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Rev 2/2017

## WELCOME TO THE

## SURGICAL TECHNOLOGY DEPARTMENT

We are pleased that you have chosen our College/Institute to pursue your education in the field of Surgical Technology. With your help, we shall endeavor to make our association a mutually beneficial one. We feel certain that you will share our pride in the College/Institute, and the respect we enjoy in the community.

This handbook has been prepared to help you understand the specific requirements and policies of the Surgical Technology program. It is very important that you become familiar with each of them.

Please read the contents of this handbook carefully. Should you have any questions please discuss them with your Instructor or the Program Director.

#### WE WISH YOU MUCH SUCCESS

#### AS YOU PURSUE YOUR NEW CAREER!

T Program Chair :
mail :
T Program Director :
mail :
T Instruction :
mail:
natomy & Physiology Instructor:
mail:
linical Coordinator :
mail :

## **PROGRAM GOALS**

The Surgical Technology Program's goal is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains. The program is designed to prepare graduates with the fundamental knowledge, practical competence, and professional skills needed for employment as entry-level surgical technologists in the field consistent with nationally accepted standards for roles and functions. This is achieved through combining relevant academic studies in the classroom, hands-on laboratory instruction and clinical training in various surgical settings.

#### Cognitive Domain- The student will:

- Grasp the fundamental concepts of Human Anatomy and Physiology, Pathophysiology, Microbiology and the Infectious Process, and recognize their relationship to safe patient care.
- Understand the principles of safe patient care in the preoperative, intraoperative, perioperative, and postoperative settings.
- Recognize the interdependent role of the surgical technologist with the other team members and ancillary service providers.

#### **Psychomotor Domain** – The student will:

- Develop and apply fundamental surgical assisting skills through practice and evaluation in the clinical setting,
- Accurately apply the principles of asepsis across the spectrum of common surgical experiences, and
- Employ Standard Precautions and other recognized safe practice guidelines in every surgical setting.

#### Affective – The student will:

- Recognize the variety of patients' needs and the impact of their personal, physical, emotional, and cultural experiences on the rendering of patient care,
- Demonstrate professional responsibility in performance, attitude and personal conduct and,
- Practice within the confines of the recognized scope of practice in the healthcare community to provide optimal patient care.

# ASSOCIATION OF SURGICAL TECHNOLOGISTS: CODE OF ETHICS

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

# U.S. DEPARTMENT OF LABOR: OCCUPATIONAL OUTLOOK INFORMATION

- Employment is expected to grow much faster than the average for all occupations through the year 2020.
- Hospitals will continue to be the primary employer, although much faster employment growth is expected in offices of physicians and in outpatient care centers, including ambulatory surgical centers.

## **IDENTIFICATION BADGE**

Each surgical technology student is issued a student identification badge. Students will be notified when pictures are to be taken for this badge. Students must wear their identification badge at all times during class, on field trips, and each day of clinical experience. In some cases, the clinical affiliate sites may require that their identification badge be worn while in clinical experience.

## FOOD, DRINKS, AND GUM

No food, drinks, or chewing gum, with the exception of bottled water with a sport cap, will be allowed in any classrooms, mock surgery, or laboratory areas unless approved in advance by the administration.

## SURGICAL TECHNOLOGY DRESS CODE

- 1. Once uniforms are issued (scrub pants, top and jacket), they must be worn whenever the student is on College/Institute grounds, during field trips, and clinical experience. The uniform must be clean, wrinkle-free and in good repair with tops and pant ties tucked in.
- 2. No street wear may be worn. If necessary, males may wear a plain white short-sleeved T-shirt and females may wear a white camisole type tank that may be worn under the scrub top. If tattoos are to be covered, long sleeve white undershirts may be worn in the classroom only. No long sleeve shirts will be permitted in the lab.
- 3. During the didactic portion of the program, and when on campus, shoes are to be white, non-canvas tennis shoes, or nursing type shoes. They must be low heel, comfortable, and suitable for standing in for extended periods. They are to be cleaned and/or polished, and in good repair. No open-toed, dress shoes are allowed. Clogs must have a back strap. Socks or hosiery must be worn.

During the clinical portion of the program, students may choose a non-white, non-canvas tennis shoes, or nursing type shoes. They must be low heel, comfortable, and suitable for standing in for extended periods. They are to be cleaned and/or polished, and in good repair. No open-toed, dress shoes are allowed. Clogs must have a back strap. Socks or hosiery must be worn.

- 4. Jewelry is not to be worn with the uniforms with the exception of a wedding and/or engagement ring, and a watch. **No** jewelry, spacers, gauges are allowed during the **lab portion** or **clinical portion** of the program.
- 5. Hair must be neatly combed, clean and arranged in a simple style off the collar. In keeping with hospital regulations, excessive mousse, hairspray or gel is not permitted. Hats or hoodies not to be worn while in the building. Hair colors must be kept within the natural tones of the hair.
- 6. Fingernails are to be kept clean and neatly manicured. Long nails, tips and acrylic nails are not permitted. Nail polish is not permitted.
- 7. Daily bathing, use of anti-perspirant and mouthwash is essential since students work very closely with others. Keep perfumes and/or body sprays to a minimum.

Failure to comply with all dress code requirements may result in disciplinary actions.

## **CLASSROOM RESPONSIBILITY**

Our classrooms are designed and equipped to provide our students with a positive learning experience. Intentional misuse of equipment may result in dismissal and billing for damaged equipment. Accidents and/or problems with equipment should be reported to the instructor immediately. Ten minutes before the end of the class period, students and the instructor will arrange the room to its original position. Supplies and equipment should be cleaned and stored, and chairs, desks, and tables straightened. Please respect our facility and resources and leave your classroom (like the operating room), in better shape than you found it.

## **ATTENDANCE POLICY**

Maintaining good attendance is a fundamental element of successful career preparation. Students are expected to attend all classes according to their established schedules. Frequent absences and/or tardiness will cause disruption to a student's learning process and the establishment of good employment habits. Poor attendance can lead to disciplinary action such as Probation or dismissal/termination.

The College/Institute does not offer career training in a "drop-in" environment. Attendance is considered *a serious* issue to us and to the hospitals that have agreed to accept our students for clinical experience.

Students must call the College/Institute at least one half hour prior to class time if absent or tardy. It is advised that a follow-up e-mail be sent to the instructor or Program Director as back up. Failure to call when absent is considered a 'No Call, No Show'.

Students who are absent for 14 consecutive calendar days will be considered an Unofficial Withdrawal by the College/Institute. A student can officially withdraw by notifying the Campus Director/Registrar before reaching the 14<sup>th</sup> day of absence. The 14-day absence timeline does not include scheduled calendar days designated as official College/Institute breaks. Please refer to the College's/Institute's SAP Policy and Grading Policy for information regarding grades awarded when student's Withdraw from the College.

Students must maintain a minimum of  $\underline{90\%}$  attendance in all scheduled clock hours of instruction in their program of study. This requirement applies to students in both clock hour and credit hour programs. The clock hour is the basis for the credit hours earned in a given course.

The student will be placed on Attendance Probation if his/her attendance percentage falls below 90%. The maximum amount of excused absences is 10% of the scheduled clock hours attempted in the program. A letter notifying the student of his/her placement on Attendance Probation will be provided to the student. All students placed on Attendance Probation are given thirty (30) days to raise their attendance percentage. This may include attendance at a faculty supervised make-up session. See the College's/Institution's Make-Up Policy for additional information. If the student's attendance percentage is still below 90% at the end of the thirty (30) day Attendance Probation period, the student may be dismissed/terminated.

The student may submit an appeal to the Campus Director or their designee for an extension of the Attendance Probation period if the student has documented mitigating circumstances. The extended Probation period may not exceed thirty (30) additional days. If a student is dismissed/terminated due to unsatisfactory attendance, he/she may appeal to the Campus Director for re-entry following the College's/Institute's published appeal process.

#### TARDINESS/LEAVING CLASS EARLY

Tardiness or leaving early is a disruption of a good learning environment and is discouraged. Any Student arriving late for class, or leaving early prior to the end of class will be considered "tardy" or "left early". Tardiness or leaving early is deducted from the daily instructional hours attended by the student, and may affect the student's overall attendance percentage and course grade. Frequent tardiness or leaving early without legitimate reasons may be cause for disciplinary action.

Students are encouraged to notify their instructor at the beginning of class if they are going to be leaving early.

## MAKE-UP EXAMINATIONS

Missed quizzes cannot be made up. Participation points are also forfeited for that day. Students are allowed two (2) make-up exams per module.

- Scheduled make-up exams are given before the absence or immediately upon return to class (same day). Scheduled make-ups must be agreed to ahead of the absence by the instructor. No point deductions are taken from a scheduled make-up exam.
- Unscheduled make-up exams are given immediately upon return to class (same day). The maximum grade that a student can earn is a 70. (i.e. 85 = 70, 72 = 70, 65 = 65).

Repeated absenteeism on test days will result in disciplinary actions.

Please keep in mind that sitting for exams is critical to your success in this program.

Failed exams may not be made up on the same day.

Make-up exams may not be taken during regular class time or at break or lunchtime. Any surgical technology instructor may administer make-up examinations. Students are responsible for scheduling make-up examinations with their instructor.

If a student is not present for a scheduled examination, arrangements may be made with an instructor to make-up the examination. All make-up work must be completed within five (5) days of the original scheduled exam.

A repeat exam is an alternate exam given when the first attempt by a student results in a non-passing score. Only 3 attempts at any written exam or hands-on practical are permitted. All examinations and other written and hands-on work must be completed within the term in which it

is assigned in order to progress to the next term or phase of instruction. Please note that a maximum score of 70% will be assigned to any retested exam regardless of the actual score.

Students must pass both written and lab exam finals (if applicable) to pass the course.

## FINAL GRADES

A final grade for each completed course is included on the graduates' transcripts. This grade reflects the student's overall performance in the program. You will receive a syllabus for each course that will clearly explain the evaluation schedule for that block of instruction. Generally, each student is graded on his/her performance on block examinations, class participation, quizzes, diagram labeling, and attendance. After reviewing the syllabus, if you have any questions on grading, please discuss them with your Program Director or instructor.

Students must maintain an academic average (i.e. test average) of 70% or more in order to progress in their course of study. The average will be evaluated at the end of a course. Students with an academic average of 70% or better are also graded on attendance and participation. For the final grade calculation for courses ST-112 – ST321 (effective January 1, 2016), academic average is weighted 70% for exams, 20% for quizzes, projects and assignments, and 10% for participation. In order to successfully complete each course, students must achieve a passing grade on both the final exam and final lab practicum (if applicable).

## **SUPPLIES**

Textbooks are scheduled to be issued during the first week of the instructional term (if warranted). Measurement for uniforms (scrubs) is scheduled during the first week of attendance. Scrubs will be distributed as soon as received from the uniform vendor, usually within 2-3 weeks. Dress code during the time waiting the issuing of scrubs is business casual.

In the event that provided books or supplies are lost or stolen, the student must pay to replace them.

Surgical technology students can be assured that all materials used in this program are the most comprehensive available. At the time of a student's entrance into the program, he/she is provided with the most up-to-date edition of all texts.

Students, who have any concerns or questions regarding supplies, should direct their inquiry to their Instructor.

## **CLINICAL EXPERIENCE**

#### **GENERAL OBJECTIVES**

- 1. Provide the student with his or her first exposure to the hospital and the sterile environment.
- 2. Expose students to the demands of the hospital environment with regard to shift work and physical demands.
- 3. Reinforce acquired instrument knowledge with tray preparation and instrument handling.
- 4. Provide an environment for learning and an atmosphere for professional growth.
- 5. Prior to starting your clinical experience, you must attend an on-campus, detailed clinical orientation session as assigned.
- 6. You must submit correctly, completed, and signed documentation verifying completion of a minimum of 120 surgical procedures in the First Scrub Role or Second Scrub Role. Please refer to the "Clinical Requirements" below.
- 7. Student scrub roles are defined based upon the AST *Core Curriculum for Surgical Technology, 6<sup>th</sup> edition* and is published in this Surgical Technology Student Handbook, in the clinical course syllabi, in the clinical case log, and is reviewed during your clinical orientation.
- 8. In order to graduate from the program, you must have met all academic, clinical, attendance, and financial requirements.

The clinical portion of your Surgical Technology program is the final step in beginning your new career. Only those students who have met the attendance and financial requirements set by the school and who are considered competent in all areas of their studies (Fundamental Knowledge, Asepsis, Surgical Procedures, and Mock Surgery), are allowed to progress to clinical. Students must also demonstrate a level of mature professionalism which is vital to all members of the operating room team. Students who are not able to demonstrate competency will not be released for clinical and will be required to repeat course work needed to improve the necessary skill sets.

The objective of the clinical portion of the program is to provide an educational experience outside of the classroom. It is the policy of the College/Institute that students are not to be substitutes for paid personnel employed by the facilities during the clinical portion of the program.

### **CLINICAL PLACEMENT**

In order to be scheduled for clinical placement, the following requirements must be met:

- All written didactic and laboratory work (examinations, reports, handouts, etc.) must be completed.
- Demonstrated proficiency of all required skills.

- A current American Heart Association (BLS) CPR Card
- A completed health screening and immunization form including all tests and other requirements specific to the hospital at which you will be assigned.
- Recent drug test results as per specific clinical site requirements. Please note, random drug testing may be done during your clinical experience.
- Students must have participated in Health Information Portability and Accountability Act (HIPAA) training and demonstrate an understanding of hospital and state regulations related to disclosure of Private Health Information (PHI).
- You may be required by the clinical site to have a background check prior to starting your clinical experience. Students *may* be required to bare the cost of this expense. For students with background issues, please see your Program Director immediately.

## **FIRST SCRUB ROLE**

The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the first scrub role. A student not meeting the five criteria below *cannot* count the case in the first scrub role and the case *must* be documented in the second scrub role or observation role.

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

#### **SECOND SCRUB ROLE**

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

- Sponging
- Suctioning
- Cutting suture
- Holding retractors
- Manipulating the 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. The observation cases are *not* to be included in the required case count, but must be documented by the program.

#### **HEALTH REQUIREMENTS:**

All students must have a *Health Screening and Immunization form* completed and the results on file with the College/Institute prior to starting ST320 and ST321.

Further information regarding clinical experience and hospital assignments will be presented during clinical orientation by the program director. Additional information will be provided by the clinical liaison, program director or designee to each student prior to hospital assignment. However, if you have any questions at this time regarding clinical experience, please make an appointment with the program director to discuss them.

#### CLINICAL HOURS AND ATTENDANCE REQUIREMENTS

You *must* complete *all* of the minimum attendance requirements listed below in order to progress from one clinical course to the next clinical course successfully.

Students Enrolled on or after January 1, 2016:

- ST330 Sterile Processing Sterile Processing Department at an Affiliate Healthcare Facility
  - o *Minimum* attendance requirements:
    - Monday Friday (Weekends may be required)
    - 8 hours each day
- ST410 Clinical Externship I Operating Room at an affiliate Healthcare Facility
   *Minimum* attendance requirements:
  - Monday Friday (Weekends may be required)
  - 8 hours each day
- ST420 Clinical Externship II Operating Room at an affiliate Healthcare Facility Minimum attendance requirements:
  - Monday Friday (Weekends may be required)
  - 8 hours each day

\*All Clinical hours must be made up. Make-up hours for Clinical can only be made up by clinical experience and will be assigned by the Program Director and Clinical Coordinator.

**Changes in schedule:** There are times when the clinical facilities need to make changes in your schedule during your assignment at their site. If changes are made during your clinical experience you will be notified immediately by your instructor.

- > You must arrive in the department, in proper OR attire, at your scheduled start time. You may not leave before the end of the minimum scheduled class hours (8 hours) unless directed to leave by your instructor.
- No more than 8 hours/day will be allowed during your clinical experience.

> You must complete **100**% of the minimum clinical scheduled hours (680 hours) as assigned.

### **CLINICAL CASE REQUIREMENT**

You *must* complete *the entire* minimum Clinical Case Requirements listed below in order to successfully graduate from the program.

- 1. The total number of cases the student must complete is 120 cases as delineated below.
- 2. Students must complete a minimum of thirty (30) cases in General Surgery; twenty (20) which must be performed in the First Scrub Role. The remaining ten (10) cases may be performed in either the First or Second Scrub Role.
- 3. Students must complete a minimum of ninety (90) cases in various surgical specialties excluding General Surgery; Sixty (60) which must be performed in the First Scrub Role. The additional thirty (30) cases may be performed in either the First or Second Scrub Role. A minimum of sixty (60) surgical specialty cases must be performed in the First Scrub Role, and distributed amongst a minimum of four surgical specialties. Minimum of ten (10) cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required). The additional twenty (20) cases in the First Scrub Role may be distributed amongst any one (1) surgical specialty or multiple surgical specialties. The remaining thirty (30) surgical specialties cases may be performed in any surgical specialty either in the First or Second Scrub Role.
- 4. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory, but up to ten (10) diagnostic endoscopic cases and five (5) vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.
- 5. Observation cases *must be* documented, but *do not* count toward the 120 required total cases.

## **CLINICAL CASE REQUIREMENTS TABLE**

Specialty	Total Cases Required	Minimum First Scrub Cases Required	Maximum Second Scrub Cases
General Surgery	30	20	10
Surgical Specialties:  Cardiothoracic  ENT  EYE  GU  Neuro  OB/GYN  Oral Maxillofacial  Orthopedics  Peripheral Vascular  Plastic and Reconstructive  Procurement/Transplant  Diagnostic Endoscopy:  Bronchoscopy	90	60	10 diagnostic endoscopy cases
<ul> <li>Colonoscopy</li> <li>Cystoscopy</li> <li>EGD</li> <li>ERCP</li> <li>Esophagoscopy</li> <li>Laryngoscopy</li> <li>Panendoscopy</li> <li>Sinusoscopy</li> <li>Ureteroscopy</li> <li>Labor and Delivery</li> </ul>			may be applied toward the second scrub cases.  5 vaginal delivery
			cases may be applied toward the second scrub cases.
TOTAL	120	80	40

## **WORK POLICY**

The objective of the clinical portion of the program is to provide educational experience outside of the classroom. It is the policy of the College/Institute that students are not to be substituted for paid personnel during the clinical portion of the program.

## PROFESSIONAL ORGANIZATION MEETINGS

The Association of Surgical Technologists (AST™) meetings are held periodically. Both state assembly and national meetings are open for student participation. Information regarding meetings at local, state, and national levels of AST™ may be obtained from the Program Director. Student membership to AST will be provided by the College/Institute during the clinical phase of the program.

## **PROGRAM FINAL EXAM (PFE)**

This final exam is administered approximately four (4) weeks prior to graduation.

All PFE exams must be taken as scheduled. Students will be notified of the scheduled date well in advance. It is expected that students will arrange their personal schedules accordingly, and insure their attendance on the scheduled test day. Only under extreme mitigating circumstances will a reschedule of the PFE exam be approved. All requests for rescheduling must be approved by the program director or designated staff member. If mitigating circumstances are approved for a missed PFE exam, the actual PFE score obtained by the student will be posted as part of the final grade. If a student misses the scheduled PFE exam and takes a rescheduled make-up test, he/she will receive a maximum of 70% grade regardless of the actual score.

In the event a student does not pass the PFE exam on the first attempt, a comparable exam will be administered as a retest. The maximum score of 70% will be posted regardless of the actual score obtained by the student. Please refer to the make-up and/or retest policy in this handbook.

Since the PFE exam score constitutes 30% of the final grade of the last module in the program, students who fail to obtain a passing grade on the PFE will be in danger of failing, and must repeat the necessary module in order to graduate.

In addition, students will be able to sit for either the NBSTSA certification exam or the Comprehensive Secure CST Practice Exam [CSCSTPE]\*. The exam will be scheduled by the College/Institute. Students will sit for the exam within 30 days prior of last day of clinical, or 30 days after the last day of the clinical.

\*CSCSTPE Exam only for students in programs seeking CAAHEP Initial accreditation

## **APPEALS**

Student appeals on any issue or decision related to surgical technology should be directed to the College/Institute administrative staff. A student should outline in detail his/her appeal in writing. Letters of appeal will be routed to the appropriate administrative staff member.

## SURGICAL TECHNOLOGY HANDBOOK RECEIPT

Date
Student Name
(Please Print)
I have received a copy of the Surgical Technology Student Handbook.
I have read all entries and/or had them read to me by a department faculty member.
I fully understand all entries and agree to abide by all rules, guidelines, and regulations therein.
I also understand that the Handbook may be updated periodically at the discretion of the Surgical Technology Program Director and can be viewed on the College's/Institute's website.
Student Signature