



Dartmouth
Health

Career Institute

Dartmouth Health Career Institute

2025-2026 Student Handbook & Program Catalog
First Edition

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Dartmouth Health Career Institute

Student Handbook and Program Catalog

Dartmouth Health Career Institute

DHCI Mission Statement:

To build a sustainable workforce pipeline that supports the work and mission of Dartmouth Health through the delivery of apprenticeship and professional training programs.

The Dartmouth Health Career Institute (DHCI) is thinking differently about how we identify a sustainable source of qualified and engaged workers who bring the skills, commitment and values we need to provide the best patient care. The DHCI was created to deliver apprenticeship and professional training programs that provide workers with the knowledge and skills they need to enter into health care careers.

DHCI Admissions, Logistics and Records

Equal Opportunity / Non-Discrimination

The DHCI ensures it complies with Dartmouth Health's (DHCI) *Equal Employment Opportunity and Non-Discrimination Policy* (Policy ID: 962) and all applicable federal, state, and local laws governing nondiscrimination during admissions. If an applicant with a disability (mental or physical) needs reasonable accommodations for any part of the application process, please contact the DHCI at 603-653-3229.

DHCI will not discriminate against apprenticeship applicants or apprentices based on RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX (INCLUDING PREGNANCY AND GENDER IDENTITY), SEXUAL ORIENTATION, GENETIC INFORMATION, OR BECAUSE THEY ARE AN INDIVIDUAL WITH A DISABILITY OR A PERSON 40 YEARS OLD OR OLDER. DHCI will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, part 30.

Admission Requirements

The application and admissions process varies by program. Please refer to the section of the handbook for the program of interest for details.

All DHCI trainees must comply with DH's current *Employment Requirements Policy Employees, Covered Individuals, Job Applicants* (Policy ID: 453), which includes pre-employment screening activities such as criminal background check, health assessment and drug test *Substance Abuse and Drug-Free Workplace Policy* (Policy ID: 476), and the *Fitness for Duty Policy* (Policy ID: 511).

It is at the discretion of each medical facility with which the DHCI has a clinical site affiliation agreement,

to implement a standard protocol regarding trainee admittance for educational purposes. Trainees should be aware that some medical facilities will require a drug screening on site prior to the clinical rotation or a random drug screening during the clinical rotation. Trainees should be prepared to abide by set protocols and incur any associated fees that may arise in the safety screening process to which the program's clinical site affiliates adhere.

Schedule

Program Dates:

Please refer to the program of interest for specific class start and end dates.

Class Cancellations:

Students will be formally notified in writing via email if there is a cancellation of classes for any reason.

Recognized Holidays:

Each year, the DHCI will observe the following Dartmouth Health system-wide recognized holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Please refer to the program of interest for specific breaks and schedule details.

Identification and Replacement Badges

NH State Law requires that healthcare providers and others who come into direct contact with patients must wear identification that includes name, licensure status, and staff position. All trainees are required to have their photo ID card in their possession at all times while on the premises. The photo ID badge shall be worn during all working hours.

- If a trainee loses, misplaces, or damages their identification badge, it must be replaced as soon as possible.
- The trainee must report this loss or damage to their Instructor, Program Leader/Clinical Coordinator or Program Director immediately.
- The trainee will then put a DHSM request in to receive a replacement badge from Safety and Security.
- All assignments and/or time missed in class, lab, or clinical as a result of the trainee not having identification must be made up before the course ends.

Transportation

The trainee is responsible for all costs associated with their transportation to and from the program and all assigned clinical education sites. The program will not make any allowances for a trainee who is unable to be in a didactic or clinical course due to lack of transportation.

Dismissal/Termination

A trainee is subject to dismissal from the DHCI for reasons which include but are not limited to:

- Failure to pass didactic courses with the minimum average as determined by the course and/or program
- Failure to meet course requirements
- Breach of confidentiality
- Cheating, plagiarizing, or falsifying documents
- Unprofessional conduct
- Failure to comply with Dartmouth Health or DHCI's policies, i.e. attendance
- Failure to report to work as Fit for Duty i.e., able to perform safely all essential functions of the trainee role in a program

A trainee will be notified in writing stating the reason for the dismissal. The trainee may file an appeal with the Program Leader/Director within seven calendar days that includes supporting documentation of why the dismissal should not be upheld. The Program Leader/Director will respond to the appeal within seven calendar days.

Withdrawal

A trainee may cancel their Enrollment Agreement any time before midnight of the third business day after the date of signing it.

Any trainee expressing a desire to withdraw from the program after this time should discuss the situation with the Leader/Director of the program in which the trainee is enrolled prior to resigning or withdrawing. If, after this consultation, the trainee determines he or she is going to withdraw, the trainee must complete, sign, and submit the DHCI Withdrawal form to DHCI@hitchcock.org or the program leader.

Any trainee who does not attend class or clinical for three consecutive days without contacting the Instructor or Leader/Director of their program will be considered withdrawn on the last day of attendance.

If a trainee withdraws due to circumstances of extreme hardship and they wish to reapply at a later date for completion it will be considered.

Re-Entry

A trainee that has resigned or withdrawn in good standing with the program may re-enter the program if it is within one year and if there is an available slot for that trainee. The trainee may be required to re-take classes based on an evaluation of a re-entry practicum and will be subject to the policies, rates, schedule, etc. at the time of re-entry. Each case will be evaluated on an individual basis and the Program Leader/Director for the program in which the trainee is enrolled will make a final decision.

Refund Policy

All refunds shall be paid within 30 days upon written notification from a student of cancellation or withdrawal.

Students receiving benefits from federal programs shall be subject to federal refund policies, rules, and regulations.

Trainees will receive a full refund of all monies paid within 30 days if:

- The trainee withdraws from the program or course on or before the first day of instruction, less any program-specific administration fees not to exceed \$150.
or
- DHCI procured the trainee's enrollment as the result of any false representations in the written materials used by the school or in oral representations made by or on behalf of the school.

Trainees who withdraw or are dismissed from the program will receive a refund on tuition monies paid within 30 days, less any program-specific administrative fees not to exceed \$350, per the following refund schedule:

- On or before the last day of the second week of class: 100%
- During the first 50% of the instruction period: 50%
- After 50% of the instruction period: no refund

All efforts shall be made to refund prepaid amounts for any books, supplies or other charges from the school unless the trainee has consumed or used those items and they can no longer be used or sold to new trainees, or returned by the school to the supplier. This does not include any costs incurred by the trainee to purchase program-required materials such as books, supplies, etc.

Refunds for trainees receiving benefits from federal programs shall be in accordance with federal policy, rules, and regulations.

Notice of withdrawal must be done in writing to the Leader/Director in which the trainee is enrolled.

Probation

A student may be placed on probation for failure to satisfactorily achieve didactic and/or clinical objectives. Reasons can include but are not limited to:

- Incomplete assignments
- Infractions of policies
- Cheating
- Inability to apply didactic knowledge to the clinical setting

Probation length will be determined by the behavior or didactic action plan created and the documented corrective action required. If a student is placed on probation the minimum time of probation will be 30 days. If during the probation period the student does not comply with expectations they may be dismissed from the program.

Grievance

The DHCI maintains an “open door” philosophy that encourages all trainees and staff to address concerns through a conversation with program leadership.

TRAINEE

If a trainee has a grievance, then the trainee should try and resolve the issue by having an awareness conversation with the responsible person. If the trainee does not feel that the problem has been resolved then they should escalate, as necessary, in the following order:

- Course Instructor
- Program Leader/Director

If a trainee wants to further escalate their grievance, they may petition the Appeals Committee within seven days of a grievance discussion with the Program Leader/Director. The trainee must submit documentation containing written, objective statements, concerning their grievance which the Program Leader/Director will forward to the Appeals Committee for review. Members of the Appeals Committee include the Director of Surgical Services, the DHCI Administrator, and selected staff. The decision of the Appeals Committee is final and will be given within seven days.

Upon exhausting all avenues of the grievance policy at the school, a student may contact the Office of Career School Licensing:

Department of Education

Office of Career School Licensing
25 Hall Street
Concord, NH 03301
(603) 271-6443

For the EMT Training Program:

NH Bureau of Emergency Medical Services

98 Smokey Bear Blvd.
Concord, NH 03301
(603) 223-4200

FACULTY

If a faculty member has a grievance, then they should try to resolve the issue through an awareness conversation with the responsible person. If the faculty member does not feel that the problem has been resolved then they should escalate, as necessary, in the following order:

- Program Director
- DHCI Administrator

At any point, the faculty member has the right to contact DHMC Employee Relations for guidance: (603) 653-1570 or Employee.Relations@Hitchcock.org. Employee resources for faculty members can be found on: <http://one.hitchcock.org/intranet/departments/employee-relations>

Transfer of Credits

DHCI programs have limited transferability. All previous work and education experience will be reviewed and applied as applicable. Certificates and credit may not be portable if the withdrawal takes place prior to completion/certification.

Records

Trainee information pertaining to admission, health, attendance, and grades for academic and clinical are recorded. Trainee records will be retained for five years, with the exception of transcripts and final certificates which will be permanently kept on file.

All trainee records, including academic and clinical, will be secured in a safe, accessible and locked storage location, which ensures the confidentiality of program records. A certificate will be awarded as evidence of completion of the program. Any copies of the trainee's records or certificate required for taking any final certification/licensing exams will be provided.

DHCI Professional Conduct, Health and Safety

Patient Record Confidentiality Policy

Trainees must comply with the *DH Privacy Group Statement on the Privacy and Confidentiality of Patient Information Policy* (Policy ID: 7563), and sign the DH Confidentiality Agreement prior to participation in the program, and any policy at a clinical affiliate site.

Substance Abuse Policy

Trainees must comply with *DH current Substance Abuse and Drug-Free Workplace Policy* (Policy ID: 476), and the *Fitness for Duty Policy* (Policy ID: 511).

Cell Phone

The use of cellular phones or personal devices is prohibited in the classroom, lab, and clinical at all times. Trainees must turn off their cell phones, smart watches, and pagers while attending their class, lab or clinical. The ringing and notifications of these devices disrupt the class and instruction being delivered. Phones and smart watches can be placed on silent or vibrate mode if the instructor is notified ahead of time that there is a specific situation that may arise. Any infraction of this rule could result in a Documented Conversation/Behavior Warning.

Trainee Professional Conduct Policy

- Trainees should adhere to all DHCI policies and procedures and applicable program-specific policies and procedures.
- If a trainee has a concern with a particular course, they should first talk to the course instructor. If the concern is not resolved, the trainee should refer to the DHCI's Grievance Policy.
- Trainees must conduct themselves in a professional manner at all times. Disrespectful or disruptive behavior will not be tolerated.
- Possession of drugs, alcohol, or weapons or any theft of property is grounds for dismissal.

- Information of a confidential nature learned in the courses of training is to remain confidential. Any failure to protect Patient Health Information is grounds for dismissal.
- Punctuality is a demonstration of professional behavior and all trainees are expected to be in class on time.
- Trainees should demonstrate responsibility and accountability in all aspects of the educational process.
- Trainees should demonstrate appropriate communication, interactions, and behavior toward other trainees, faculty, and clinical staff.
- Trainees are not allowed to bring visitors to class or the clinical sites. This includes relatives, friends, acquaintances, and pets.
- Disruptive behavior targeting other trainees, such as in-class disruption, the discussion of other classmates' grades or abilities could result in a documented conversation or corrective action.
- Trainees are expected to demonstrate academic integrity and honesty.
- Plagiarism of any type is not tolerated and could lead to disciplinary measures up to and including dismissal. Plagiarism is the submission of material as one's own work that is not the result of one's own effort. It is the use or imitation of the work of another author or artist and the representation of the work as one's own. Examples include:
 - Quoting paragraphs, sentences, or parts of sentences from other sources without the use of quotation marks and without the use of citations.
 Sources include but are not limited to the following: ▪ Printed sources such as books, essays, or articles; ▪ Video and audio sources, such as taped interviews or television programs; ▪ Papers, videotapes, and audiotapes by other students; ▪ Electronic sources such as internet, World Wide Web and CD-ROM.
 - Paraphrasing pages, paragraphs, or sentences without acknowledging the source.
 - Using other people's ideas without giving them credit.
 - Writing a paper based on outside sources without using citations and a complete bibliography.
 - Acquiring papers or academic work and submitting it as one's own.
 - Using artificial intelligence to generate academic work and submitting it as one's own.
- Trainees should demonstrate professionalism by abiding by the DH Ethical Code of Conduct
 - Honesty, trustworthiness, and integrity
 - Respect for the dignity of persons
 - Respect for cultural and religious/spiritual beliefs
 - Respect for property
 - Respect for and adherence to the law
 - Respect for the physical and emotional environment in which we work
 - Personal responsibility and accountability for actions
 - Stewardship of financial, human and other resources
 - Compassion
 - Commitment to continuous improvement

Program Expectations

- Meets standards/competencies and hours for course completion outlined in each individual course syllabus
- Completes all assignments on time as assigned
- Maintains classroom work area, equipment, and supplies in a manner conducive to efficiency and safety
- Participates fully in lecture, laboratory, cooperative learning activities, and clinical experiences
- Meets attendance requirements for class, laboratory, and clinical
- Maintains personal appearance and hygiene
- Complies with dress code
- Demonstrates effective written and oral communications
- Displays socially appropriate behaviors
- Demonstrates problem-solving skills
- Travels to clinical sites (as required by program curriculum)
- Follows all procedures and policies of clinical sites
- Maintains patient/client confidentiality
- Follows the proper chain of command to resolve problems
- Meets professional and technical standards (determination is made on an individual basis as to whether or not necessary accommodations or modifications can be made reasonably while assuring patient safety)

Understanding Safety and Professionalism in Clinical Practice

Unsafe clinical practice shall be deemed to be behaviors demonstrated by the trainee that threaten or violate the physical, biological, or emotional safety of the patient assigned to his/her care.

The following are examples to serve as guidelines for the trainee's understanding of **unsafe clinical practices**. Examples are not inclusive:

- **PHYSICAL SAFETY:** unsafe behaviors: inappropriate use of side rails, wheelchairs, positioning straps, and equipment, lack of proper protection of the patient which leads to falls, lacerations, burns, etc.
- **BIOLOGICAL SAFETY:** unsafe behaviors: fails to recognize errors in aseptic technique, attends clinical site while ill, performs technical actions without appropriate supervision, fails to seek help when needed, etc.
- **EMOTIONAL SAFETY:** unsafe behaviors: threatens patient, makes patient feel fearful, provides patient with inappropriate or incorrect information, fails to seek help when needed, and demonstrates unstable emotional behaviors.

Unprofessional practice shall be deemed to be behaviors demonstrated by the trainee which are inappropriate to the trainee-instructor, trainee-personnel, or trainee-patient interactions which may be taken to be unsafe practice or to reflect negatively upon the program or instructor.

Examples of unprofessional practice may include but are not limited to, the following: Verbal or non-verbal language, actions, or voice inflection which compromise rapport or working relations with patients, family members of patients, staff, physicians, or instructors which may compromise contractual agreements and/or working relations with clinical affiliates, or constitute violations of legal or ethical standards.

Health Insurance Policy

Trainees who attend clinical training for academic course work are required to have health insurance coverage **prior** to participating in this part of the curriculum. Trainees are also required to have completed health screen documents prior to entering the clinical environment.

Accidents/Incidents

If the trainee is involved in any kind of accident or incident within the classroom or at the clinical site the instructor and supervising clinical specialist should be notified immediately. Hospital and/or clinic procedures should be followed with respect to incident/accident reports. A copy of all such reports should be given to the Program Director/Leader to be placed in the trainee's file.

Student Employment / Remuneration Policy

The essential purpose of the clinical site is to provide an opportunity to utilize the skills in which the trainee was trained, at a pace and in an environment approximating the demands of an employment situation. All trainee activities associated with the curriculum, especially while students are completing clinical rotations or practicums, will be educational in nature. While in the training portion of a DHCI program, DHCI trainees will not be substituted for hired staff personnel within the clinical institution in the capacity of the role for which they are training.

DHCI Resources and Licensure

Committees

Committees assist with program management, planning, and evaluation.

Selection Committee: Selection Committees for each program are responsible for selecting trainees for upcoming classes. Members may include the Program Director/Leader, instructors, Workforce Readiness Institute staff, and selected surgical, clinical, or administrative staff.

The Surgical Technology Program Advisory Committee: This is an advisory committee to the Surgical Technology Program. The Program Advisory Committee meets twice a year. Members include sponsoring institution administration, a current student, a program graduate, a practicing CST, a physician, a faculty member assigned to the program, an employer and a public member. Final approval of any program material, management, and planning decisions lies with Program management.

The Surgical Technology Program Appeals Committee: The Appeals Committee meets only when needed to review a student grievance. Members include the Director of Surgical Services, a DHCI Administrator, and selected staff.

Licensure/Ownership

Mary Hitchcock Memorial Hospital (MHMH), which is part of the Dartmouth Health System, maintains ownership and control of the DHCI. MHMH is accredited by the Joint Commission. The Dartmouth Health Career Institute is licensed with the Office of Career School Licensing, New Hampshire Department of Education.

Dartmouth Health Career Institute:

Address: 1 Medical Center Dr.
Lebanon, NH 03756

Phone: (603) 653-3229 Email: DHCI@hitchcock.org

Website: <https://www.dhcareerinstitute.org>

Mary Hitchcock Memorial Hospital/

Dartmouth Hitchcock Medical Center:

Address: 1 Medical Center Drive
Lebanon, NH 03766

Phone: (603) 650-5000

Website: www.dartmouth-hitchcock.org

Joint Commission:

Address: One Renaissance Blvd
Oakbrook Terrace, IL 60181

Phone: (630) 792-5000 Fax: (630) 792-5005

Website: <http://www.jointcommission.org>

Contact Information

Dartmouth Health Career Institute:

1 Medical Center Drive
Lebanon, NH 03756

DHCI@Hitchcock.org

Kristin LaFromboise, DHCI Administrator
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Medical Assistant, Ophthalmic Assistant Programs

Kelly O'Brien, Program Administrator, Kelly.M.O'Brien@hitchcock.org

Melissa Gartman, Program Administrator, Melissa.M.Gartman@hitchcock.org

Emergency Medical Technician Training Program

Kevin Avery, Program Administrator, Kevin.R.Avery@hitchcock.org

Pharmacy Technician Program

Natalie Guzman, Program Administrator, Natalie.R.Guzman@hitchcock.org

Phlebotomist Training Program

Bethany LaHaye, Program Administrator, Bethany.M.LaHaye@hitchcock.org

Surgical Technologist Training Program

Andrew Courville, CST, Program Director, Andrew.M.Courville@hitchcock.org

Medical Assistant Apprenticeship Program

Program Overview and Class Schedule

PROGRAM OVERVIEW

Medical assistants (MAs) perform a variety of administrative and clinical tasks as an integral part of the clinical care team. They interact directly with patients under the supervision of a provider and/or nurse manager. While not an inclusive list, some of the many functions the MA will perform include: rooming patients and obtaining initial health histories, performing tests (i.e., EKGs, hearing/breathing tests, strep throat assays), assisting providers with procedures, performing venipuncture, administering immunizations, and documenting efficiently in the electronic medical record. The job is fast-paced, interesting, and rewarding with patient safety and customer service guiding each and every interaction.

The Medical Assistant Apprenticeship Program is composed of two components: an initial 12-week educational program (“training program”), followed by a 2,000-hour registered apprenticeship (“apprenticeship”). At the end of the 12-week training program trainees sit for the Certified Clinical Medical Assistant exam and upon passing earn their Certified Clinical Medical Assistant (CCMA) credential.

This full-time hands-on training program includes both classroom and clinical training. Classes offered during the program include Introduction to Anatomy and Physiology, Medical Terminology, Pathophysiology, Pharmacology, Communication for the Healthcare Professional, Clinical Medical Assisting Practices with Lab, and Clinical Medical Assisting Practicum. Some classroom days may be conducted remotely. Schedule and expectations for classroom, remote, and practicum days will be communicated by the instructor.

HOURS OF OPERATION AND SCHEDULE

Though times may vary, classroom hours typically are Monday through Friday from 8:00 am-4:30 pm*. The instructor and Program Leader are available to the students when they are in the classroom and as needed after hours.

*Class hours may vary between program location (Bedford, Lebanon, Keene)

Application Process and Admission Requirements

The application process includes:

1. **Information Session**
2. **Application & Resume**
3. **Aptitude Assessment**
4. **Interview**

Pre-Requisites:

- High school diploma, HiSET, or GED (Graduate Equivalence) by the end of the training.

The Medical Assistant Apprenticeship Program Selection Committee will make decisions and inform all selected candidates. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant's responsibility to acknowledge acceptance to confirm their space in the program.

Program Costs

TUITION:

Tuition for the MA Training Program is \$6,500.00. *There is no tuition paid by students for the Medical Assistant program as participants are hired as Dartmouth Health employees at the onset of the training program.*

Please see the Withdrawal and Refund Policies for additional information about eligible tuition refunds and applicable fees.

TEXT BOOKS:

Text books are supplied by the program at no cost to students. Students may also choose to purchase additional learning materials during the program to supplement textbooks and any course material.

PERSONAL SUPPLIES:

Trainees are responsible for purchasing any personal supplies needed for the program, including but not limited to:

- **Footwear:** closed-toe and heel shoes
- **Black Scrub Pants**

Professional Expectations

ATTENDANCE POLICY:

The Medical Assistant Apprenticeship Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the Program. Trainees are expected to be present and ready to work for all scheduled work shifts/classes/practicum/clinicals, reporting to work on time and to remain at work until the end of their scheduled shift. Such dependability is an essential function of all jobs within DH.

Trainees are required to follow the attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected and a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences of three days (either excused or unexcused) within the 12-week training program are grounds for dismissal. Such determinations will be made on a case-by-case basis.
- Tardiness shall be defined as arriving after class arrival time or leaving class early. Two tardy episodes are equivalent to one absence. If a student is more than 30 minutes late, it is considered an absence. Three absences are grounds for dismissal.
- Should there be an emergency that causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. Based on

policy, the instructor will then decide if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the DHCI Leadership for further action.

- If a trainee is absent for any reason, they must call/text/email the instructor and/or Program Leader to report the absence before the start of class. Failure to call in on a class/practicum day will result in an unexcused absence.

DRESS CODE & PERSONAL HYGIENE:

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our appearance, in addition to our conduct, is something that we take seriously. We also seek to respect the diversity and authenticity of our workforce. For these reasons, the DHCI requires that employees come to work every day in attire that is appropriate for a professional healthcare environment. These appearance guidelines apply to remote employees when participating in virtual meetings.

Unless working remotely, employees must visibly wear their Dartmouth Hitchcock Photo ID badge (identification badge) above waist level.

Employees' clothing must be neat, clean, free from odors, in good condition, fit properly and be appropriate for professional healthcare or business environments. Jewelry must be worn in a way that prevents contamination and does not present a safety hazard. Certain areas may require special dress standards or a uniform, and in those areas, those guidelines for that area must be followed. All employees must be well-groomed and free of fragrance or offending body odor.

Hair, beards, or mustaches should be clean and neat. Hair should be pulled back or restrained as appropriate to ensure safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.

DHCI also requires that all employees take care of their attire so as to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using department-specific procedures, if applicable. White coats are optional and must be washed at a minimum every seven days, or when visibly soiled, with hot water and preferably by the hospital laundry or laundry service designated by your department, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

DHCI permits employees to display tattoos and other body art at work that do not pose a conflict with the employee's job or work environment. Tattoos containing profanity, nudity, or potentially offensive wording or graphics, or which can create such an impression, as determined by DHCI, are not permitted. Dartmouth-Hitchcock management retains discretion to determine whether an employee's appearance is in keeping with the intent of this policy.

DHCI will reasonably accommodate employees with religious beliefs that may make it difficult for the employee to comply fully with this policy unless the accommodation creates an undue hardship. Employees seeking an accommodation for religious beliefs should refer to the Religious Accommodation Request Policy.

If a trainee comes to class or their practicum site not dressed in appropriate attire the trainee may be required to clock out and sent home to change. If the trainee misses any course assignments, exams or time, the trainee may be required to make these up.

**Given the wide range of trainee's responsibilities and work situations, departments may adopt dress policies in accordance with department demands, safety and/or infection control requirements or to fulfill other specialized obligations that might arise for employees representing to the broader public. Employees are responsible for following any department-specific policies.*

Academic Requirements

DIDACTIC AND CLINICAL SKILLS: GRADING POLICY

The didactic, or classroom, component of the course is graded based on a numerical percent. For the clinical portion of courses, a skills competency evaluation is used to sign off on successful completion (demonstrative, written, or oral) of the trainee's clinical skills.

The Medical Assistant Program has adopted the following grading policy guidelines:

Clinical Skills:

Clinical skills competency evaluation will take place in final weeks of the training program and be on a pass/ fail basis. Each trainee must pass each clinical skill to pass the program.

Grades for courses will be determined using the following numerical scale:

- 100 – 75 Passing
- 74 – 0 Failing

(Failing: trainee may not progress without repeating course)

Trainees must achieve a final grade of 75% or better to be successful in each individual course to complete the program. Suggested grade minimum in the Medical Assisting Course and Lab is 85%.

Trainee Performance Evaluation

During the training program there is considerable communication needed between the instructor, Program Leader and trainees. Trainees will be scheduled to meet one-on-one with the Program Leader regularly throughout the program to review program performance and discuss professional development topics. Trainees who are having difficulties in the classroom or practicum setting may be required to meet with the Program Leader more often. During the 12-week training program and the 2,000-hour registered apprenticeship, trainees/apprentices are evaluated on the following competencies.

Professional Competencies

Category	Competency
Communication	Communicates professionally using appropriate language and tone
Professionalism	Earns others' trust and respect through consistent honesty and professionalism in all interactions
Initiative	Cooperates with and assists others
Flexibility/ Adaptability	Adapts to changing conditions or situations while maintaining safety and quality

Initiative	Demonstrates good judgment and knows when to ask for help or clarification
Professionalism	Demonstrates respect for others
Professionalism	Maintains a positive attitude
Professionalism	Accepts and applies constructive feedback
Professionalism	Demonstrates ability to be present and focused by not allowing personal life to distract from duties and expectations
Initiative	Follows instructions/directions
Initiative	Focus in team discussions/meetings
Initiative	Focus during independent work
Safety	Adheres to policies/rules/regulations and safety standards
Professionalism	Adheres to dress code standards
Timeliness	Maintains an acceptable attendance record, reports on time fully prepared and remain engaged and present throughout scheduled duties

Medical Assistant Apprenticeship Program Curriculum

Course Titles	Didactic	Supervised Lab	Internship	Total Instructional Clock Hours
ALH101 Medical Terminology	45			45
ALH102 Intro to Anatomy & Physiology	45			45
ALH103 Pathophysiology	45			45
ALH106 Foundations of Pharmacology	45			45
ALH105 Communication for the Healthcare Professional	30			30
MA101 Clinical Medical Assisting Practices	60			60
MA101L Clinical Medical Assisting Practices Lab	30	30		60
MA201 Clinical Medical Assisting Practicum	45	26	45	116
Total	345	56	45	446

Ophthalmic Assistant Training Program

Program Overview and Class Schedule

PROGRAM OVERVIEW:

The Ophthalmic Assistant (OA) training program is designed to give students the knowledge and skills they need to embark upon a career in Ophthalmology. An OA works alongside eye doctors, i.e. ophthalmologists or optometrists, to provide patient care. OAs ensure providers have accurate and complete information that helps them diagnose and treat patients. Successful OAs are detail-oriented, have strong communication skills, and are committed to providing exceptional patient care.

The OA program is an on-the-job training program which includes classroom instruction, skills training and professional development. Graduates are eligible and expected to sit for the JCAHPO Certified Ophthalmic Assistant Exam (COA), the certifying body of allied health professionals in ophthalmology, within their first year of work. This training opens an advanced career pathway and opportunities to pursue additional trainings as a Certified Ophthalmic Technician (COT) or Certified Ophthalmic Medical Technician (COMT), among others.

HOURS OF OPERATION AND SCHEDULE:

Though times may vary, classroom hours will typically be Monday through Friday from 07:30am – 04:30pm. The instructor is available to the students when they are in the classroom and as needed after hours.

Application Process and Admission Requirements

The application process includes:

1. Application package:

- A completed program application
- Resume
- Cover letter that outlines why you are interested in the Ophthalmic Assistant Training Program and how it aligns with your future career goals

2. Participation in aptitude assessment & structured interview process

3. Pre-Requisites:

- Applicants must be 18 years or older on or before start date of class
- High school diploma, HiSET or GED (Graduate Equivalence)

The OA Training Program Selection Committee will make decisions and inform all selected candidates. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant's responsibility to acknowledge acceptance to confirm the spot.

Program Costs

TUITION:

Tuition for the OA Training Program is \$3,500.00. *There is no tuition paid by students hired by Dartmouth Health at the onset of the program.*

Please see the *Withdrawal and Refund Policies* for additional information about eligible tuition refunds and applicable fees.

TEXT BOOKS:

Text books are supplied by the program at no cost to students. Students may also choose to purchase additional learning materials during the program to supplement text books and any course material.

PERSONAL SUPPLIES:

Trainees are responsible for purchasing any personal supplies needed for the program.

Professional Expectations

ATTENDANCE POLICY:

The OA Training Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the program. Trainees are expected to be present and ready to work for all scheduled work shifts/classes/practicum/clinicals, reporting to work on time and to remain at work until the end of their scheduled shift. Such dependability is an essential function of all jobs within DH.

Trainees are required to follow the attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected and a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences in excess of three days within the training program may cause the trainee to be dismissed from the program. Such determinations will be made on a case-by-case basis.
- Tardiness shall be defined as being late seven minutes returning late from breaks or leaving early. Two tardy episodes are equivalent to one absence. If a trainee is more than 30 minutes late, it is considered an absence.
- In an emergency, which causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. The instructor will then decide, based on policy, if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the DHCI Leadership for further action which may include dismissal.
- If a trainee is absent for any reason, they must call the instructor to report the absence prior to the class start. Failure to call in on a class/practicum day will result in an unexcused absence.

DRESS CODE & PERSONAL HYGIENE:

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our appearance, in addition to our conduct, is something that we take seriously. We also seek to respect the diversity and authenticity of our workforce. For these reasons, the DHCI requires that employees come to work every day in attire that is appropriate for a professional healthcare environment. These appearance guidelines apply to remote employees when participating in virtual meetings.

Unless working remotely, employees must visibly wear their Dartmouth Hitchcock Photo ID badge (identification badge) above waist level.

Employees' clothing must be neat, clean, free from odors, in good condition, fit properly and be appropriate for professional healthcare or business environments. Jewelry must be worn in a way that prevents contamination and does not present a safety hazard. Certain areas may require special dress standards or a uniform, and in those areas, those guidelines for that area must be followed. All employees must be well-groomed and free of fragrance or offending body odor.

Hair, beards, or mustaches should be clean and neat. Hair should be pulled back or restrained as appropriate to ensure safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.

DHCI also requires that all employees take care of their attire so as to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using department-specific procedures, if applicable. White coats are optional and must be washed at a minimum every seven days, or when visibly soiled, with hot water and preferably by the hospital laundry or laundry service designated by your department, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

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DHCI will reasonably accommodate employees with religious beliefs that may make it difficult for the employee to comply fully with this policy unless the accommodation creates an undue hardship. Employees seeking an accommodation for religious beliefs should refer to the Religious Accommodation Request Policy.

If a trainee comes to class or their practicum site not dressed in appropriate attire the trainee may be required to clock out and sent home to change. If the trainee misses any course assignments, exams or time, the trainee may be required to make these up.

**Given the wide range of trainee's responsibilities and work situations, departments may adopt dress policies in accordance with department demands, safety and/or infection control requirements or to*

fulfill other specialized obligations that might arise for employees representing to the broader public. Employees are responsible for following any department-specific policies.

Academic Requirements

DIDACTIC AND CLINICAL SKILLS: GRADING POLICY

The didactic, or classroom, component of the course is graded based on a letter grade. For the clinical skills component of courses, trainees will be signed off on successful completion of skills via check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if skills are not mastered during clinical hours. The clinical skills component is graded based on a practical exam. The clinical skills score is then averaged in with the final course grade for the class.

The DH Ophthalmic Assistant Program has adopted the following grading policy guidelines:

Clinical Skills Practical:

Clinical skills practical exam will take place during finals week and be on a pass/ fail basis. The pass rate for the clinical skills practical exam is 80%. Student must pass the five core skills components of the practical exam.

Didactic:

Grades for courses will be determined using the following numerical scale:

- 100 – 92 A
- 91 – 83 B
- 82 – 75 C
- 74 – 65 D
- 64 – 0 F

(Failing: trainee may not progress without repeating course)

Trainees will be graded according to their performance in final exam.

- Final Written Exam 50%
- Final Practical Exam 50%
100%

Trainees must make a final grade of 80% or better to be successful in this course to complete the program.

Trainee Performance Evaluations

During the training program there is considerable communication needed between the instructor, Program Leader and trainees. Trainees will be scheduled to meet one-on-one with the Program Leader regularly throughout the program to review program performance and discuss personal professional development topics. During the 17-week program, trainees who are having difficulties in the classroom or practicum setting may be required to meet with the Program Leader more often.

Category	Competency
Communication	Communicates professionally using appropriate language and tone
Professionalism	Earns others' trust and respect through consistent honesty and professionalism in all interactions
Initiative	Cooperates with and assists others
Flexibility/ Adaptability	Adapts to changing conditions or situations while maintaining safety and quality
Initiative	Demonstrates good judgment and knows when to ask for help or clarification
Professionalism	Demonstrates respect for others
Professionalism	Maintains a positive attitude
Professionalism	Accepts and applies constructive feedback
Professionalism	Demonstrates ability to be present and focused by not allowing personal life to distract from duties and expectations
Initiative	Follows instructions/directions
Initiative	Focus in team discussions/meetings
Initiative	Focus during independent work
Safety	Adheres to policies/rules/regulations and safety standards
Professionalism	Adheres to dress code standards
Timeliness	Maintains an acceptable attendance record, reports on time fully prepared and remain engaged and present throughout scheduled duties

Ophthalmic Assistant Training Program Curriculum

Method of Instruction	Topics:
Classroom Instruction & Skills Training	⇒ Working in Ophthalmology: • Role of Ophthalmologic Assistant • Certification Required • Job expectations ⇒ Overview of the Ophthalmic Exam: • Needs of provider • Time allotment • Priority of tasks • Types of exams • Special testing • Testing components of exam • Navigating patient encounters ⇒ Anatomy and physiology of the eye and related body systems ⇒ Take medical history ⇒ Basic eye testing and measuring ⇒ Diagnostic test procedures and equipment operation

	⇒ Ophthalmic and surgical equipment maintenance ⇒ Ophthalmic Surgeries by subspecialty, including minor surgery and laser surgery ⇒ Optics, Retinoscopy and Refraction ⇒ Systemic Diseases and the Eye ⇒ Electronic Medical Record training ⇒ ALH105 Communication for the Healthcare Professional
Practicum	⇒ Overview of all clinic equipment and the contents of exam rooms ⇒ Keratometry ⇒ Slitlamp ⇒ Applanation Tonometry ⇒ Humphrey Visual Field ⇒ Observation of Photography, B-scan and Optical Coherence Tomography ⇒ Special Testing: ⇒ Brightness Acuity Testing, Potential Acuity Meter, color, w4D, Schirmer's, Maddox Rod, Stereo, Teller Cards ⇒ Observation of A-scan ⇒ Daily practice of all skills, experience in all sub-specialties ⇒ Perform exams on their own with mentorship of a senior tech

Pharmacy Technician Apprenticeship Program

Program Overview and Class Schedule

PROGRAM OVERVIEW

Pharmacy Technicians (PTs) work collaboratively with Pharmacists, Nurses, Doctors, insurers, and other members to support a positive patient experience. The Pharmacy Technician Apprenticeship Program is composed of two components: an initial nine-week educational program (“training program”), followed by a 2,000-hour registered apprenticeship (“apprenticeship”). At the end of the 10-week training program trainees will sit for the Pharmacy Technician Certification Board (PTCB) exam and upon passing will earn their Certified Pharmacy Technician (CPhT) credential.

This full-time hands-on training program includes both remote classroom and pharmacy training. Courses offered include Medical Terminology, Communications for the Healthcare Professional, Pharmacology, and Pharmacy Tech Practices with Lab, Pharmacy Calculations, and Pharmacy Practicum.

HOURS OF OPERATION AND SCHEDULE

Though times may vary, classroom hours will be Monday through Friday from 8:00am – 4:30pm. The instructor and Program Leader are available to the students when they are in the classroom and as needed after hours. Trainees will be provided with their practicum schedule during in the first week of class. Schedule and expectations for classroom, remote, and practicum days will be communicated by the instructor.

Application Process and Admission Requirements

All interested applicants are invited to a mandatory information session. At the conclusion of the information session any candidate who would like to continue in the selection process can sign up to complete the role specific assessment test.

The application process includes:

- 1. Information Session**
- 2. Application & Resume**
- 3. Aptitude Assessment**
- 4. Interview**

Pre-Requisites:

- Applicants must be 18 years or older on or before start of class.
- High school diploma, HiSET or GED (Graduate Equivalence)

The Pharmacy Technician Apprenticeship Program Selection Committee will make decisions and inform all selected candidates. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant’s responsibility to acknowledge acceptance to confirm the spot.

Program Costs

TUITION

Tuition for the Pharmacy Technician Training Program is \$6,500.00. There is no tuition paid by students for the Pharmacy Technician program as participants are hired as Dartmouth Health employees at the onset of the program.

TEXT BOOKS

Textbooks are supplied by the program at no cost to trainees. Trainees may also choose to purchase additional learning materials during the program to supplement textbooks and any course material.

PERSONAL SUPPLIES

Trainees are responsible for purchasing any personal supplies needed for the program.

Professional Expectations

ATTENDANCE POLICY:

The Pharmacy Technician Apprenticeship Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the Program. Trainees are expected to be present and ready to work for all scheduled work shifts/classes/practicum/clinical, reporting to work on time and to remain at work until the end of their scheduled shift. Such dependability is an essential function of all jobs within DH.

Trainees are required to follow the attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected and a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences of three days (either excused or unexcused) within the 10-week training program are grounds for dismissal. Such determinations will be made on a case-by-case basis.
- Tardiness shall be defined as arriving after class start time or leaving class early. Two tardy episodes are equivalent to one absence. If a student is more than 30 minutes late, it is considered an absence. Three absences are grounds for dismissal from the class.
- In an emergency, which causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. The instructor will then decide, based on policy, if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the DHCI Leadership for further action which could lead to dismissal.
- If a trainee is absent for any reason, they must call/text/email the instructor and/or program leader to report the absence prior to the class start. Failure to call in on a class/practicum day will result in an unexcused absence.

DRESS CODE & PERSONAL HYGIENE:

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our appearance, in addition to our conduct, is something that we take seriously. We

also seek to respect the diversity and authenticity of our workforce. For these reasons, the DHCI requires that employees come to work every day in attire that is appropriate for a professional healthcare environment. These appearance guidelines apply to remote employees when participating in virtual meetings.

Unless working remotely, employees must visibly wear their Dartmouth Hitchcock Photo ID badge (identification badge) above waist level.

Employees' clothing must be neat, clean, free from odors, in good condition, fit properly and be appropriate for professional healthcare or business environments. Jewelry must be worn in a way that prevents contamination and does not present a safety hazard. Certain areas may require special dress standards or a uniform, and in those areas, those guidelines for that area must be followed. All employees must be well-groomed and free of fragrance or offending body odor.

Hair, beards, or mustaches should be clean and neat. Hair should be pulled back or restrained as appropriate to ensure safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.

DHCI also requires that all employees take care of their attire so as to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using department-specific procedures, if applicable. White coats are optional and must be washed at a minimum every seven days, or when visibly soiled, with hot water and preferably by the hospital laundry or laundry service designated by your department, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

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DHCI will reasonably accommodate employees with religious beliefs that may make it difficult for the employee to comply fully with this policy unless the accommodation creates an undue hardship. Employees seeking an accommodation for religious beliefs should refer to the Religious Accommodation Request Policy.

If a trainee comes to class or their practicum site not dressed in appropriate attire the trainee may be required to clock out and sent home to change. If the trainee misses any course assignments, exams or time, the trainee may be required to make these up.

**Given the wide range of trainee's responsibilities and work situations, departments may adopt dress policies in accordance with department demands, safety and/or infection control requirements or to fulfill other specialized obligations that might arise for employees representing to the broader public. Employees are responsible for following any department-specific policies.*

DIDACTIC AND CLINICAL SKILLS: GRADING POLICY

The didactic, or classroom, component of the course is graded based on a numerical percent. The Pharmacy Technician Program has adopted the following grading policy guidelines:

Grades for courses will be determined using the following numerical scale:

- 100 – 75 Passing
- 74 – 0 Failing

(*Failing*: trainee may not progress without repeating course)

Trainees must achieve a final grade of 75% or better to be successful in each individual course to complete the program.

Trainee Performance Evaluations

During the training program there is considerable communication needed between the instructor, Program Leader and trainees. Each week trainees will be scheduled to meet one-on-one with the Program Leader to discuss the previous week's performance and professional development topics. During the ten-week training program and the 2,000-hour registered apprenticeship trainees/apprentices are evaluated on the following professional competencies. Trainees who are having difficulties in the classroom or practicum setting may be required to meet with the Program Leader more often.

Category	Competency
Communication	Communicates professionally using appropriate language and tone
Professionalism	Earns others' trust and respect through consistent honesty and professionalism in all interactions
Initiative	Cooperates with and assists others
Flexibility/ Adaptability	Adapts to changing conditions or situations while maintaining safety and quality
Initiative	Demonstrates good judgment and knows when to ask for help or clarification
Professionalism	Demonstrates respect for others
Professionalism	Maintains a positive attitude
Professionalism	Accepts and applies constructive feedback
Professionalism	Demonstrates ability to be present and focused by not allowing personal life to distract from duties and expectations
Initiative	Follows instructions/directions
Initiative	Focus in team discussions/meetings
Initiative	Focus during independent work
Safety	Adheres to policies/rules/regulations and safety standards
Professionalism	Adheres to dress code standards
Timeliness	Maintains an acceptable attendance record, reports on-time fully prepared and remain engaged and present throughout scheduled duties

Pharmacy Technician Apprenticeship Program Curriculum

Course Titles	Didactic	Supervised Lab	Externship	Total Instructional Clock Hours
ALH101 Medical Terminology	45	0	0	45
ALH106 Foundations Pharmacology	45	0	0	45
ALH105 Communication for the Healthcare Professional	30	0	0	30
PT101 Pharmacy Technician Practices	45	0	0	45
PT101L Pharmacy Technician Practices LAB	30	30	0	60
PT102 Pharmacy Calculations	45	0	0	45
PT201 Pharmacy Technician Practicum	45	15	106	166
Total	285	45	106	436

Phlebotomist Training Program

Program Overview and Class Schedule

PROGRAM OVERVIEW:

The Phlebotomist training program is designed to give students the knowledge and skills they need to embark upon a career in Phlebotomy. A phlebotomist draws blood from patients in an inpatient and outpatient setting and logs in samples of other bodily fluids that patients have collected at home. As the first step in the laboratory testing chain, quality phlebotomy and sample collection is essential in ensuring that medical laboratory test results are accurate and timely. Successful phlebotomists are detail-oriented, adhere tightly to established procedures, and are committed to providing compassionate care to a variety of patients.

The phlebotomist training program is 6 weeks long and the curriculum includes online classroom instruction and professional development, along with in-person practicum. Graduates are eligible to sit for the ASCP Phlebotomy Technician Exam (PBT), the major certifying body of medical laboratory professionals, after completing the training program as well as 100 unaided, successful sticks. This training program forms the basis of an established phlebotomy career ladder which auto-progresses as phlebotomists grow in skill and competency.

HOURS OF OPERATION AND SCHEDULE:

Though times may vary, Monday through Friday trainees will be in person at their location. Trainees will be working an 8-hour workday with a half-hour lunch. There will be 4-hours of didactic work time and 4 hours of practicum. Hours may vary depending on the location of hire. The program leader and educator will be available during scheduled office hours and 1:1 sessions.

CLASS SCHEDULE

The Phlebotomist Training Program is offered on demand, usually on the first General Orientation of Each Month. To enter the program, you must be hired into an open Dartmouth Health phlebotomist position; you may then be enrolled in the Phlebotomist Training Program, which will allow you to advance on the clinical ladder upon completion of the program.

Application Process and Admission Requirements

The application process includes:

- 1. Application package:**
 - A completed program application
 - Resume
 - Participation structured interview process
- 2. Pre-Requisites:**
 - High school diploma, HiSET or GED (Graduate Equivalence) before the start date of class.

The Phlebotomist Training Program Selection Committee will make decisions and inform all selected candidates. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant's responsibility to acknowledge acceptance to confirm the spot.

Program Costs

TUITION:

There is no tuition paid by students for the Phlebotomist Training program as participants are hired as Dartmouth Health employees at the onset of the program.

TEXT BOOKS:

Textbooks are supplied by the program at no cost to students. Students may also choose to purchase additional learning materials during the program to supplement textbooks and any course material.

PERSONAL SUPPLIES:

Trainees will be provided program supplies such as pens, pencils, sticky notes, and highlighters. Trainees may choose to purchase their own additional supplies as needed.

Professional Expectations

ATTENDANCE POLICY:

The Phlebotomist Training Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the Program. Trainees are expected to be present and ready to work for all scheduled work shifts/classes/practicum/clinicals, reporting to work on

time and to remain at work until the end of their scheduled shift. Such dependability is an essential function of all jobs within DH.

Trainees are required to follow the attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected and a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences of three days (either excused or unexcused) within the 6-week training program are grounds for dismissal. Such determinations will be made on a case-by-case basis.
- Tardiness shall be defined as being late seven minutes or more to class, returning from breaks, or leaving class early. Two tardy episodes are equivalent to one absence. If a trainee is more than 30 minutes late, it is considered an absence.
- In an emergency, which causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. The instructor will then decide, based on policy, if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the D-H Career Institute Leadership for further action.
- If a trainee is absent for any reason, he/she must call the instructor to report the absence prior to the class start. Failure to call in on a class/practicum day will result in an unexcused absence.

DRESS CODE & PERSONAL HYGIENE:

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our appearance, in addition to our conduct, is something that we take seriously. We also seek to respect the diversity and authenticity of our workforce. For these reasons, the DHCI requires that employees come to work every day in attire that is appropriate for a professional healthcare environment. These appearance guidelines apply to remote employees when participating in virtual meetings.

Unless working remotely, employees must visibly wear their Dartmouth Hitchcock Photo ID badge (identification badge) above waist level.

Employees' clothing must be neat, clean, free from odors, in good condition, fit properly and be appropriate for professional healthcare or business environments. Jewelry must be worn in a way that prevents contamination and does not present a safety hazard. Certain areas may require special dress standards or a uniform, and in those areas, those guidelines for that area must be followed. All employees must be well-groomed and free of fragrance or offending body odor.

Hair, beards, or mustaches should be clean and neat. Hair should be pulled back or restrained as appropriate to ensure safety in the work area by anyone who provides direct patient care, works with food, or handles sterile equipment.

DHCI also requires that all employees take care of their attire so as to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using department-specific procedures, if applicable. White coats are optional and must be washed at a minimum every seven days, or when visibly soiled, with hot water and preferably by the hospital laundry

or laundry service designated by your department, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

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**Given the wide range of trainee's responsibilities and work situations, departments may adopt dress policies in accordance with department demands, safety and/or infection control requirements or to fulfill other specialized obligations that might arise for employees representing to the broader public. Employees are responsible for following any department-specific policies.*

Academic Requirements

DIDACTIC AND PRACTICAL SKILLS: GRADING POLICY

The didactic component of the course is graded based on a letter grade. For the phlebotomy (practical) skills component of courses, trainees will be marked off on successful completion of skills on skills check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if the skill(s) is (are) not mastered during practicum hours. The phlebotomy skills component is graded based on a practical exam. The phlebotomy skills score is then averaged in with the final course grade for the class.

The DH Phlebotomist Training Program has adopted the following grading policy guidelines:

Phlebotomy Skills Practical:

The phlebotomy skills practical exam will take place during week 6 and be on a pass/ fail basis.

Didactic:

Grades for courses will be determined using the following numerical scale:

- 100 – 92 A
- 91 – 83 B
- 82 – 75 C
- 74 – 65 D
- 64 – 0 F

(Failing: trainee may not progress without repeating course)

Evaluation Methods:

- Course assignments 40%
- Quizzes & exams 35%
- Final exam 25%

Trainees must make a final grade of 75% or better in all courses to be successful in this program.

Trainee Performance Evaluations

During the training program there is considerable communication needed between the Instructor, Program Leader, and trainees. Trainees will be scheduled to meet one-on-one with the Program Leader regularly throughout the program to review program performance and discuss personal professional development topics. During the 6-week program, trainees who are having difficulties in the classroom or practicum setting may be required to meet with the Program Leader more often.

Category	Competency
Communication	Communicates professionally using appropriate language and tone (written, verbal, nonverbal)
Ethics	Earns others' trust and respect through consistent honest and ethical behavior in all interactions
Teamwork	Cooperates with, assists, and is respectful others in all interactions
Initiative	Demonstrates good judgment and knows when to ask for help or clarification
Attitude	Maintains a professional decorum using judgment of time and place
Feedback	Accepts and applies constructive feedback
Focus	Demonstrates ability to be present and focused by not allowing personal life to distract from duties and expectations (focus during class & independent work time)
Procedural	Follows instructions/directions/clinical procedures (including assignments due, dress code, classroom and practicum site policies)
Timeliness	Maintains an acceptable attendance record, reports on time fully prepared and remain engaged and present throughout scheduled duties

Phlebotomist Training Program Curriculum

Method of Instruction	Topics:
Classroom Instruction & Skills Training	• Working in Phlebotomy: • Role of the phlebotomist • Certification Required • Job expectations • The medical lab and its team • Laboratory Operations:

	• Regulations • Safety • Infection control • Professional ethics • Competency maintenance • Anatomy and physiology of the circulatory system • Sample types • Phlebotomy Equipment: • Tubes & additives • Order of the draw • Needles • Tourniquets • Lancets • Phlebotomy Process: • Patient types & settings • Patient identification • Communicating with patients • Draw site selection and preparation • Phlebotomy techniques • Complications • Specimen Processing • Assessing specimen quality • Labeling • Accessioning • Transport and storage • Equipment • Electronic Medical Record training • Laboratory Information Systems training • ALH105 Communication for the Healthcare Professional
Practicum	• Overview of clinic site and workflow • Daily practice of skills with technique reinforcement • Experience with adult and pediatric patients • Perform draws on their own with mentorship of a senior phlebotomist

Surgical Technology Program

The Surgical Technology Program is accredited by the Commission on the Accreditation of Allied Health Education Programs (CAAHEP). *More information, about CAAHEP can be found at <https://www.caahep.org>.* Trainees who successfully graduate from the program are eligible to sit for the National Board of Surgical Technology and Surgical Assisting (NBSTSA) Certification Exam.

CAAHEP
9355 – 113TH St. N., #7709
Seminole, FL 33775
P: 727.210.2350 | F: 727.210.2354 | mail@caahep.org

Mission, Program Overview and Goals

MISSION STATEMENT

The mission of the Surgical Technology Program is to provide didactic and clinical instruction that will allow trainees to perform as competent, entry-level Surgical Technologists; and to fill the need for Surgical Technologists in local and regional communities.

PROGRAM OVERVIEW

Consistent with the mission and educational values of Dartmouth Health, the Surgical Technology Program is dedicated to offering quality education in a positive, safe and supportive environment, which facilitates competent surgical technology professionals to meet the needs of the community. The Surgical Technology curriculum is based upon the core curriculum of the Association of Surgical Technology (AST) and the role of the Surgical Technologist.

The 11-month Surgical Technology Certificate Program is designed to prepare competent, entry-level Surgical Technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for career opportunities in the surgical field and includes a general education component that complements the comprehensive skills-based specialty training.

The Surgical Technologists work closely with the surgeon, anesthesiologist, nurse anesthetist, and registered nurse to deliver integral patient care before, during, and after surgery. Participants in the program will learn the proper application of sterile surgical techniques and modern operating room technology to provide optimum patient care. Classroom theory and laboratory hands-on training are supplemented with clinical experiences to make for a comprehensive curriculum of study.

Surgical Technologists, also called scrubs or surgical/operating room technicians, assist in surgical operations under the supervision of surgeons, registered nurses, or other surgical personnel. Surgical Technologists are members of operating room teams, which most commonly include surgeons, anesthesiologists, and circulating nurses. Before an operation, Surgical Technologists help prepare the operating room by setting up surgical instruments and equipment, sterile drapes, and sterile solutions. They assemble both sterile and non-sterile equipment, as well as adjust and check it to ensure it is working properly. Surgical Technologists also get patients ready for surgery by washing, shaving, and disinfecting incision sites. They transport patients to the operating room, help position them on the operating table, and cover them with sterile surgical “drapes.” Surgical Technologists also observe patients’ vital signs, check charts, and assist the surgical team with putting on sterile gowns and gloves.

During surgery, Surgical Technologists pass instruments and other sterile supplies to surgeons and surgeon assistants. They may hold retractors, cut sutures, and help count sponges, needles, supplies, and instruments. Surgical Technologists help prepare, care for, and dispose of specimens taken for laboratory analysis and help apply dressings. Some operate sterilizers, lights, or suction machines, and help operate diagnostic equipment.

Surgical Technology is a helping and caring profession which provides specific services to patients who have individual needs and who are worthy of respect at all times. Education is a continual process that leads to the development of an individual to their fullest potential. The educational process is a combination of shared responsibility between the learner and the educator. Each trainee must develop the ability to make independent judgments within the limits of their responsibilities and scope of practice. The program’s curriculum must also keep abreast of current concepts and practices within the

standards of the profession. The Surgical Technology Program will focus on professionalism and quality patient care.

CONCEPTUAL FRAMEWORK

The Associate's Degree program in Surgical Technology is designed to provide the student with the knowledge, clinical skills, psychological and sociological values necessary for the entry-level Surgical Technologists to utilize and apply. The curriculum design is based on the core curriculum in which major concepts of Surgical Technology form the foundation. Clarity is given to the major concept through sub-concepts as they relate to the practice of surgical technology and are integrated throughout the curriculum and include: assessment, reactive intervention, communication skills, critical thinking, and professionalism.

PROGRAM GOALS AND OBJECTIVES

Upon completion of the program, the trainee should be able to:

- Integrate the surgical technology knowledge base in cognitive, affective, and psychomotor domains; demonstrate skills following established criteria, protocols, and objectives in the cognitive, affective and psychomotor domains
- Function safely, effectively, and efficiently and exhibit ethical behavior in a Surgical Technologist role
- Apply basic scientific principles related to anatomy, physiology, and pathophysiology for safe transfer, positioning, prepping, and draping of surgical patients
- Describe actions and uses of anesthetic and pharmacological agents in the care of surgical patients
- Apply knowledge of interpersonal skills and communications relative to procedures and protocols from a Surgical Technologist's perspective when working with patients, patients' significant others, colleagues, and other members of a healthcare team, as well as other members of the community
- Apply principles of asepsis in an operating room setting
- Demonstrate appropriate use and care of basic and specialty instruments and supplies
- Describe the essential working aspects of a successful Surgical Technologist
- Recognize the importance of confidentiality when dealing with surgical patients
- Develop a familiarity with commonly used surgical instruments and define instruments used for various procedures
- Analyze and adapt to the ever-changing operating room environment
- Analyze the departure from classroom theory to on-the-job training in the operating room
- Perform practical proficiency in the surgical arena with an understanding of the basic procedures involved with surgical operations
- Demonstrate the ability to perform in a healthcare environment meeting OSHA specifications
- Articulate effective communication and decision-making skills for successful performance in the surgical environment
- Respond with the knowledge of personal and medical ethics in the surgical arena
- Apply, establish and maintain high standards of aseptic technique
- Apply surgical technology functions within the healthcare arena by providing clinical and administrative skills in a surgical setting
- Compose and coordinate a successful job search

FACULTY GOALS

- To prepare trainees to function safely, effectively, and efficiently as Surgical Technologists, and to exhibit ethical behavior
- To instill in trainees the concept of personal responsibility and accountability for their actions in the operating room while functioning as a part of the healthcare team (*Affective*)
- To instruct trainees and refine their practice in the necessary manipulative skills that will enable them to function as Surgical Technologists (*Psychomotor*)
- To provide trainees with a foundation of basic science and various subject matters unique to the operating room to allow them to utilize critical thinking skills in variable circumstances (*Cognitive*)

The program is designed to accept a maximum of ten trainees per year, with one start per year. In a two-year timeframe, there could be a maximum of one class with a total of 10 trainees who would be enrolled in various stages in the program.

Hours of Operation and Schedule

Though times may vary, classroom hours will be Monday through Friday from 08:00 am – 04:30 pm. The Program Director and Clinical Coordinator(s) are available to the students when they are in the classroom, and specific hours will be posted each quarter outside of classroom time.

When students are participating in clinical training, the hours are 6:30 am – 3:30 pm with the expectation that the students are there to prepare for the day. If a case runs over the expected end time the student may choose to stay and complete the case; the Clinical Coordinator(s) must be notified that a student is staying beyond hours.

Application Process and Admission Requirements

Certified Surgical Technologists (CSTs) are required to hold an associate degree. We have partnered with Colby-Sawyer College (CSC) to deliver a two year program through which candidates earn their Associate of Science in Health Science. The first year is spent with CSC, completing liberal education and health sciences classes. The second year is with the Dartmouth Health Career Institute (DHCI), participating in additional classes, labs and hands-on clinical training. Candidates who currently hold an associate degree and the appropriate prerequisites can complete their training in one year through the DHCI. Program graduates sit for the National Board of Surgical Technology and Surgical Assisting (NBSTSA) exam to earn their Certified Surgical Technologist (CST) credential and then enter a 2,000-hour Department of Labor Registered Apprenticeship.

The application process takes place year-round for matriculation in September. Applicants will be notified via email that their application packet was received and if it was completed as required. Completed applications must be sent to the Surgical Technology Program: cst.training@hitchcock.org

The application process includes:

1. Application package:

- Current resume or Curriculum Vitae
- Statement of Interest, minimum of 500 words
- Two Letters of reference (at least one must be professional, current or previous manager is strongly encouraged)

- Official High School and College transcripts
- 2. Participation in aptitude assessment & structured interview process**
- 3. Pre-Requisites:**
- Applicants must be 18 years or older on or before the start date of class. High school diploma, HiSET or GED (Graduate Equivalence)
 - College-level Anatomy & Physiology with a passing grade of C or higher
 - College-level Medical Terminology with a passing grade of C or higher
 - Basic Life Support Certification

The Surgical Technology Program Selection Committee will make decisions and admit up to twelve individuals per year. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant's responsibility to acknowledge acceptance to confirm the spot.

Additional Pre-Admission Requirements:

Prior to matriculation, students who have been accepted to the Surgical Technology Program must complete some additional steps, including:

- Successful fulfillment of pre-requisites listed above
- Proof of Health Insurance
- Registered with the New Hampshire Medical Technician Board
- Six hours of shadowing at the Dartmouth Hitchcock Medical Center Main Operating Room or within the Dartmouth Health System
- Complete the internal Pre-Employment/Person of Interest screening, which includes a criminal background check and clearance by Occupational Medicine for physical fitness for duty and required immunizations

Note: Current Dartmouth Health employees who are selected for sponsorship in a paid training role must have completed their annual attestation from the date of hire and, submit a transfer form to Occupational Medicine for clearance of physical fitness for duty and required immunizations and be cleared prior to the start of the program.

Program Costs

TUITION

Tuition for the 11-month Surgical Technology Program is \$8,000.00. Please see the Withdrawal and Refund Policies for additional information about eligible tuition refunds and applicable fees.

TEXT BOOKS

Below are the required learning materials for the Surgical Technologist Training Program. Students may also choose to purchase additional learning materials during the program to supplement textbooks and any course material.

Financial support may be available to assist in the cost of textbooks and learning materials.

Book Name	Approx. Pricing
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Cengage	
Cengage Unlimited-MindTap (includes online access to the following four Cengage Texts)	\$199.00
Fundamentals of A&P 4th Edition by Donald C. Rizzo	\$127.00
Surgical Technology for the Surgical Technologist 6 th Edition	\$110.00
Medical Terminology for Health Professions 9 th Edition	\$140.00
Microbiology for the Surgical Technologists 3 rd edition by Rodriquez **	\$91.00
Elsevier/Evolve (Not Available on Cengage)	
Pharmacology for Surgical Technologist 6th Edition	\$70.00
Other: (Note: many of the books below can purchased used on Amazon)	
<i>Pocket Guide to the Operating Room ISBN 978-0-8036-1226-6 ** (Optional- classroom copies available)</i>	\$45.00
Pearson's Surgical Technology Exam Review ISBN 978-0-13-500048-9	\$90.00
<i>Surgical Mayo Setups ISBN 978-1-111-13818-9 (Optional- classroom copies available)</i>	\$113.00
Surgical Instrumentation an Interactive Approach by Renee Nemitz ISBN 9781-4557-0719	\$72.00
Total Book Costs	\$1,058.00

** Pocket Guide to the Operating Room, Microbiology for the Surgical Tech, and will not be required text until 2nd quarter, January. Pharmacology for the Surgical Technologist 4th edition will not be required text until the 3rd quarter, March.

PERSONAL SUPPLIES

Trainees are responsible for purchasing any personal supplies needed for the program, including but not limited to:

- **Footwear:** only plain closed-toe and heel shoes and socks or hose are required. The cost can vary per personal preference.
- **One Program vest:** ordered through the Program Director with an estimated cost of \$70.
- **Black Scrub Pants:** estimated cost of \$20-50.
- **Classroom Supplies:** including items such as notebooks, pens/highlighters/markers, note/flash cards, etc. These costs vary per personal preference, with an estimated range of \$25-\$100.
- **Laptop Computer:** cost varies per personal preference.

Expected Professional & Technical Standards of the Surgical Technologist

CODE OF ETHICS

The Association of Surgical Technologists Code of Ethics is:

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence with respect to the patient's beliefs, and 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.

The Association of Surgical Technologists (AST) is the professional organization nationally recognized by practicing surgical technologists in the United States. More information about the profession of surgical technology and the AST can be found at: <http://www.ast.org/>

Association of Surgical Technologists
6 West Dry Creek Circle
Littleton, CO 80120
Phone
(800) 637-7433
(303) 694-9130
(303) 694-9169 Fax

NO FOOD OR BEVERAGES IN LAB POLICY

The Surgical Technologist program wants the educational process for the trainee to be a quality process, which means that the lab needs to be as distraction-free as possible. Therefore, the program follows the Operating Room policies **NO FOOD OR BEVERAGES IN THE LAB POLICY**.

- The trainee **cannot** bring food or beverages (including water) into the lab.
- If a trainee does bring food or beverages into the lab, the trainee will be told to remove it immediately. Subsequent incidents could result in administrative action (i.e., behavior warning, behavior probation, and program dismissal).

EXPECTED BEHAVIOR AND STANDARDS

Surgical Technology is a practice of discipline with cognitive, sensory, affective, and psychomotor performance requirements. Patient safety is dependent on the trainee's ability to meet the following Behavioral and Technical Standards. These standards are a part of each course in the training program.

Standards	Behaviors
Critical Thinking	• Coping ability sufficient for clinical judgment • Identify cause-effect relationships in clinical situations • Display good coping mechanisms • Ability to make fast decisions in stressful situations in a professional manner

Interpersonal Skills	• Sufficient to interact with individuals and groups from a variety of social, emotional, cultural, and intellectual backgrounds • Establish rapport with patients and colleagues • Consider the patient as a person and not a procedure
Communication	• Abilities sufficient for interaction with others in verbal and written form • Explain procedures to colleagues • Initiate surgeon preferences
Mobility	• Sufficient to move from room to room and within the operating room to be able to lift heavy objects • Stand at operating room table during a case • Move around in the operating room with ease
Gross and Fine Motor Skills	• Sufficient to provide safe and effective care • Position patients • Pass surgical instruments • Use equipment
Auditory Ability	• Sufficient to assess needs • Hear emergency alarms • Accurately hear instructions in a noisy environment • Sufficient hearing and vision to see and hear patient signs and symptoms, see needles and sutures and hear softly spoken words
Visual Ability	• Sufficient for observation and assessment necessary to maintain a surgical field • Differentiate colors on the surgical field
Manipulative / Tactile skills	• Sufficient to feel for assessment of task being performed • Turn dials • Press keyboard • Operate special equipment • Feel temperature changes • Handle small sutures • Strong eye-hand coordination
Strength / Stamina	• Sufficient to provide patient care and related responsibilities for extended periods of time • Adapt to shift (8-12 hours) • Lift without restriction from a standing position • Stand for long periods of time • Administer cardiopulmonary resuscitation • Ability to perform physical work (lifting, standing, walking) • Tolerance to cold conditions • Tolerance of body odors during surgery
Conscientious	• Not sacrificing principles of self-accountability • A surgical conscience is the awareness of the importance of applying knowledge to ensure quality in practice
Ethical	• Utilize ethical principles, moral values, and professional codes as a basis for making decisions and solving problems

REQUIRED PHYSICAL SKILLS OF A SURGICAL TECHNOLOGY STUDENT

Due to the physical demands and potential hazards associated with the program, trainees are encouraged to discuss any health-related concerns or changes with their medical provider regarding program participation.

- Able to stand, bend, stoop, and/or sit for long periods of time in one location with minimum breaks
- Able to lift a minimum of 25 pounds
- Able to refrain from nourishment/restroom breaks for periods up to 6 hours
- Demonstrate sufficient ability to load fine (11-0) suture onto needles and needle holders with/without corrective lenses and while wearing safety glasses.
- Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment
- Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet
- Hear activation/warning signals on equipment
- Able to detect odors sufficient to maintain environmental safety and patient needs
- Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination
- Ambulate/move around without assistive devices
- Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices
- Communicate and understand fluent English both verbally and in writing
- To be free of reportable communicable diseases and chemical abuse
- Able to demonstrate immunity (natural or artificial) to Rubella, Rubeola, Tuberculosis, and Hepatitis B, H1N1, COVID, Influenza, or be vaccinated against these diseases, or willing to sign a waiver of release of liability regarding these diseases
- Possess short and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills intraoperatively
- Able to make appropriate judgment decisions
- Demonstrate the use of positive coping skills under stress
- Able to maintain personal health and personal hygiene in accordance with the established guidelines of the healthcare institutions assigned
- Demonstrate calm and effective responses especially in emergency situations
- Exhibit positive interpersonal skills during patient, staff, and faculty interactions

EXPOSURE INCIDENT DEFINITION AND REPORTING

Occupational Exposure is defined as a reasonably anticipated skin, eye, mucous membrane, or parenteral contact (i.e., needle stick) with blood or other potentially infectious materials that may result from the performance of an employee's/trainee's duties.

Should an exposure incident occur in the classroom or during a trainee's clinical, the trainee should follow the Bloodborne Pathogen Exposure Procedure (Procedure ID: 2320) or the required process at an affiliated clinical site.

Trainees in clinical will also be required to report the incident to the Program Director and/or Instructor.

EXPOSURE TO BLOOD BORNE PATHOGENS & COMMUNICABLE DISEASES

The Surgical Technology Program has developed a policy to limit the trainee's occupational exposure to blood and other potentially infectious materials to minimize the risk of the transmission of blood borne pathogens or communicable diseases.

Training: Basic information regarding blood-borne pathogens and universal precautions will be provided to all trainees in the Surgical Technology Program

Universal Precautions to prevent the acquisition of infection by the trainee:

- Hands must be washed between every direct patient contact
- Non-sterile gloves must be used if contact with blood, body fluids, secretions or excretions are anticipated
- Gloves must be changed between patients
- Gown and facial protection must be worn when doing procedures which may cause splatter & aerosolization of body fluids
- Disposable needles & syringes should be placed in rigid puncture-resistant containers. To prevent needle stick injuries, needles should not be recapped, bent, or broken before disposal
- In all cases, safety needles should be used

Didactic training in the classroom or at a clinical site necessitates the use of real patients and real patient specimens, which could result in occupational exposure to blood and other potentially infectious materials. That exposure could result in the transmission of blood-borne pathogens or communicable diseases. Exposure-associated tasks for Surgical Technologist trainees include:

- Surgical procedures
- Patient hygiene/elimination
- Environmental/equipment cleaning
- Specimen collection
- Specimen transport
- Waste/linens management

HEPATITIS B IMMUNIZATION POLICY

Hepatitis B Information

Hepatitis B is a serious disease caused by a virus that attacks the liver. The hepatitis B virus may cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Workers who have direct contact with human or primate blood and blood products are at risk for exposure to hepatitis B virus.

Hepatitis B Vaccine

Hepatitis B vaccine provides immunization against all hepatitis B, but not against hepatitis A or C. The vaccine utilizes the non-infectious portion of the B virus and is produced in yeast cells. It is produced without the use of human blood or blood products.

A full course of immunization requires 3 doses of the vaccine to be given at specific intervals, or 2 dose Heplisav-B series, over a 6-month period. Most healthy people who receive the full course will develop a protective antibody against hepatitis B virus. The duration of protection of hepatitis B vaccine is unknown at this time. However post-vaccination antibody testing can detect this and one additional series of hepatitis B vaccination can sometimes generate immunity.

Due to the potential occupational exposure to blood or other potentially infectious materials trainees may be at risk of acquiring a hepatitis B virus (HBV) infection. Trainees need either documentation of having received a 3-dose HepB series or 2-dose Heplisav-B series and documentation of a positive HepBsAB (a titer). OR documentation of a signed declination form.

For more information, please see the Influenza and Other Immunization Requirements and Exemption Policy - Employees, Covered Individuals (Policy ID: 174).

ATTENDANCE POLICY:

The Surgical Technology Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the program. Trainees must be in attendance in class to learn. The Trainee is required to follow the Surgical Technology Program's attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected. Satisfactory attendance is considered to be a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences of three days per quarter, for any subject, may cause the trainee to be withdrawn from that course. Such determinations will be made on an individual, case-by-case basis. Excessive absences will also result in the following administrative actions: academic warning, probation, removal of placement privileges, or trainee suspension or expulsion.
- Tardiness shall be defined as arriving after class start time or leaving class early. Two tardy episodes are equivalent to one absence. If a student is more than 30 minutes late, it is considered an absence. Three absences are grounds for dismissal from the class.
- Trainees in Clinical courses must attend all clinical hours. Any trainee absent from clinical training may be allowed to make up the missed hours only at the discretion of the Program and/or clinical site. Failure to complete all necessary clinical hours could result in a failing grade for the Clinical course.
- In an emergency, which causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. The instructor will then decide, based on policy, if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the administration for further action.
- If a trainee is absent for any reason, he/she must call the instructor to report the absence prior to the class start. If the absence occurs on a clinical day, the trainee is to notify the program director and/or instructor prior to the clinical rotation. Failure to call in on a class/clinical day will result in an unexcused absence. An absence from a clinical day will only be considered excused if the trainee can provide verifiable documentation.

CLINICAL ATTENDANCE POLICY:

Clinical experience is critical to the educational success of the surgical technology student. In order to be eligible to graduate, a student must have completed a minimum of 120 surgical cases. Being absent, or leaving clinical early can only detract from the student's education and make it more difficult to achieve the required number of cases.

In the clinical courses, a student is allowed one absence for that particular semester's clinical course. A student who has more than one unexcused absence will lose five points off their total clinical grade (>1 unexcused absence = 5 points off for each absence). A student may have an excused absence, but only after obtaining program director and/or instructor permission in writing. Students who are absent or tardy due to unforeseen circumstances will be handled on a case-by-case basis by the course faculty and the Program Director. A student with two or more excused absences will lose five points off their final grade for each occurrence and have a clinical academic warning due to risk of failure. It is the responsibility of the student to call the clinical facility if they are going to be absent. **Failure to notify the facility prior to 6:30 am will be a no-call no-show and will result in five points off the students' final grade per occurrence.**

Being late for clinical is unprofessional and places an undue burden on the clinical site. For the surgical technology program, tardiness is defined as arriving after the start time (6:30am). Being 30 minutes late counts as an absence. For the program, two late episodes count as one unexcused absence (two tardies = one unexcused absence). **The student must notify their assigned clinical area that they will be late. Failure to do so will result in a loss of five points from their final clinical grade for each occurrence.**

Leaving clinical early for any reason jeopardizes being successful. Any student requiring an excused early dismissal must submit a written request and obtain permission from clinical faculty at least two days prior.

A student who requests an early dismissal for a not-excused reason (sudden illness, personal appointment, etc.) must notify the charge nurse at the assigned clinical facility immediately and call the clinical instructor to inform them of the emergency. You must speak directly to the director and/or instructor.

In the event of excessive absences, each absence will carry a five-point overall course grade deduction. Three or more absences from clinical may result in immediate dismissal from clinical and an F for the class.

DRESS CODE & PERSONAL HYGIENE:

The personal appearance of Surgical Technology trainees affects the image that is projected to patients, staff members, and others. The Surgical Technology Program believes that it is very important to present oneself in a way that promotes a positive image of the Surgical Technology Program and the Perioperative Services Department. The Surgical Technology Program has developed a trainee dress code that will help the trainee develop a professional look and demeanor. Trainees are expected to follow the dress code policy during all classroom, laboratory, and clinical components of the program.

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our appearance, in addition to our conduct, is something that we take seriously. We also seek to respect the diversity and authenticity of our workforce. For these reasons, the DHCI requires that employees come to work every day in attire that is appropriate for a professional

healthcare environment. These appearance guidelines apply to remote employees when participating in virtual meetings.

Dartmouth Hitchcock also requires that all employees take care of their attire so as to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using department-specific procedures, if applicable. White coats are optional and must be washed at a minimum every seven days, or when visibly soiled, with hot water and preferably by the hospital laundry or laundry service designated by your department, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

DHCI permits employees to display tattoos and other body art at work that do not pose a conflict with the employee's job or work environment. Tattoos containing profanity, nudity, or potentially offensive wording or graphics, or which can create such an impression, as determined by DHCI, are not be permitted. Dartmouth-Hitchcock management retains discretion to determine whether an employee's appearance is in keeping with the intent of this policy.

DHCI will reasonably accommodate employees with religious beliefs that may make it difficult for the employee to comply fully with this policy unless the accommodation creates an undue hardship. Employees seeking an accommodation for religious beliefs should refer to the Religious Accommodation Request Policy.

If a trainee comes to class or their practicum site not dressed in appropriate attire the trainee may be required to clock out and sent home to change. If the trainee misses any course assignments, exams, or time, the trainee may be required to make these up.

- Trainees are required to dress in business casual or can wear black scrub pants, a plain shirt, and program vest to class. When going to Clinical rotations the trainees will change into the OR scrubs for the day.
- The trainee's footwear includes plain closed-toe and heel shoes and required socks or hose.
- The trainee's uniform must always be clean and neat.
- The trainee's hair must be clean. Hair is to be appropriately arranged and if long, away from the face. Large ornaments, ornate clasps, and ribbons are not to be worn while in uniform. During laboratory exercises all hair must be covered or contained within the scrub cap.
- All trainees must maintain appropriate personal hygiene. Make-up should be in moderation. Beards and /or mustaches, if worn, must be neatly trimmed and clean. Hospital or agency policy must be adhered to also. The application of perfume, hair spray, and after-shave locations must be kept to a minimum. Any type of artificial eyelashes is prohibited.
- If a trainee comes to class or his/her clinical site not dressed in the proper uniform, the trainee may be sent home to change. If the trainee misses any course assignments, exams or time, the trainee may be required to make these up.
- While in clinical rotations, trainees must follow the dress code expectations of the clinical site.
- Fingernails are to be short and clean. Nail polish can be worn if it has been applied less than three days ago and is not chipped. Artificial nails are prohibited. The use of perfumes or cologne is prohibited while on clinicals.

- Jewelry is not allowed except for small plain stud earrings. Necklaces may be allowed if they can be tucked securely underneath scrubs.

Surgical Technology Curriculum Overview

The Certificate in Surgical Technology is designed to prepare graduates for career opportunities in the surgical field and includes a general education component that complements the comprehensive skills-based specialty training. Classroom theory and laboratory hands-on training is supplemented with clinical experiences to make for a comprehensive curriculum of study.

Upon successful completion of this program, trainees should be able to exhibit practical proficiency in the surgical arena with an understanding of the basic procedures involved with surgical operations; describe the essential working aspects of a successful Surgical Technologist; demonstrate the ability to perform in a healthcare environment meeting OSHA specifications; recognize the importance of confidentiality when dealing with surgical patients; analyze the departure from classroom theory to on-the-job training in the operating room; develop effective communication and decision-making skills for successful performance in the surgical environment; integrate knowledge of personal and medical ethics into the surgical arena; develop a familiarity with commonly used surgical instruments; establish and maintain high standards of aseptic technique; analyze and adapt to the ever-changing operating room environment; function in the healthcare arena by providing clinical and administrative skills in a surgical setting; and coordinate a successful job search. Graduates are prepared for employment as Surgical Technologists.

PROGRAM INSTRUCTION

The instructional activity is in alignment with CAAHEP requirements. The 11-month program is divided into three components; didactic, lab, and clinical student experiences (clinical). The didactic portion of the program is 695 hours which covers the foundation courses as well as the surgical procedure components for the specific surgeries. The lab hours reflect over 200 hours of practicing the skills taught and demonstrated to the students for them to achieve proficiency before going to the clinical setting. The clinical setting demands over 600 hours to demonstrate their acquired skills in a professional operating room setting, this includes the professional behaviors to be successful.

The students are under the direct supervision of the operating room team. Instruction is given by all members, but the student will report to a designated preceptor. The students will receive feedback from their preceptors on a day-to-day rotation, weekly evaluations by the department, midterm by the instructors, and final evaluations from all areas. The students will perform self-evaluations to determine areas of strength and weaknesses throughout the program. The Program Director/Instructor is available during the hours of clinical for any concerns that may need to be addressed or remediation if necessary.

Academic Requirements

Students are required to maintain a 75% average during the program and must maintain this average until completion. If this requirement is not met the student is subject to dismissal from the program. The student will be placed on academic probation if their GPA is less than 75% with a remediation action plan in place to assist the student in achieving the 75% GPA. The action plan will have milestones for the student and resources to help them be successful.

Students are also required to pass a practicum each quarter to ensure they are prepared for the next quarter's competencies. To meet the program clinical case requirements for the "**AST Core Curriculum for Surgical Technology 7th edition**" during the externship, the student must complete 120 scrubbed cases.

THEORY AND LAB: GRADING POLICY

The theory component of the course is graded based on a letter grade. For the lab component of courses, trainees will be marked off on successful completion of skills on skills check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if the skill(s) is (are) not mastered during lab hours. The skills lab component is graded based on a lab practical exam, and lab reports at the end of each applicable course. The lab score is then averaged in with the final course grade for the class.

The Surgical Technology Program has adopted the following grading policy guidelines:

Lab Practical:

The final lab practical will take place during finals week and be on a pass/ fail basis. Trainees must pass in order to proceed to the next semester.

Theory:

1. Grades for **SUR** and **AHS** courses will be determined using the following numerical scale:

- 100 – 92 A
- 91 – 83 B
- 82 – 75 C
- 74 – 65 D
- 64 – 0 F

(*Failing*: trainee may not progress without repeating course)

(Final grades/scores are calculated according to the 0.50 rule or greater example: 74.50 = 75.00
83.20 = 83.00, 83.45 does not round up)

Trainees will be graded according to their performance in class quizzes, examinations, and final exam.

- Homework/Quizzes 15%
- Section tests 40%
- Midterm Exam 20%
- Final Exam 25%

100%

Trainees must make a final grade of 75% or better to be successful in this course.

EXTRA CREDIT:

At times during the course, extra credit projects will be made available. Trainees who complete these assignments will have the extra credit points applied to their lowest test grades. Extra credit points are not calculated in the weighting of the grades.

MIDTERM EVALUATION:

At the midterm portion of the course, trainees whose scores are below 75% will be given a midterm warning. This will be presented to the trainee by the Program Director. The trainee will receive notification via email to their Dartmouth Health email account. Trainees who receive a midterm warning are advised to contact the faculty to discuss methods of remediation.

MAKE-UP POLICY:

The intensive nature of the course does not allow for any scheduled make-up of lecture material. It is suggested that if you know you will miss a particular lecture, you should contact the instructor beforehand and request to be given the work. Also, a trainee can contact another classmate for assistance. In the event a trainee knows they will miss a scheduled exam, they must notify the instructor in writing or email at least two academic days before and request a make-up exam. Make-up exams are allowed only upon written permission of the Director, consistent with any applicable DH policy that may relate to the reason for the make-up exam. Make-up exams will not be given for such excuses as oversleeping, traffic, unable to find a parking space, etc. **It is YOUR responsibility to schedule a make-up time with the instructor.** Emergency exceptions will be handled on an individual basis. Trainees who fail to follow the policy on make-up exams will result in a grade of 0 on that exam. Trainees who consistently request multiple make-up exams/tests/practicums (>2 per course) will have an automatic ten points deducted from that make-up grade. To be eligible to make up an exam, the trainee must present written documentation of the reason for absence. Arrangements for missed exams must be made on the first class day the trainee is present following the exam. Missed exams may not be made up during normally scheduled classes.

Exams missed due to unexcused absence may not be made up. Daily quizzes may not be made up. NO EXCEPTIONS.

Work in Lab Manuals will be graded on a regular basis.

Daily tasks will be assigned which are due by the end of the class meeting each day. These tasks do not fall under the Make-up policy.

In the event a trainee needs to leave the class early, do so at either an assigned break or at a time when it will not disturb the class. If an exam or quiz is finished before the allotted time, the trainee may leave the classroom but should not reenter or cause a disturbance to the remaining trainees.

HOMEWORK:

Homework for each course supports the reading and lecture materials. Failure to complete the homework by the assigned due date and time will result in a loss of 10% per day of the obtained grade.

COURSE REQUIREMENTS:

- **Tests:** There will be three scheduled section tests.
- **Quizzes:** There will be up to three unscheduled section quizzes.
- **Midterm Exam:** The midterm exam will cover the lecture and reading material discussed up to the date of the exam.
- **Class Participation:** This class requires that all trainees are prepared before class to discuss the assigned readings in an informed manner. Trainees deemed not prepared for class may be asked to leave.
- **Extra Credit:** Extra credit assignments are optional.
- **Homework:** Each topic of the course has a corresponding section in the assigned class textbook (AST workbook). Trainees are responsible for completing those sections on their own as a way of supporting the readings, and lectures. Trainees desiring clarification on these exercises can contact the faculty.
- **Final Exam:** The last week of the term is designated as a final exam week. A final examination schedule is published each term. The date and time of the final exam is published in the course lecture schedule. The final exam will be comprehensive and cover all lecture and reading material.

Clinical Requirements and Grading

Clinical is an extension of the classroom. Clinical includes assisting team members with daily preoperative, perioperative, and postoperative duties of a surgical technologist trainee while under the supervision of a staff surgical technologist and registered nurse. Trainees are oriented to a surgical suite and the daily routine of the facility. They initially observe surgical procedures and then begin to second scrub minor procedures. As their Clinical progresses, they move into the first scrub position for minor procedures and then second scrub major cases. This routine continues until they are first scrubbing most procedures when appropriate.

ELIGIBILITY FOR CLINICAL:

- Trainee must have a grade of a “C” or better in each of their courses.
- Trainee must have completed any pre-placement screening requirements by the clinical site.
- Trainee must have current certificates (i.e. BLS, Med Tech Registration).
- Trainee must be in good standing with the Program.
- Proof of health insurance.
- Trainees are subject to the rules and regulations, including but not limited to drug testing, of any facilities where they may seek to perform a clinical rotation.

CLINICAL HOURS:

The total number of hours for clinical is approximately 660 hours and a minimum of 120 Cases. Clinical hours are usually accrued 9 hours per day at a hospital or surgery center. However, clinical times may vary based on site availability and hospital shift schedules. Trainees are required to attend all clinical hours. Clinical hours may be made-up only at the discretion of the instructor and/or clinical site with

valid verifiable documentation of absence. Any trainee who does not complete all clinical hours may fail the clinical component of the class.

Lunch is typically thirty minutes long unless no morning break is provided, then lunch is extended to 45 minutes. Due to the nature of scrubbing surgical cases, lunch is scheduled according to the availability of relief personnel and the status of the case. Lunch will be taken as recommended by your clinical instructor or preceptor. Two fifteen-minute breaks are usually allowed during the day. Check with the clinical preceptor.

Many assignments may be completed earlier than the allotted time, thus leaving the trainee free time. This “free time” is still part of the total hours allotted to the clinical and must be utilized constructively. There will be more than ample scholastic work that could be studied or reviewed, case reports that require research, etc. Additionally, time could be spent in the department assisting with cleaning, restocking, pulling cases, and work in sterile supply. All trainees are encouraged to use their free time at their own discretion with the instructor informed beforehand. Those wandering around appearing “un-busy” will be assigned additional projects by an instructor and could receive a reduction in the final course grade.

Trainees will not leave a clinical practicum under any circumstances without the explicit permission of their designated preceptor/supervisor.

CLINICAL CASE REQUIREMENTS

Students are also required to pass a practicum each quarter to ensure they are prepared for the next quarter’s competencies. To meet the program clinical case requirements for the “**AST Core Curriculum for Surgical Technology 7th edition**” during externship, the student must complete 120 scrubbed cases.

Surgical Rotation Case Requirements			
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 (CT) • ENT • EYE • GU	90	60	30

• Neuro • Ob-Gyn • Oral/Maxillofacial (OM) • Peripheral vascular (PV) • Plastics (PI) • Procurement/ Transplant (Trans)			
Diagnostic Endoscopy • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy			10 diagnostic endoscopy cases may be applied toward the second scrub cases
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases
Totals	120	80	40

Surgical Rotation Case Requirements 7TH Edition

1. The total number of cases the student must complete is 120.
2. Students are required to complete 30 cases in General Surgery. Twenty of the cases must be in the First Scrub Role.
3. Students are required to complete 90 cases in various surgical specialties. Sixty of the cases must be in the First Scrub Role and evenly distributed between a minimum of four surgical specialties. Note: 15 is the maximum number of cases that can be counted in any one surgical specialty.
4. The surgical technology program is required to verify through the surgical rotation documentation the student's progression in First and Second Scrubbing surgical procedures of increased complexity as they move towards entry-level graduate abilities.
5. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. Note: up to ten diagnostic endoscopic cases and five vaginal delivery cases can be counted towards a maximum number of Second Scrub Role cases.
6. Observation cases must be **documented**, but do not count towards the 120 required cases.
7. Cases will be counted according to surgical specialty. Examples:
 - 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.
 - 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.

First Scrub

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

A student not meeting the five criteria cannot count the case as a first scrub role and the case must be documented in the second scrub role or observation role.

Second Scrub

The second scrub role is defined as the student who is at the sterile field who has not met all the criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by completing the following:

1. Sponging
2. Suctioning
3. Cutting suture
4. Holding retractors
5. Manipulating endoscopic camera

Observation Role

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

Each week trainees will review and update the case log spreadsheet. Only cases that have a preceptor evaluation form, completed and signed by the preceptor, will be logged on the spreadsheet.

CLINICAL COMPENSATION:

Clinical courses are offered by Dartmouth Health as part of the program. All trainee activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Trainees will not be substituted for hired staff personnel within the clinical institution in the capacity of a surgical technologist.

REQUIREMENTS FOR PASSING A CLINICAL COURSE:

- Maintain documentation of proper attendance and completion of all clinical hours at all clinical sites. This includes being on time and properly attired. Trainee must keep all original copies and at the conclusion of clinical give the originals to the clinical instructor.
- Maintain documentation of all cases scrubbed at all clinical facilities. Clinical case log sheets must be maintained and updated on a weekly basis. Remember that there is a minimum number and a specific number of types of cases required to graduate.
- Maintain documentation of all Procedure Evaluation Forms (including Central Processing).

- Turning in any complete assignment on the dates specified (i.e. clinical case reports).
- Attending any conferences scheduled by the instructor.
- Following the policies of the Surgical Technology Program within Dartmouth Health.

Note: Failure to meet any of these requirements will result in the assignment of an Unsatisfactory or Failing grade.

GRADING

Weighted Grading:

Mid-term Clinical (Skills) Evaluation:	12%
Final Clinical (Skills) Evaluation:	13%
First Case of the Day:	30%
Case Studies:	30%
Semester Case Log:	<u>15%</u>
	100%

Grading Scale:

92 – 100	A
84 – 91	B
75 – 83	C
65 – 74	D
65/Below	F

Students must maintain a 75% (C) or higher in order to successfully pass the semester.

Trainee Conferences

Because of the varied demands of the practice of Surgical Technology, the Program requires considerable communication between the instructors and trainees. Feedback comes in the form of grades, practical exams, clinical instruction, and trainee conferences. There are two types of trainee conferences: (1) the first type is a weekly clinical conference in which the trainee and instructor will discuss the previous week's clinical performance. Trainees who are having difficulties in the clinical setting may be required to meet with the program director and/or instructor more often. (2) The second type of trainee conference is for a trainee experiencing academic, attendance, or other difficulties. These conferences are scheduled with the Program Director and/or instructor and an action plan will be implemented.

Graduation Requirements

Students are required to complete all courses with a 75% or higher in all academic and clinical requirements contained within the program curriculum/syllabus in the order outlined. Each course is a prerequisite for subsequent course except the first quarter which will require departmental approval. The goals and objectives of the program correlate with the current 7th Edition of the Core Curriculum for Surgical Technology.

Once the curriculum and clinical requirements have been fulfilled, trainees are required to take, and pass, the Surgical Technologist and Surgical Assisting (NBSTSA) Secure Exam.

Probation

A student may be placed on probation for failure to satisfactorily achieve didactic and /or clinical objectives. These can include but are not limited to:

- Incomplete assignments
- Infractions of policies
- Cheating
- Inability to apply didactic knowledge to the clinical setting

Probation will be defined by remediation of infraction(s). A performance improvement plan will be completed by course instructor and signed by student and faculty. Remediation length will be determined by the behavior or didactic action plan created and the documented corrective action required. If a student is placed on probation the minimum time of probation will be 30 days. If during the probation period the actions are repeated the student may be dismissed from the program.

Rates of Student Success

2017-2023 Program Outcomes:

- Retention: 92%
- NBSTSA Exam pass rate: 96%
- Job Placement: 98%

Job Availability/Job Placement

The program offers the students instruction in writing and creating a portfolio, completing a job application, and preparing for an interview. The program will post openings as they are received. The hospital will communicate any job openings as they are opened up for applications. The program will also direct the students to the website for links to the AST website for openings. Dartmouth Health does not guarantee any student employment upon graduation from the program unless otherwise indicated by sponsorship.

Surgical Technology Certificate Program Quarter Schedule and Class Descriptions

A minimum GPA of 75% is required for the progression to the next Surgical Technology course in the program required sequence.

Course Number/Name		Course Hours	
Quarter 1	Theory/classroom	Lab	Clinical
AHS 100 Medical Terminology	40		
AHS 200 A&P I	54		
SUR 101 Perioperative Patient Care and Aseptic Technique with Lab	60		
SUR 102 Perioperative Patient Care and Aseptic Technique	82		
SUR 103 Perioperative Patient Care and Aseptic Technique Lab		160	
Quarter 2			
AHS 300 A&P II	52		

SUR 200 Microbiology	46		
SUR 201 Surgical Procedures I (with lab)	63	78	
SUR 202 Clinical			184
Quarter 3			
SUR 300 Pharmacology	38		
SUR 301 Surgical Procedures II	110		
SUR 302 Clinical			256
Quarter 4			
SUR 400 Professional Success Development	18		
SUR 401 CST Review	44		
SUR 402 Surgical Specialties III	88		
SUR 403 Clinical			248
Total Hours	695	238	688
Program Total hours	1621		

AHS 100 Medical Terminology

Course Hours: 40

Course Description:

A study of prefixes, roots, and suffixes is undertaken as an approach to understanding medical vocabulary. Medical specialties, operative terms, and medical record words are included. Also included is medical terminology that applies to body systems. Pronunciation and spelling is also emphasized.

AHS 200 Anatomy and Physiology I

Course Hours: 54 Hours

Course Description:

This course focuses on the study of the structure and function of the human body. Topics include the cells and tissues, integumentary, skeletal, muscular, and nervous systems, and the special senses.

SUR 101 Introduction to Surgical Technology

Course Hours: 60 Hours

Course Description:

This course prepares trainees to apply knowledge of professional Surgical Technologist responsibilities and relations, interpersonal relationships, and communication skills. Emphasis is placed on creating and maintaining a safe operating environment. This course also prepares trainees to apply knowledge of surgical complications. The use of lasers in surgery is also covered. Recognize members of the surgical team and their roles; Compare and contrast the various roles of the Surgical Technologist; Summarize the different health care facilities; Classify hospital departments and their relationship to surgical services; Identify and demonstrate principles of communication in the surgical setting; Relate awareness of aseptic principles to the Surgical Technologist's role in the care of the surgical patient's; Identify the legal, ethical, and moral issues in the surgical environment; Identify the documents that are needed in a patient's medical records for surgery; Analyze major concepts inherent in professional practice law; Interpret the legal responsibilities of the Surgical Technologist and other surgical team members; Recognize the needs of the surgical patient; Demonstrates awareness that all surgical patients have a right to the highest standards and practices in asepsis; Distinguish and assess the physical, spiritual, and

psychological needs of a patient; Distinguish and assess cultural and religious influences on the surgical patient; Compare and contrast the surgical care considerations for pediatric patients and patients who are obese, diabetic, pregnant, immuno-compromised, disabled, geriatric, or experiencing trauma; Recognize the hazards to the patient and staff in the operating room; Indicate cleaning procedures, traffic patterns, and routines required in the operative environment; Describe the layout of a typical operating room; Identify standard operating room furnishings and their purposes; Recognize the working environment of the OR; Discuss information management and HIPAA; Recognize basic components of a computer system; Apply electrical safety precautions; Interpret terms related to physics; Interpret the basic concepts of robotics; and Work cooperatively with others in a professional manner. All-Hazards preparation, and biomedical sciences. Upon completion, trainees should be able to apply theoretical knowledge of the course topics to the operative environment. Demonstrate all aseptic techniques and safety precautions in as it apply to patient care; Discuss and demonstrate preoperative patient transportation and routine; Demonstrate the ability to safely position surgical patients and identify positioning devices; Identify and demonstrate the concept of professionalism as it applies to the Surgical Technologist; Discuss and define the use of Thermoregulatory devices and the different circumstances in which they will be used; Discuss and identify emergency situations in the OR as they relate to the Surgical Technologist; Work cooperatively with others in a professional manner.

SUR 102 Perioperative Patient Care and Aseptic Technique with Lab

Course Hours: 242 Hours

Course Description: This course provides theoretical knowledge for the application of essential operative skills during the perioperative phase. This course prepares students to apply knowledge of the principles of aseptic technique, scrubbing, gowning, gloving, sterilization, and disinfecting. Emphasis is placed on operating room sanitation, scrubbing, gowning, gloving, and instrument identification. The student will be able to define and analyze the application of surgical conscious; identify the principles and procedures related to the disinfection and sterilization process; demonstrate competency related to the practice of sterile technique; demonstrate competency in the procedures relating to wrapping and packaging of surgical instruments and supplies; demonstrate the performance of the surgical hand scrub, self-gowning and gloving, gowning and gloving of team members, and proper gown/glove removal; demonstrate the competency of opening sterile supplies; and work cooperatively with others in a professional manner.

In our lab portion, students will practice the application of the theoretical knowledge learned in class for the application of essential operative skills during the perioperative phase. Topics include surgical asepsis, sterilization/disinfection, and perioperative patient care. Upon completion, trainees should be able to demonstrate the principles and practices of aseptic technique, sterile attire, basic case preparation, and other skills. This course prepares trainees to apply knowledge of the principles of aseptic technique, scrubbing, gowning, gloving, sterilization, and disinfecting. Emphasis is placed on operating room sanitation, scrubbing, gowning, and gloving, and instrumentation. The theory component of the course is graded based on a letter grade. For the lab component of courses, trainees will be marked off on successful completion of skills on skills check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if the skill(s) is (are) not mastered during lab hours. The skills lab component is graded based on a lab practical exam, and lab reports at the end of each applicable course. The lab score is then averaged in with the final course grade for the class.

AHS 300 Anatomy and Physiology II

Course Hours: 52 Hours

Pre-Requisite: AHS200

Course Description:

This course focuses on the study of the structure, function, and dysfunction of the digestive, respiratory, circulatory, urinary, endocrine, and male and female reproductive systems.

SUR 200 Microbiology

Course Hours: 46 Hours

Course Description:

This course prepares trainees to apply knowledge of micro-organisms, viruses, hepatitis, and HIV/AIDS as related to the Surgical Technologist's role in patient care. Emphasis is placed on the causes and the prevention of human diseases. Identify terms related to microbiology with their correct definitions; Define the causes, and prevention of human disease; Identify and select factors influencing the occurrence of infection; Describe means of controlling the transmission of infections; and work cooperatively with others in a professional manner.

SUR 201 Surgical Procedures I

Course Hours 63 Hours

Course Description:

This course provides an introduction to selected basic and intermediate surgical specialties: general surgery, gastrointestinal, obstetrical/gynecology, and urology. Emphasis is placed on related surgical anatomy, pathology, and procedures that enhance theoretical and clinical knowledge of patient care, instrumentation, supplies, and equipment.

This course prepares trainees to apply knowledge of anatomy and physiology and the surgical instrumentation used during general, laparoscopic, obstetric, gynecological, genitourinary, and gastrointestinal surgical procedures. Define general terminology and abbreviations associated with specific surgical procedures; Discuss the relationship between instrumentation, equipment, and supplies and quality patient care in the operating room; Demonstrate techniques of opening and preparing supplies and instruments needed for any operative procedure with the maintenance of sterile technique at all times; Demonstrate the proper technique for preparing supplies and instruments on a sterile field; demonstrate and explain the procedure for counting instruments, sponges, needles, and other items on the sterile field; and work cooperatively with others in a professional manner.

SUR 201 Surgical Procedures I Lab

Course Hours: 78 Hours

Course Description:

This course provides an introduction to selected basic and intermediate surgical specialties: general surgery, gastrointestinal, obstetrical/gynecology, and urology. Emphasis is placed on related surgical anatomy, pathology, and procedures that enhance theoretical and clinical knowledge of patient care, instrumentation, supplies, and equipment. The theory component of the course is graded based on a letter grade. For the lab component of courses, trainees will be marked off on successful completion of skills on skills check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if the skill(s) is (are) not mastered during lab hours. The skills lab component is graded based on a lab practical exam, and lab reports at the end of each applicable course. The lab score is then averaged in with the final course grade for the class.

SUR 202 Clinical

Course Hours: 184 Hours

Course Description:

This course provides clinical experience with a variety of perioperative assignments to build skills learned in SUR 201. Emphasis is placed on the scrub and circulating roles of the Surgical Technologist including aseptic technique and basic case preparation for select surgical procedures. Upon completion, trainees should be able to prepare, assist with, and dismantle surgical cases in both the scrub and circulating roles.

SUR 300 Pharmacology

Course Hours: 38 Hours

Course Description:

This course introduces the trainee to the most common categories of medication used in the operating room. The trainee gains an understanding of medications used in the surgical setting, on the surgical field, anesthetic agents and their complications. Demonstrate cricoid pressure; Identify the different categories of medications; List and describe the six rights of medication administration; Understand the Surgical Technologist's role and responsibilities in intra-operative medication administration; Understand the Surgical Technologist's role in management of anesthetic complications; Understand the Surgical Technologist's responsibility with the anesthetized patient; and work cooperatively with others in a professional manner.

SUR 301 Surgical Procedures II

Course Hours: 110 Hours

Pre-Requisite: SUR201

Course Description:

This course provides an introduction to selected basic and intermediate surgical specialties: ENT, maxillofacial, and plastic/reconstructive ophthalmology and Neurology. Emphasis is placed on related surgical anatomy, pathology, and procedures that enhance theoretical and clinical knowledge of patient care, instrumentation, supplies, and equipment.

This course is designed to introduce trainees to the generally required surgical techniques involved in ophthalmology, otorhinolaryngology, oral and maxillofacial, plastic, and reconstructive surgeries. Describe the anatomy, pathology, and related terminology of each system or organ that prompts surgical intervention; Describe diagnostic procedures required for surgical intervention for each surgical specialty; Identify the names and uses of special equipment required for each surgical specialty; Identify surgical instrumentation pertaining to specific surgical cases; Demonstrate a surgical procedure for each specialty; Identify any specific variations related to the preoperative and intra-operative care of various surgical patients; and work cooperatively with others in a professional manner.

SUR 302 Clinical

Course Hours: 256 Hours

Pre-Requisite: SUR202

Course Description:

This course provides clinical experience with a variety of perioperative assignments to build skills learned in SUR 201. Emphasis is placed on the scrub and circulating roles of the Surgical Technologist including aseptic technique and basic case preparation for select surgical procedures.

SUR 400 Professional Success and Development

Course Hours: 18 Hours

Course Description:

This course covers theoretical knowledge required for extension of the Surgical Technologist role. Emphasis is placed on advanced practice in complex surgical specialties, educational methodologies, and

managerial skills. Upon completion, trainees should be able to assume leadership and educator roles in a specific specialty. This course also provides job-seeking skills and an overview of theoretical knowledge in preparation for certification. Topics include test taking strategies, resume preparation, and interviewing techniques.

SUR 401 CST Review

Course Hours: 44 Hours

Course Description:

This course provides an overview of theoretical knowledge in preparation for certification. Topics include test taking strategies, and practice tests for the certification exam. Upon completion, trainees should be able to identify strengths and weaknesses in preparation for certification.

SUR 402 Surgical Specialties III

Course Hours: 88 Hours

Pre-Requisite: SUR301

Course Description:

The course provides a comprehensive study of intermediate and advanced surgical specialties that trainees are exposed to in the third clinical rotation; orthopedics, peripheral-vascular, thoracic, cardiothoracic, pediatric, and trauma. Emphasis is placed on related surgical anatomy, pathology, and procedures that enhance theoretical knowledge of patient care, instrumentation, supplies, and equipment. Upon completion, trainees should be able to correlate, integrate, and apply theoretical knowledge of the course topics to the clinical Operative environment.

This course is designed to introduce trainees to the generally required surgical techniques involved in orthopedic, cardiothoracic, peripheral vascular surgeries, Trauma, and Pediatrics. Describe the pathology and related terminology of each system or organ that prompts surgical intervention; Identify the names and uses of special equipment required for these various surgical procedures; Demonstrate the purpose and expected outcomes of these various procedures; Identify any specific variations related to the preoperative, intra-operative and post-operative care of various surgical patients; and Work cooperatively with others in a professional manner.

SUR 403 Clinical

Course Hours: 248 Hours

Pre-Requisite: SUR302

Course Description:

The course provides a comprehensive study of intermediate and advanced surgical specialties that trainees are exposed to in the third clinical rotation; orthopedics, peripheral-vascular, thoracic, cardiothoracic, pediatric, and trauma. Emphasis is placed on related surgical anatomy, pathology, and procedures that enhance theoretical knowledge of patient care, instrumentation, supplies, and equipment.

Surgical Technology Courses/Skills Labs

The theory component of the course is graded based on a letter grade. For the lab component of courses, trainees will be marked off on successful completion of skills on skills check-off sheets. It is the trainee's responsibility to schedule additional practice time with an instructor if the skill(s) is (are) not mastered during lab hours. The skills lab component is graded based on a lab practical exam, and lab reports at the end of each applicable course. The lab score is then averaged in with the final course grade for the class.

Emergency Medical Technician (EMT) Training Program

Program Overview and Class Schedule

PROGRAM OVERVIEW:

The Emergency Medical Technician (EMT) role is essential to the healthcare system. EMTs provide immediate, life-saving care, safely transport patients, and support emergency departments with vital clinical and operational assistance. Their quick thinking, medical knowledge, and ability to perform under pressure make them indispensable in ensuring timely and effective care for patients in urgent situations. The EMT Training Program, offered through the DHCI and DH Division of Emergency Medical Services (EMS), prepares individuals for certification and licensure as an EMT through a structured, hands-on learning experience.

During the 11-week training program, trainees gain foundational clinical and operational skills needed to function as EMTs, while preparing for the National Registry of Emergency Medical Technicians (NREMT) cognitive (written) exam. The program emphasizes professionalism, multitasking, and strong communication skills. Trainees perform duties under the guidance of nurses, paramedics, or unit operations managers, following all hospital, Emergency Department, and DHART protocols.

HOURS OF OPERATION AND SCHEDULE:

While the specific training schedule may vary, it is generally one half-day and one full-day for 16 hours a week of training. This includes 12 hours of class time and 4 hours of study time. Trainees will be in person. Hours may vary depending on the location of hire and the schedule of the course offering. The program leader and educator will be available during scheduled office hours and 1:1 sessions. The training consists of academic core classes and practical skill-building through clinical skills labs, scenarios and professional development sessions.

Application Process and Admission Requirements

The application process includes:

2. Application package:

- A completed program application
- Resume
- Participation structured interview process

3. Pre-Requisites:

- High school diploma, HiSET or GED (Graduate Equivalence) before the start date of class.

The EMT Training Program Selection Committee will make decisions and inform all selected candidates. This is a competitive application process and completion of all admission requirements does not guarantee acceptance. If selected, it is the applicant's responsibility to acknowledge acceptance to confirm the spot.

Program Costs

TUITION:

Dartmouth Health sponsored employees do not have tuition for the EMT training program as trainees are hired as Dartmouth Health employees at the onset of the program.

TEXT BOOKS:

Textbooks are supplied by the program at no cost to students. Students may also choose to purchase additional learning materials during the program to supplement textbooks and any course material.

PERSONAL SUPPLIES:

Trainees will be provided program supplies such as pens, pencils, sticky notes, and highlighters. Trainees may choose to purchase their own additional supplies as needed.

Professional Expectations

ATTENDANCE POLICY:

The EMT Training Program has established an attendance policy to facilitate the acquisition of the knowledge, skills and competency requirements of the program.

Trainees are required to follow the attendance policy, as outlined below:

- Regular class attendance is essential to proper academic progress and is expected. You must attend all classes, arrive on time, and be prepared to train. Satisfactory attendance is considered a vital part of each trainee's performance. Absences could result in a lowered achievement rating and an undesirable record. Absences of 3 days within the 6-week training program may cause the trainee to be dismissed from the program. Permitted tardiness must be requested at least 48-hours in advance and will be made on a case-by-case basis and only with the permission of the Lead Instructor or Program Coordinator. Any course modules missed must be completed before being eligible for course completion. If you need to re-take course modules that you were excused from, a make-up session has been included in the course schedule for such circumstances.
- Tardiness shall be defined as being late seven minutes or more to class, returning from breaks, or leaving class early. Two tardy episodes are equivalent to one absence. If a trainee is more than 30 minutes late, it is considered an absence.
- In an emergency, which causes a trainee to be absent, it's the trainee's responsibility to make arrangements with the instructor to complete missed work. The instructor will then decide, based on policy, if the trainee should be permitted to make up missed work or, in the case of excessive absences, be referred to the D-H WRI Leadership for further action.
- If a trainee is absent for any reason, he/she must call the instructor to report the absence prior to the class start. Failure to call in on a class/practicum day will result in an unexcused absence.

DRESS CODE & PERSONAL HYGIENE:

Part of the DHCI mission is to make patients and their families comfortable and confident that they are being cared for by responsible and competent healthcare staff. Personal cleanliness and neatness of employees is essential due to contact with patients, visitors, and other employees.

Respecting our patients, their families, our visitors, and our colleagues and developing their trust and confidence through our conduct and appearance is something that we take seriously. Occasionally,

current fashion trends can interfere with our ability to develop this trust. In addition, personal cleanliness and neatness is essential to building a foundation of respect and professionalism, especially because of employees contact with patients and the larger DH Community. For these reasons, DH requires that employees come to work every day, in attire and a manner that is appropriate for a professional healthcare environment.

All employees must wear their photo ID badges during work hours while on DH premises. The badge must be worn above the waist level with the picture side visible to patients and staff.

The clothing and jewelry of employees must be neat, clean, and appropriate for professional healthcare or business environments. All employees must be well groomed and without offending body odor or fragrance. DH also intends that all employees take care of their attire to prevent the spread of infection. All scrubs worn in the hospital or ambulatory setting must be changed when soiled and washed daily, using any specific departmental procedures, if any. Any other items that are consistently worn in the hospital such as vests, sweaters, or jackets must be washed at least every seven days or when visibly soiled.

Occasionally, fashion trends create an image that DH, patients, or visitors may perceive as less than professional. For instance, extreme hair colors, tattoos containing profanity, nudity, or potentially offensive wording or graphics, unprofessional clothing as determined by DH, and visible body piercings, can create such an impression and consequently may not be permitted. DH management retains discretion to determine whether an employee's appearance is in keeping with the intent of this policy. Departments may adopt more stringent dress policies in accordance with department demands and safety needs.

Dartmouth Health will reasonably accommodate a staff member's religious beliefs in terms of workplace appearance and dress code unless the accommodation creates an undue hardship. Employees seeking an accommodation for religious beliefs should refer to the Religious Accommodation Request Policy.

If a trainee comes to class or their practicum site not dressed in appropriate attire the trainee may be required to clock out and sent home to change. If the trainee misses any course assignments, exams, or time, the trainee may be required to make these up.

Academic Requirements

The class will be conducted in-person consisting of classroom sessions and online assignments. Regular internet access through a computer is required to be able to complete the online component of this course. Assignments will be on the Canvas Student education platform.

The EMT course is an entry-level training program that is expected to take a minimum of 200 hours to complete. You will be required to do both online and in-person training. Online course work will require frequent and reliable internet access. You are expected to complete all reading and online course work on your own time before attending the lectures and in-person lab-based learning portion of the course. You should anticipate additional reading, preparation, and classwork outside of the scheduled time each week. In-person training will require you to perform hands-on skills and participate in standard evolutions.

To successfully complete the program and be eligible for certification, you must

- Submit all documentation of prerequisites,
- Attend all in-person lab training,
- Complete all online assignments.
- Achieve a passing score for all online knowledge check quizzes,
- Achieve a passing score on the final skills exam with no critical task failures.
- Achieve a passing score on your final written certification exam.

INDEPENDENT STUDY CERTIFICATIONS.

You will be responsible for completing the following online certifications before the last week of the course.

- IS-100.C: Introduction to the Incident Command System
<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>
- IS-700.B: An Introduction to the National Incident Management System
<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>
- Hazardous Materials Awareness
- Course: Hazardous Materials Awareness | NHFA&EMS

Previous versions of the ICS/NIMS certifications (versions A or B) will be accepted. Any certification completed before version A is considered out of date and will not be accepted. Certifications must be uploaded through the online learning system.

These courses require a FEMA Student ID. You can create a new FEMA SID or recover an existing FEMA SID here: <https://cdp.dhs.gov/FEMASID>

KNOWLEDGE CHECK QUIZZES.

Each week a multiple-choice quiz for each chapter will be assigned. There are no time limits for the quizzes, and you will have unlimited attempts with the highest score saved. You must score 80% or better on all weekly quizzes to sit for the final exam. All quizzes are due before the beginning of the next module.

IN-PERSON SESSIONS

While in class you will be expected to participate in all hands- on practical skill evolutions. All standard evolutions will be graded according to the skill sheets posted in the corresponding module. You will receive instructor feedback on your performance and be expected to improve with each evolution. The instructors will challenge you and support your progress toward competence.

PORTFOLIO BASED ASSESSMENT

The portfolio assessment will measure student performance through established student minimum competencies (SMCs). SMCs are defined as the lowest level of practical application to show success and efficient behavior in a skill, technique, or exposure within the determined scope of practice. The portfolio will show progressive evaluation of student performance to various patient types based on age, pathology, and/or complaint. This will be demonstrated through isolated practice events as well as formative scenarios that involve multiple skills and exposures that resemble the working environment of the EMS Provider. The completed portfolio will consist of formative and summative phases of psychomotor skills lab and scenarios, as well as required course summative written and psychomotor exams.

CLINICAL ROTATIONS

Clinical rotations are a required component of the EMT course. Each student will need to complete 10 documented patient assessments in a clinical environment, whether in the DHMC ED, inpatient units or local EMS agency.

Inpatient Clinical Rotation: Each student will be scheduled one clinical rotation with course instructor to obtain patient assessments on a variety of patient populations. The attire for the clinical rotation will be clean, casual pants and polo style shirt. The assigned clinical coordinator will escort the student to the clinical sites to perform the assessments. All assessment and vital signs will be document in the NHEMS PCR platforms practice area. Each document, once completed, will be printed and uploaded to the appropriate assignment module in Canvas.

EMS Clinical Rotation: Additionally, each student will also be scheduled to ride along with a local EMS agency to experience an EMS response, patient transport and treatment and hand off to hospital personal. The attire for clinical rotation will be clean, casual pants and polo style shirt. All patient assessments performed during an EMS transport will be documented in NHEMS PCR platform's practice area. Each document, once completed, will be printed and uploaded to the appropriate assignment module in Canvas.

TESTING

At the conclusion of the course, you will take your written exam. You will have two hours to complete 100 multiple-choice questions. Summative scenarios that incorporate multiple skills will be used to assess clinical competency. The scenario performance will be graded according a grading rubric. All skills must be performed without critical failures in order to obtain a passing score. You may re-test two separate scenarios.

FINAL GRADES

The final grade will be determined by a point system. The point system is based on the culmination of all tests, quizzes, mid-term, final examination, homework and summative scenario performance. Letter grades are assigned as follows:

- 100 – 92 A
- 91 – 83 B
- 82 – 75 C
- 74 – 65 D
- 64 – 0 F

(*Failing*: trainee may not progress without repeating course)

EMT COURSE COMPLETION CERTIFICATES

In order to receive an EMT Course Completion Certificate from DH Division of EMS, you must have obtained a score of 80% or above on your final examination, successfully pass all skills examinations and have a class overall percentage of 80%. In addition, you must successfully complete 10 patient assessments, 5 of the patients must be older than 18 years old. Any student who is sent home or turned away for any reason, including being late (other than hospital JCAHO audits, internal disaster, or ride- along requirement change by agency) and/or is evaluated by preceptor personnel to lack emotional maturity is deemed to have failed the evaluation process for successful completion.

Trainee Performance Evaluations

During the training program there is considerable communication needed between the Instructor, Program Leader, and trainees. Trainees will be scheduled to meet one-on-one with the Program Leader regularly throughout the program to review program performance and discuss personal professional development topics. During the 11-week program, trainees who are having difficulties in the classroom or practicum setting may be required to meet with the Program Leader more often.

Category	Competency
Communication	Communicates professionally using appropriate language and tone (written, verbal, nonverbal)
Ethics	Earns others' trust and respect through consistent honest and ethical behavior in all interactions
Teamwork	Cooperates with, assists, and is respectful others in all interactions
Initiative	Demonstrates good judgment and knows when to ask for help or clarification
Attitude	Maintains a professional decorum using judgment of time and place
Feedback	Accepts and applies constructive feedback
Focus	Demonstrates ability to be present and focused by not allowing personal life to distract from duties and expectations (focus during class & independent work time)
Procedural	Follows instructions/directions/clinical procedures (including assignments due, dress code, classroom and practicum site policies)
Timeliness	Maintains an acceptable attendance record, reports on time fully prepared and remain engaged and present throughout scheduled duties

Emergency Medical Technician (EMT) Training Program Curriculum

Method of Instruction	Topics:
Classroom Instruction & Skills Training	Foundations This section covers the fundamental principles of emergency medical services. • Introduction to EMS systems: Overview of the roles and responsibilities of an EMT. • Safety and wellness: Emphasis on the well-being of the EMT, including stress management and disease prevention. • Medical, legal, and ethical issues: Understanding key concepts such as consent, patient confidentiality, and scope of practice. • Medical terminology, anatomy, and physiology: The language of medicine and an understanding of the human body's structure and function. • Lifting and moving patients: Proper techniques to prevent injury to both the patient and the provider. • Life span development: Addressing the specific needs of patients in different life stages, from infancy to geriatrics. • Principles of pathophysiology: How disease and injury affect the body's normal processes. 2. Airway management, respiration, and artificial ventilation This section focuses on managing the patient's airway to ensure adequate breathing. • Airway management: Techniques to open and maintain a patient's airway. • Respiration and artificial ventilation: Recognizing respiratory distress and using devices like bag-valve-masks.

	3. Patient assessment This section details how to perform a thorough evaluation of a patient's condition. • Scene size-up: Quickly assessing the scene for safety and gathering initial information. • Primary and secondary assessments: Conducting rapid, life-threatening evaluations and more detailed head-to-toe exams. • Vital signs and monitoring: Measuring and interpreting key indicators like pulse, blood pressure, and oxygen saturation. • Communication and documentation: Accurately communicating with other healthcare professionals and recording patient information. 4. Medical emergencies This covers the assessment and treatment of non-traumatic conditions. • Pharmacology: An overview of common medications EMTs can assist with or administer. • Cardiac emergencies: Recognizing and managing issues like chest pain and cardiac arrest. • Respiratory emergencies: Handling conditions such as asthma and COPD. • Diabetic and altered mental status emergencies: Managing high and low blood sugar levels and other causes of altered consciousness. • Allergic reactions: Recognition and management of severe allergic reactions (anaphylaxis). • Poisoning and overdose: Treatment of toxicologic emergencies. • Other conditions: Includes infectious diseases, abdominal emergencies, and behavioral crises. 5. Trauma emergencies This section is dedicated to injuries caused by physical force.
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	• Bleeding and shock: Controlling severe bleeding and managing a patient in shock. • Soft-tissue trauma: Care for wounds, burns, and other soft-tissue injuries. • Specific trauma types: Includes chest, abdominal, musculoskeletal, and head/spine trauma. • Environmental emergencies: Managing conditions caused by heat, cold, or water. 6. Special patient populations This focuses on patients who require specialized care due to their age or condition. • Obstetrics and gynecology: Emergency care for pregnant patients and childbirth. • Pediatrics and geriatrics: Tailored assessment and treatment for children and older adults. 7. Operations The final section covers the operational aspects of EMS. • Ambulance operations: Safe driving and vehicle maintenance. • Mass-casualty incidents: Responding to large-scale emergencies and using the Incident Command System. • Hazardous materials and terrorism: Identifying and responding to special hazards. • Rescue and extrication: Techniques for removing patients from dangerous situations. •
Practicum	• Clinical rotation in the hospital with a clinical coordinator to perform live patient assessments and obtaining vital signs. • Optional EMS ride along to observe daily EMS activities and routines.

