributors to practitioners contracting a communicable disease from the patients they serve. With this in mind Health Sciences students, faculty and staff are responsible for following the steps included in the standard Precautions Systems listed below.

This system is not intended to supersede the policy for the Standard Precautions at any one clinical site that a student, faculty or staff member may be affiliated with, but it is designed to provide a basic program standard for Health Sciences students, faculty and staff.

IV. Control Measures

There are four basic control measures that all students, faculty and staff should be aware of; engineering controls, personal protective equipment, work habits and prophylaxis. These guidelines are explained in the following section.

STANDARD PRECAUTIONS SYSTEM

Implementing the Standard Precautions System includes the following elements and shall be followed by ALL Health Sciences students, faculty and staff at ALL times in ALL clinical labs and departments, both on and off campus. Precautions apply to ALL individuals and to contaminated medical equipment and materials.

Veterinary Standard Precautions include similar precautions used in human health care with the inclusion of methods to reduce the potential for animal bites and other trauma that may result in an exposure to a zoonotic disease.
The precautions listed below are based on the degree and risk of exposure and the use of proven techniques.

1. Use appropriate clinical judgment in determining when barriers are needed. If unsure ask for assistance from your instructor or clinical preceptor. Protective apparel must be available and its appropriate use monitored at clinical sites and in NEIT labs. It is essential that Health Sciences students, faculty and staff know where PPE is located in each department at their assigned clinical site and in their NEIT labs.
2. Hands must be washed before and after contact with ALL patients. If hands or other skin surfaces accidently come in contact with blood or other body fluids (human or animal), they should be washed with soap and water.
3. Wear gloves when it is likely that hands will come in contact with blood or body substances (blood, urine, stool, oral secretions, wound or other drainage). Gloves are not necessary when examining, handling, administering an injection, or obtaining a blood sample from animals not showing signs of infectious disease, provided good hand hygiene is practiced. A veterinary exam will determine whether an animal is showing signs of infectious disease. Appropriate PPE should be worn on animals suspected of having an infectious disease. (JAVMA Vol. 247, No. 11, Dec. 1, 2015, p. 1257-1261). Discard gloves and wash hands immediately.
4. Wear protective clothing (gown or plastic apron) when contamination with blood or body substance is expected.
5. Wear masks and or eye protection when it is likely that eyes and or mucous membranes will be splashed with blood or body substances.
6. Eye protection shall be worn at all times in the OR.
7. Discard uncapped needle/syringe units and sharps in a puncture resistant container for this purpose. Never recap needles for disposal. If recapping of needles is necessary in the veterinary setting, then recapping should be accomplished using the one handed scoop method under the direction of veterinary faculty and staff.
8. Discard trash in the usual manner unless item is contaminated by blood or other bodily fluids. Such items must be placed in a Bio-Hazard bag, tied and disposed of in accordance with NEIT's Bio-Hazard Waste Management Plan.
9. Bag linen in the usual manner unless grossly soiled by urine, feces, blood or drainage. Items soiled by those body substances are to be placed into a leak proof bag.
10. When a significant exposure (needle stick, mucous membrane splash or contact with non-intact skin) to blood occurs, report it immediately to your preceptor or instructor.
11. Specimens of blood or other potentially infectious materials shall be placed in a primary container that prevents leakage (capped test tube, centrifuge tube, etc.) during collection, handling and storage. If the specimens are transported through hallways, the primary containers must be placed in a secondary container (bucket, beaker, cooler etc.) which will contain the contents if the primary container were to leak or break.
12. Food will not be eaten, nor make-up applied in treatment areas.
13. Food will not be stored in treatment areas or in refrigerators with medical waste or samples
14. Receive appropriate prophylaxis as directed by the Health Sciences or Veterinary Tech Directors.

15. Animal related exposure: Take precautions to prevent bites. Use physical restraints such as muzzles when needed. Sedation and anesthesia may be used under the veterinarian's direction. When dealing with large animals plan an escape route.

V. EXPOSURE PROTOCOLS

NEIT will maintain a Sharps Injury Log administered by the Human Resources Representative as required by OSHA 1910.1030(h) (5) (i). The log will contain the following information; type and brand of device, department or work area where the exposure occurred and an explanation of how the incident occurred. Records will be maintained in the log for five (5) years.

After an exposure has occurred:

1. Students, faculty and staff must be evaluated by a physician. Students, faculty and staff may either go the emergency room at the clinical site if available, or follow up with their own physician.
2. Students, faculty and staff should fill out an incident report at the clinical site.
3. NEIT must be notified within 24 hours of an exposure. It is the student's responsibility to notify the ST Department Chair at lreed@neit.edu.
4. Students, faculty and staff will be instructed to have an appointment with the Human Resources Representative at NEIT. Students must bring a copy of the incident report and any information regarding treatment.
5. Faculty and staff must fill out the Sharps Injury Log.

ATTACHMENT A
Definitions

Health Sciences Students includes students enrolled in any of the following programs: Clinical Medical Assistant Technology, Nursing, Physical Therapist Assistant, Surgical Technology, Occupational Therapy Assistant and Occupational Therapy, Respiratory Care, Veterinary Technology and Medical Lab Technology.

Health Sciences Faculty and Staff include faculty teaching or working in any of the following programs: Clinical Medical Assistant Technology, Nursing, Physical Therapist Assistant, Surgical Technology, Occupational Therapy Assistant and Occupational Therapy, Respiratory Care, Veterinary Technology, Medical Lab Technology, and Biological Sciences faculty teaching lab classes.

Blood includes human or animal blood, human or animal blood components and products made from human or animal blood.

Blood borne Pathogens are pathogenic microorganisms that are present in human or animal blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated Laundry means the presence or the reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated sharps are any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires. Any needle outside its original packaging is considered to be contaminated.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles thereby rendering the surface or item safe for handling, use or disposal.

Engineering Controls include items such as sharps disposal containers, self-sheathing needles that isolate or remove the blood borne hazard from the workplace.

Exposure Incident is a specific eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's or students duties.

Hand-washing Facility is a facility providing an adequate supply of running potable water, soap and single use towels or hot drying machines.

HBV is hepatitis B virus

HIV is human immunodeficiency virus.

Occupational Exposure indicates reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee's duties.

Other potentially infectious materials include:

1. Human or animal body fluids including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, urine, any body fluid that is visibly contaminated with blood (see veterinary standard precautions), and all body fluids in situations where it is difficult or impossible to differentiate between fluids.
2. Any unfixed tissue or organ (other than intact skin) from a human or animal (living or dead).
3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human or animal bites cuts and abrasions.

Personal protective Equipment (PPE) is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes such as uniforms, pants, shirts or blouses are not intended to function against a hazard and are not considered to be personal protective equipment.

Prophylaxis is the measures designed to preserve health and prevent the spread of disease, such as inoculation.

Regulated Waste includes liquid or semi-liquid blood or other potentially infectious material; contaminated items that would release blood or other potentially contaminated items that would release blood or other potentially infectious material and are capable of releasing these material during handling; contaminated sharps and pathological and microbiological waste containing blood or other potential infectious materials.

Sharps are items which can puncture or cut the skin including; needles, syringes, scalpels, broken vials, laboratory slides and exposed ends of dental wires.

Source Individual includes any human or animal, living or dead, whose blood or other potentially infectious materials may be a source of exposure to the employee; examples include but are not limited to; hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of nursing homes, human or animal remains and individuals who donate or sell blood or blood components.

Staff means any employee of NEIT. This includes support personnel who are not normally associated with Health Sciences such as maintenance and Auxiliary Services.

Sterilize indicates the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Standard Precautions is an approach to infection control. According to the concept of Standard Precautions, all human or animal blood (see veterinary standard precautions) and certain human or animal body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Veterinary Standard Precautions are similar precautions used in Standard Precautions with additional practices to include methods to reduce animal bites and trauma which could result in zoonotic pathogens. Venipuncture of animals not showing signs of infectious disease does not constitute an important risk of exposure to pathogens and contact with animal blood (except primate blood) has not been reported as a source of occupationally acquired infection. Refer to NASPHV Compendium of Veterinary Standard Precautions JAVMA Vol 247, No. 11, Dec. 1, 2015 p. 1261.

Work Practice Control means controls that reduce the likelihood of exposure by altering the manner in which a task is performed such as prohibiting recapping of needles.

Zoonotic disease is a disease which can pass from an animal to a human.

SHARPS INJURY LOG

Date_____ Workers' Compensation report #_____

Location where injury occurred:

Name of facility_____

Address_____

Work location_____

Date of injury_____

Brand & Type and type of device involved:

_____
_____
_____

Explanation of how injury occurred:

_____
_____
_____
_____
_____
_____
_____
_____

Preparedness Plan

The university has an Emergency/Crisis Preparedness and Response Plan. This plan, in conjunction with NEIT's Fire Safety Procedures & Emergency Action Plan and Oil and Hazardous Waste Release Plan is designed to be a guide for dealing with a variety of events that could adversely affect the normal operations of NEIT. No plan is capable of fully addressing every emergency. This plan is intended to establish a protocol to effectively deal with unforeseen and potentially disastrous events.

In the event of an unanticipated interruption, the university and faculty will make necessary adjustments that assures the continuity of education services that will support students and enable them to progress through the ST program, as much as possible, in a timely manner. A variety of adjustments may be made, including but not limited to, moving didactic courses online (synchronous and/or asynchronous), changing the sequence of courses, adjusting clinical sites and time, and adjusting lab time or any other action that will facilitate progression in a timely manner. Adjustments will be dependent on the nature of the interruption. Academic decisions to cancel, revert to online schedule, or utilize another area are determined by the Provost and Executive Vice President in collaboration with the ST department.

Student Applied Learning Experience Agreement

In consideration for participating in an applied learning experience (A.L.E.) at any New England Institute of Technology (NEIT) affiliated Facility where I participate in an A.L.E., I hereby agree to the following:

- To follow the administrative policies, standards and practices of the facility when in the facility.

- To report to the Facility on time and to follow all established regulations of the Facility.

- To safeguard the confidentiality of all Facility medical, health, financial and social information pertaining to patients and the Facility.

- To not publish any material related to my A.L.E. unless I have received prior written approval from the Facility.

- To be identified by dress, badge or other appropriate means that clearly identifies me as a student.

- To not perform any task in the Facility without the assistance, presence or permission of a member of the Facility staff acting in the capacity of my supervisor.

- To report to the Facility free from the influence of alcohol or mind-altering drugs except as prescribed by a physician.

Furthermore, I understand and acknowledge that:

- The Facility will allow me to work with the appropriate Facility staff members, who will observe me in the performance of my daily duties and will provide a written evaluation at the conclusion of my A.L.E. which will be considered as part of my comprehensive evaluation.

- I shall not be allowed to work in areas of the Facility not related to the Program activities at the Facility, nor shall I be present in the Facility except as a Visitor, at times other than those scheduled for Program activities.

- I may have use of the Facility cafeteria, if available, at my own expense, and that all personal expenses which I incur, such as for transportation, parking, lodging, uniforms, and supplies, shall be my individual responsibility.

- The facility staff has a duty to report any problems with my professional and/or inter-personal conduct to the Student Program Coordinator or Clinical Site Manager. The Facility shall have the right at any time to temporarily remove me from the Facility whenever, in the discretion of the Facility, such removal shall serve the best interests of the Facility or its

- patients. The School has agreed to permanently withdraw any Student of Instructor from the Program who becomes unacceptable to the Facility for any reason.

- I am not an Employee of either the Facility or the University and shall not act as substitute for paid personnel. The Facility/Agency has agreed not to offer employment of any kind to me prior to the completion of my educational program at NEIT.

- As provided to me, I will review with the Program Coordinator, the Facility's policies, procedures, rules and regulations, which govern students while participating in the Surgical Technology Program, and I will acknowledge and affirm having such orientation as part of my training record.

- I am financially responsible for any medical services rendered to me by the Facility, including emergency care.

- In the event of an accident, I will report all required information to the Program Chair, and will follow any procedures required by the Facility and the University.

Prior to beginning an A.L.E., I must provide NEIT with current evidence of:

- Physical Exam (performed within the last 12 months)
- Chicken pox immunity by titer draw
- Measles, Mumps, Rubella immunity by titer draw
- PPD/Mantoux (tuberculosis) two-step test to be current
- Polio immunization documentation if born outside of the United States
- Three (3) doses of Hepatitis Vaccine and obtain a positive titer
- Tdap vaccination if Td has not been done within the last two years
- COVID 19 Vaccine and Booster
- CPR Certification, through the American Heart Association, BLS/AED for the Health Care Provider must be maintained throughout Fieldwork Training.
- BCI (Bureau Criminal Identification) Form completed following University guidelines. (students need to see department Q and A for details regarding a positive screen).
- Further health testing may be required of me, including physical, radiological, chemical, or immunological testing procedures as required of all Facility personnel, or as may be required by any competent legal authority. Also, I agree to report to the Facility any contagious infection, hidden or evident, and any contagious upper respiratory condition, while participating in the Program.
- I am required to carry Professional Liability Insurance in the amount of 1,000,000 per occurrence, and 3,000,000 aggregate. NEIT will assist me in obtaining this coverage.

I have read the above statements and understand them as they apply to me. I certify that I am eighteen (18) years of age or older; that I have carefully read and understand the above Applied Learning Experience Agreement and that I freely and voluntarily signed this Applied Learning Experience Agreement.

Signed:_____ Date:_____

NOTES:

STUDENT ACKNOWLEDGEMENT

NEW ENGLAND INSTITUTE OF TECHNOLOGY
SURGICAL TECHNOLOGY PROGRAM

I, _____
(Print your name)

Have received and read the Student Handbook for the Surgical Technology program.

I understand that I will be held responsible for the information and policies in the handbook.

Student Signature:_____ Date:_____

DISCLAIMER:

The University reserves the right to change any information in this Student ST Program Student Handbook without prior notice. It is the student's responsibility to obtain and review information in this handbook. Copies of the most recent versions are available in Canvas