

Delta College

Surgical First Assisting Student Handbook

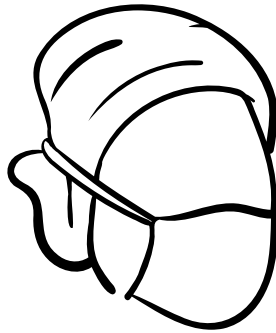


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Welcome!

Dear Surgical First Assisting Students:

Congratulations of your acceptance and welcome to the Delta College Surgical First Assistant Program! This handbook provides information and expectations in addition to the College Catalog and the Delta College Student Handbook. The intention of this information is to create equal grounds of understanding for success.

Together we will create a mutually rewarding and successful year together, which culminates in your success as a Surgical First Assistant.

Always feel free to contact me if you need any assistance or additional information.

Sincerely,

Ryan Teeple

Ryan Teeple, CST CSFA
Program Coordinator
Surgical First Assisting Program
Delta College
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Our Team Staff and Administration

The following individuals can assist with any of your needs, questions or concerns regarding the program.

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Surgical First Assistant Program

This program offers an advanced level course of study for experienced and credentialed operating room professionals. The non-physician Surgical First Assistant (SFA) provides aid in exposure, hemostasis and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patients. These activities will be performed only as delegated tasks under the direct and immediate supervision of the responsible surgeon.

For more detailed information and application process, see:

<http://www.delta.edu/programs/current/healthcare/surgical/surgical-first-assistant/certificate/index.html>
<https://sites.delta.edu/collegeinfo/Academics/Divisions/SitePages/Surgical%20First%20Assistant.aspx>

In June of 1980, the American College of Surgeons issued a statement acknowledging the fact that physician assistants for surgical procedures was becoming impractical due to insurance reimbursements and physician time demands. This contributed to a growing demand for competent, trained, capable nonphysician assistants who were essentially surgical technologists, operating room nurses, and physician assistants.

In 1990, the Association of Surgical Technologists recognized this new role for surgical technologists and responded to the need for more standardized and formal education of this professional. A curriculum committee was formed and a job description for the surgical first assistant was published. This was followed by the *Core Curriculum for Surgical First Assisting* first published in 1993. The Delta Surgical First Assisting program is built on the 3rd edition of the *Core Curriculum* published in 2014.

Mission Statement

It is the mission of the Delta College's Surgical First Assistant Program to provide quality education to health care professionals in order to prepare its graduates to be competent entry level surgical first assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

Program Outcomes:

Outcome 1: Demonstrate clinical competence.

Outcome 2: Exhibit strong ethical behaviors.

Outcome 3: Describe the value of diversity related to the workplace setting.

Outcome 4: Demonstrate the ability to make independent clinical judgments within the limits of the surgical assistant's responsibilities.

Outcome 5: Demonstrate effective communication skills for the practice setting.

Outcome 6: Demonstrate appropriate critical thinking skills to formulate logical conclusions from the analysis of data.

A Post Associate Certificate of Completion

The role varies with the surgical operation, specialty area, and type of facility. Clinical skills are performed under the direct supervision of the surgeon. Through a combination of lecture, laboratory, and clinical practice, this four-semester program is designed to enable students to develop the knowledge and skills required to perform as a surgical first assistant. Upon granting of accreditation to the program, graduates will be able to sit for the certifying examination administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to obtain the title of Certified First Assistant.

The surgical first assistant program will be a Hybrid program of online courses designed for the full time working certified surgical technologist with a one-week face to face lab in the fall semester. The third semester and fourth semesters will consist of the ST completing their clinical case requirements and a one credit online capstone course. Clinicals are commonly completed at the facility the student is currently employed or a site can be obtained by the program.

The program will utilize the surgical technology classroom and lab that consists of two operating rooms, a central core, a clean supply and sterile processing area. The anatomy course will have access to a 3D anatomy table in lieu of using human cadavers. The student may also be required to attend class at a local hospital to complete required competencies.

Requirements for Surgical Assisting Students

1. Students must possess current CPR through American Heart Association.
2. Students must provide verification of Hepatitis B inoculation or refusal thereof.
3. Students must provide verification of a negative TB test or negative chest x ray.
4. Students are required to carry liability insurance of at least \$1,000,000.
5. Students are encouraged to carry an active health-hospitalization insurance policy.
6. Students must supply own transportation to clinical sites.
7. Students are responsible for obtaining their preceptor.

Standards for Progression and Graduation

1. Surgical Assistant students must achieve a minimum grade of C in each course in the Surgical Assistant curriculum as a prerequisite for continuance in the program. Failure to meet this requirement will result in withdrawal of the student from the program.
2. Clinical experience is evaluated by the physician preceptor as “satisfactory” or “unsatisfactory” performance based upon criteria established by the program. If an unsatisfactory is received, the student has one more opportunity to repeat that specialty with another physician. If the second unsatisfactory is received, a failing grade is given for that course.
3. Students who receive a failing grade in the coursework will be eligible to reapply one time for readmission to the Surgical Assistant Program and must repeat the failed course successfully.
4. An application for readmission to the program following withdrawal will be evaluated on an individual basis by the program coordinator.
5. Students may only be readmitted to the program one time. If unsuccessful in the second attempt, students cannot be readmitted to the program. Refer to the re-entry policy for all Health Science Courses.
6. The student must act in the role of surgical assistant on a minimum of **140** operative procedures in the required specialties as mandated by accreditation standards.

Course Descriptions

Spring/Summer, First Semester

SFA 275 (2 credits) Principles of Surgical Assisting

Pre-requisites: Admission to the Surgical First Assistant Program and concurrent enrollment in SFA 277. This course will study the role of the surgical assistant in robotics, management of acute trauma, and special equipment. Interpersonal, legal and ethical aspects of surgical patient care, recognition of surgical complications and appropriate actions are explored (30-0).

SFA 277 (6 credits) Bioscience

Pre-requisites: Admission to the Surgical First Assistant Program and concurrent enrollment in SFA 275. The course is designed to promote an understanding of microbial physiology which precedes the understanding of disease transmission and or prevention, including standard precautions and infection control. The pharmacology section of the course is designed to promote an understanding of the effects of pre, post and operative drugs. The anesthesia section of the course is designed to promote an understanding of general principles/techniques and drugs used by anesthesia and their effects on the patient. The course will also introduce the student diagnostic testing such as radiology, laboratory and cardiographics. Wound healing, All Hazards, Trauma, nutrition perioperatively, fluid and electrolyte balance and techniques in maintaining homeostasis will be reviewed (90-0).

Fall, Second Semester

SFA 271 (4 credits) Advanced Surgical Anatomy

Pre-requisites: SFA 275, 277 with a minimum C (2.0) grade. Co-requisites: SFA272 and SFA 273. The Surgical Anatomy course is designed to provide comprehensive information about the regional study of anatomy in relation to surgery. The course is planned for students who are pursuing a career as a surgical first assistant. Course instruction will include the relationship between anatomy and surgery, relevant physiology, basic embryology, histology, and pathology, and pathophysiology utilizing the Anatomage 3D Table. (90-0).

SFA 272 (2 credits) Advanced Surgical Procedures

Pre-requisites: SFA 275, 277 with a minimum C (2.0) grade. Co-requisites: SFA271 and SFA 273. The Surgical Procedure course applies knowledge of anatomy and physiology as it relates to surgical specialties, focusing on the role of the surgical assistant during procedures. (30-30).

SFA 273 (3 credits) Fundamental Techniques (one week lab)

Pre-requisites: SFA 275, 277 with a minimum C (2.0) grade and concurrent enrollment in SFA 271 and SFA272. This course is designed to introduce the student to the theory and basic skills practice in pre-operative, intra-operative and post-operative functions, and techniques of a Surgical First Assistant. (30-30).

Winter, Third Semester – Clinical

SFA 278 (3 credits) Clinical Practicum

Pre-requisites: SFA 271, 272, 273, 275, 277 with a C (2.0) minimum grades and consent of the clinical coordinator. Clinical practice of basic surgical skills and techniques for Surgical First Assistants by individual assignment to a qualified preceptor surgeon who will provide direct supervision during their surgical rotation of **140 documented surgical procedures**. A minimum of 20 cases must be performed in General Surgery with the remaining cases divided between a minimum of two specialty areas. A minimum of 20 cases must be completed in each of the two specialties selected.

Spring, Fourth Semester – Clinical

SFA 279 (3 credits) Clinical Practicum

Pre-requisites: SFA 271, 272, 273, 275, 277 with a C (2.0) minimum grades and concurrent enrollment in SFA29-80. Clinical practice of basic surgical skills and techniques for Surgical First Assistants by individual assignment to a qualified preceptor surgeon who will provide direct supervision during their surgical rotation of 140 documented surgical procedures. A minimum of 20 cases must be performed in General Surgery with the remaining cases divided between a minimum of two specialty areas. A minimum of 20 cases must be completed in each of the two specialties selected.

SFA 280 (1 credit) Capstone (online)

Pre-requisites: SFA 271, 272, 273, 275, 277, 278 with a C (2.0) minimum grades and concurrent enrollment in SFA 279. Increases impact and effectiveness as a valuable member of the operating room. Provides an opportunity to evaluate the professional character desired as well as explore opportunities for independent practice.

Program Step Plan



DELTA COLLEGE SURGICAL FIRST ASSISTANT PROGRAM

Semester 1:

SFA 275	Principles of Surgical Assisting	2 credit hours
SFA 277	Bioscience	6 credit hours
		Total Credit Hours <u>8</u>

Semester 2:

SFA 271	Advanced Surgical Anatomy	4 credit hours
SFA 272	Advanced Surgical Procedures	2 credit hours
SFA 273	Fundamental Techniques	3 credit hours
		Total Credit Hours <u>9</u>

Semester 3:

SFA 278	Clinical Practicum I	3 credit hours
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Semester 4:

SFA 279	Clinical Practicum II	3 credit hours
SFA 280	Capstone	1 credit hour
		Total Credit Hours <u>4</u>

Total credits: 24 credits

Program Tuition, Costs and Fees

College Tuition, Costs, and Fees

Tuition & Fees are approximate as of December 2024, subject to adjustments.

In District	\$ 4,256 (Bay, Midland, Saginaw counties)
Out District	\$ 6,306
Out of State	\$10,656

Textbook Requirements for Surgical Assisting Program

Required for SFA 275, 277, 273 Surgical Practice

Schwartz Principles of Surgery 12th edition

Alexander's Care of the Patient in Surgery 17th edition

Suture and Surgical Hemostasis, A Pocket Guide.

Required for SFA 271 Anatomy & Physiology

Moore Clinically Oriented Anatomy 9th Edition

REQUIREMENTS FOR SURGICAL FIRST ASSISTANT

DESCRIPTION OF THE PROFESSION

A surgical assistant is a skilled practitioner who has undergone formalized education and training as a surgical assistant. The surgical assistant performs surgical functions that include, but are not limited to: retracting, manipulating, suturing, clamping, cauterizing, ligating, and tying tissue; suctioning, irrigating and sponging; positioning the patient; closure of body planes and skin; and participating in hemostasis and volume replacement. Surgical assistants are certified and registered or licensed by the state, or, in states without licensure, certified as surgical assistants by completing appropriate education and training.

As defined by the American College of Surgeons (ACS), the surgical first assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation, specialty area, and type of facility. Clinical skills performed under direct supervision of a surgeon include:

1. Positioning the patient

- a. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order.
Consideration will be given to the patient's comfort and safety.
- b. Points of pressure shall be padded, elbows, heels, knees, eyes, face, and axillary region.
- c. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
- d. Nerve damage shall be guarded against.
- e. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain desired temperature range.
- f. The surgical assistant shall be familiar with common positions as they relate to the surgical procedure and will be able to use the equipment necessary to provide the position.
Competencies will include the following:

1. Fracture tables
2. Head stabilizers
3. Body stabilizers
4. C-arm extensions
5. Any other equipment needed

- g. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning, which shall include assessment of the skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.
2. Providing visualization of the operative site by the following:
 - a. Appropriate placement and securing of retractors with or without padding.
 - b. Packing with sponges
 - c. Digital manipulation of tissue
 - d. Suctioning, irrigating, or sponging
 - e. Manipulation of suture materials (e.g., loops, tags, running sutures).
 - f. Proper use of body mechanics to prevent obstruction of the surgeon's view.
3. Utilizing appropriate techniques to assist with hemostasis.
 - a. Permanent
 1. Clamping and/or cauterizing vessels or tissue
 2. Tying and/or ligating clamped vessels or tissue
 3. Applying hemostatic clips
 4. Placing local hemostatic agents
 - b. Temporary
 1. Applying pneumatic tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of side effects of extended use.
 2. Applying vessel loops.
 3. Applying non-crushing clamps.
 4. Applying direct digital pressure.
4. Participating in volume replacement or auto transfusion techniques as appropriate.
5. Utilizing appropriate techniques to assist with closure of body planes.
 - a. Utilizing running or interrupted subcutaneous sutures with absorbable or non-absorbable material.
 - b. Utilizing subcuticular closure technique with or without skin closure strips.
 - c. Closing skin with method indicated by surgeon (suture, staples, ect.)
 - d. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon. e. Other
6. Selecting and applying appropriate wound dressings, including the following:
 - a. Liquid or spray occlusive materials
 - b. Absorbent material affixed with tape or circumferential wrapping.
 - c. Immobilizing dressing (soft or rigid).
7. Providing assistance in securing drainage systems to tissue.
8. Curriculum Content

Preclinical Didactic (lecture and laboratory) course content.

1. Surgical Anatomy: regional study of anatomy related to surgical procedures; to also include review of relevant physiology and introduction to basic embryology, histology, and pathology.
2. Surgical Microbiology: review of infectious processes and organisms, immune responses, risks to patients and personnel, and universal precautions.
3. Surgical Pharmacology: review of drugs used in surgery and emergency drugs; review of anaphylactic and toxicity reactions.
4. Anesthesia Methods and Agents: review of anesthetic agents and their methods of administration; how the surgical procedure may be affected by the agents used.
5. Bioscience: wound healing and complications; understanding diagnostic tests; care and handling of surgical specimens; management of the critically ill patient; use of hypo/hyperthermia; fluid balance; skin assessment.
6. Ethical and Legal Considerations: basic patient and caregiver rights; surgeon – first assistant relationship; liabilities; responsibilities for reporting and documentation.
7. Fundamental Skills: placement of monitoring devices; review of bladder catheterization, surgical positioning, application of tourniquets, prepping and draping; operative instrumentation; visualization techniques, hemostasis, suturing techniques; dressings and drainage systems; post-operative pain control methods; use of special equipment including robotics.
8. Complications During Surgery: recognition and appropriate action.
9. Interpersonal Skills: including team relationships, stress management, and recognition of limitations.
10. All hazards prep.

COLLEGE POLICIES

In addition to the information herein, the student should review a current Delta College catalog and refer to it for such other policies and procedures that are pertinent and stated therein, including the following:

1. Academic Appeals
2. Attendance

3. Change of Grade
4. Children on Campus
5. Equal Opportunity/Sexual Harassment
6. Financial Assistance Refund
7. Grade Appeal
8. Refund
9. Residency

TITLE IX

Delta College adheres to Title IX regulations which govern all aspects of educational programs and activities. For further information, visit the [Title IX webpage](#) or contact the Title IX Coordinator: Office A-093, telephone (989) 686-9547 or email equityoffice@delta.edu

STUDENT HANDBOOK

Other policies are related in the Delta College Student Handbook and should be reviewed by each student. They include the following and others as well:

1. Attendance Policy
2. Grading/Evaluation Policy

STUDENT RESPONSIBILITIES

The following are responsibilities the student must assume when accepting admission into the program.

1. Provide self-transportation to and from clinical affiliations.
2. Secure appropriate living arrangements during long-term clinical assignments.
3. Abide by all College and/or affiliation guidelines including personal appearance and grooming.
4. Purchase College/Hospital approved liability (malpractice) insurance.
5. Maintain an updated physical examination file.
6. Assume the cost of laboratory tests, x-rays or immunizations any affiliated clinical institution might require prior to clinical experience.
7. Maintain at least a 2.0 cumulative grade point average.
8. Receive a "C" or above in all surgical first assisting and science courses. If this is not achieved, the student will be withdrawn from the program with the option to reapply for the next year.
9. Maintain current CPR certification (Healthcare Provider).
10. Receive the Hepatitis B vaccine in three doses or sign a release if the vaccine is not obtained or completed.
11. Abide by Universal Precautions at all times, which includes wearing protective eyewear as approved by the instructor and clinical facility.

12. Exhibit correct conduct at all times in the classroom, laboratory, and clinical settings. If a problem arises at the clinical site, the student is to notify the preceptor at once and allow the preceptor to handle the situation.

DRESS/CONDUCT

While representing Delta College, Surgical First Assisting students are expected to conduct themselves in a professional manner. This manner should reflect favorably on the student as an individual and health care provider, on the Surgical First Assistant program, and on the College. At all times, acceptable dress and conduct are expected in all aspects of the educational program. The final determination of dress and behavior in the clinical setting rest with the respective clinical facilities. All matters of policy and procedure of the clinical facility are to supersede any statements here.

Students are required to wear eye protection at all times in the operating room. They will also be required in other areas where there is a risk of contact with body fluids, such as in central processing, PACU, etc.

ADVISING

Each student will be assigned a faculty member of the Surgical First Assistant department as an advisor who will be available to discuss academic and career progress or plans. However, the student should recognize that it is ultimately his/her responsibility to determine and meet all graduation requirements. The college professional counseling staff is available for personal counseling as well.

STUDENT WORK POLICY

It is recognized that students may be sponsored by their employer to attend the surgical first assistant program here at Delta College. It is also acknowledged that most SFA students will be working full time during their enrollment of the program. As students complete their clinical rotation, it must be noted that

- All activities including clinical in the program must be educational in nature
- Student must not be substituted for hired staff during their clinical rotation

PREGNANCY

If a student becomes pregnant, or is pregnant at any time during the program, the student should inform the program coordinator to discuss whether the student will be able to physically complete the program requirements. Please refer to Title IX for further information on a student's rights during pregnancy and school.

PHYSICIAN TREATMENT

If a student is hospitalized or treated by a physician at any time during the program, the student must provide a signed statement by the attending physician upon returning to the program. This statement must designate the days missed and clearance, without restrictions, to continue in the program. If a statement is not provided, the student will not be allowed to participate in lab, clinical, or lecture and will be considered absent.

EQUAL OPPORTUNITY STATEMENT

Delta College embraces equal opportunity as a core value: we actively promote, advocate, respect and value differences, and we foster a welcoming environment of openness and appreciation for all. Delta prohibits discrimination in accordance with, and as defined by, applicable federal, state, and local law, particularly non-discrimination in employment, education, public accommodation, or public service on the basis of age, arrest record, color, disability, ethnicity, familial status, gender identity, genetic information, height, marital status, national origin, race, religion, sex, sexual orientation, veteran status,

and weight. Direct inquiries to the Equity/Compliance Officer, Delta College, Office A093, 1961 Delta Rd., University Center, MI 48710, telephone 989-686-9547, or email equityoffice@delta.edu.

PROGRESSION POLICY

This course consists of 24 credit hours, which provide the student with the knowledge, and skills required entering the field as a Surgical First Assistant in accordance with the American Medical Association and the Association of Surgical First Assistants guidelines. The program is three semesters in length. Ten credit hours are devoted to clinical experience where a minimum of 140 cases in defined specialties must be performed in the Surgical First Assistant role. The student must:

- Meet all College requirements
- Meet all program admission requirements
- Complete all coursework with a grade of “C” or better
- Successfully complete all coursework in semester I before progressing to semester II
- Successfully complete all coursework in semester II before completing the program
- Complete the minimum number of cases as required with satisfactory evaluations by a physician preceptor

LATE ASSIGNMENT POLICY

Assignments are due the date stated when they are assigned. A 10% reduction in grade per day will be assessed for each late day.

Scheduled quizzes must be made up before the next scheduled exam or no points will be given (zero). It is the student's responsibility to make arrangements with the instructor for any missed quiz/exam.

If an excused absence is presented, the assignment is due the next class period attended.

An assignment four class days late will not be accepted and a score of zero (0) will be given. If class does not meet on a particular day, but the college is in session that day, the student is expected to hand in the assignment by bringing it to the instructor's office.

ATTENDANCE

Regular attendance is expected of all Delta Community College students. It is important that students receive a sufficient number of hours in instruction for theory, lab practice for skills, and clinical cases for experience. It is recognized that Surgical First Assistant students are often working full-time in the field. There may be extenuating circumstances which result in absences or tardiness. These will be reviewed on an individual basis and acted upon by the program coordinator.

If lectures are missed, the student is responsible for all notes and handouts. If lab activities are missed, they must be made up and successfully completed. A minimum of 140 cases in the specified surgical areas are required for program completion. The student will not graduate until all requirements are completed.

INCIDENTS

If an accidental injury occurs at the clinical site, as getting stuck with a bloody needle, hospital procedure should be followed. Standard procedure would include:

1. Report the injury immediately to the preceptor or circulator.
2. Break scrub if at all possible after obtaining permission from your preceptor.
3. Thoroughly wash the area and apply antiseptic.
4. Some hospitals may have you go to their Emergency Room, depending on how severe the injury and the policy.
5. Report this to the program instructor as soon as possible and obtain a copy of the incident report from the hospital.
6. The hospital will ask the patient for permission to obtain an HIV test.
7. You may also need to obtain a blood test at your own expense.
8. All costs incurred which the hospital does not cover are the responsibility of the **student**.

PATIENT CONFIDENTIALITY

Students are allowed access to patient medical records and privileged information. With this privilege comes the responsibility for maintaining patient confidentiality.

1. Medical records may not be removed from a patient care area or from the Medical Records department at any time.
2. Medical records may not be reproduced at any time without proper permission from the patient, the facility, the doctor, and the instructor.
3. Patient information is to be kept in the strictest confidence at all times.
4. Surgical schedules are not to be removed from the hospital.

BREACH OF CONFIDENTIALITY IS GROUNDS FOR DISMISSAL FROM THE SFA PROGRAM. PATIENTS, THEIR PROCEDURES, AND THEIR PHYSICIANS ARE NOT TO BE DISCUSSED.

GRADING POLICY

Course grading is determined by the total of all student assignment points, divided by the total of all points possible. This gives a percentage total which translates into the following grades:

- 92 – 100 = A
- 90 – 91 = A-
- 87 – 89 = B+
- 83 – 86 = B
- 80 – 82 = B-
- 78 – 79 = C+
- 75 – 77 = C
- Under 75 = F
- Incomplete = I

An "I" grade is given only when an emergency prevents a student from completing course work during the regular session. IT is the student's responsibility to arrange in writing with the instructor for the completion of the "I" grade before that grade is assigned.

Course grades are determined by quizzes, assignments, and examinations. All assignment and examination dates will be announced by the instructor in advance. Quizzes may or may not be announced in advance.

If a student experiences any difficulty mastering competencies, he/she is expected to seek assistance from the instructor. Each student is expected to keep his/her own grades throughout all coursework. If there is any question as to progress in the course, the student must contact the instructor. The student will be formally notified of grade averages at midterm and also at the end of the semester.

Students are expected to submit their own work. Evidence of plagiarism, copying, or any form of cheating will result in forfeiture of the grade for the work and/or formal disciplinary action as set forth by College policy.

Guidelines for Reentry into Health Occupation Programs

Reentry Process

- A request for reentry can be made if the student has had a course failure or has withdrawn from a program track and the student is in their second or subsequent semester of the program.
- The request for reentry should be made within one month of the course failed or withdrawn from or at the latest one month after the grade is transcribed.
- The student must apply in writing and may choose to attend the meeting to address the Reentry/Review Board.
- If reentry is granted the student must reenter the program within one year or the student is no longer eligible for reentry, and must revalidate for the program unless the Reentry/Review Board determines that a different time period is appropriate.
- Placement into a program course will be determined by Review Board decision and if the number of reentry students exceeds course availability then placement is determined by the date and time that the Review Board form is received back into the Health & Wellness Division Office. No Review Board form can be received until withdrawal from a course has been made or an official grade has been issued by the instructor at the end of the course.
- If, after reentry, a second failure should occur, the student cannot apply for reentry nor can he/she revalidate for the same program. However, he/she can attempt to validate for a different program.
- The Reentry/Review Board will meet within 30 days of a student's request for reentry.

Reentry/Review Board Membership

The Reentry/Review Board shall have the following membership:

- **Faculty Chair** – 3-year term
- **Faculty Alternate Chair** – 3-year term who will become Chair and preside over situations where the Chair is involved.
- **Discipline Faculty or Alternate** – Non-involved full-time discipline faculty member will be selected, or a full-time division member will be selected by the faculty, of the involved discipline, if all discipline faculty are involved.
- **Student Representative or Alternate** – Students in each program will elect a representative and an alternate in case the student representative is involved.
- **Division Member At-Large** – Pool of 3 division members appointed by the division chair will rotate based on availability at the designated meeting time.

- **Counselor**

The following five (5) members shall vote:

- Board Chair or Alternate
- Discipline Faculty or Alternate
- Student Representative or Alternate
- Division Member
- Counselor

Reentry Decision

A decision will be made by the Reentry/Review Board at the conclusion of their meeting(s).

Students will be notified within two weeks by email and certified mail of the decision.

Decisions denying reentry must have rationale, in writing, for the denial.

A copy of the Reentry/Review Board's decision will be sent to the division chair. **Individual**

Plan for Success

- If the Reentry/Review Board approves reentry, the Board will also develop an **Individual Plan For Success (IPFS)** which will be given to the student as part of the reentry process. The IPFS will be discussed with the student by the Program Coordinator or designee. All conditions of the IPFS, which focuses on student success, must be met in order to continue in the program tracks and cannot be appealed.
- It should be noted that reentry into a program is based on space availability since our program tracks have limited enrollment capacities. **Appeal Process**
- A student may appeal the Reentry/Review Board's decision if new or pertinent information becomes available that was not considered in the initial request.
- The faculty, division chair or dean can request with supporting rationale.
- Submission of a written appeal to the Reentry/Review Board should be made within 30 days of the initial decision.
- The Reentry/Review Board Chair or Alternate Chair will then schedule a meeting within two weeks. The original Reentry/Review Board members will meet for the purpose of reviewing the appeal. The Board will notify the appellant of their decision by email and certified mail.
- An appeal decision cannot be further disputed in this process.

Confidentiality Statement

All participants of the Reentry/Review Board process, in any of the proceedings, should consider all matters covered in the meetings as confidential due to the nature of the situations and discussions that follow to resolve them. Any breach of confidentiality may lead to disciplinary action, according to College policy.

Note

To assure continuity in the reentry process all H&W disciplines must have policies in place, within their student handbooks, that follow these minimum guidelines. If no discipline specific policy exists then these guidelines as outline will be used within the H&W Division. The Division Chair must review an alternate Reentry/Review Process to assure consistency.

VERIFICATION OF INFORMATION

This is to verify that I have read and understand the information presented in the **DELTA COLLEGE SURGICAL FIRST ASSISTANT PROGRAM STUDENT HANDBOOK** and have received a copy for personal reference.

Name _____

Signature _____

Date _____