Frederick Community College

SURGICAL TECHNOLOGY PROGRAM

STUDENT HANDBOOK
and Faculty Resource

08/2022   CS

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WELCOME

Congratulations for registering for the Surgical Technology program at Frederick Community College. During your course of study, you will participate in the dynamic, exciting, and challenging Health Sciences program called Surgical Technology. The faculty and staff applaud your interest in the healthcare field and recognize how hard you have worked to be in the program.

As your faculty, we will assist you throughout your college career by providing tools you will need to meet your goals. We encourage you to utilize the many resources available to you at the college and clinical sites. College faculty, advisors, peer tutors, career services, and the surgical technology lab are resources available on campus. Preceptors, operating room educators, product representatives, videos, and special in-services are available for you at the clinical sites. Please take the time to consult with us, regardless of the topic.

Our goal over the next few months is to work in partnership with you and the clinical facilities to prepare you for this very rewarding and dynamic career. The faculty and staff look forward to working with you.

Parts of this handbook are designed to serve as a reference throughout your course of study.

Our sincere best wishes are extended to you for success in your college career and in your new occupation as a surgical technologist!

Best wishes,

Program Faculty and Staff

INTRODUCTION

The surgical technology program in its current format began in January, 1997. During 1995 and 1996, the curriculum was offered as noncredit through the Continuing Education and Customized Training department (CECT). In 1998, the curriculum was revised so that students could select between two options: a 12-month certificate program and an Associates of Applied Science (AAS) degree in Surgical Technology. These programs were approved by the FCC curriculum committee and by the Maryland Higher Education Commission (MHEC). Initial national accreditation was grated in 1999 through the Commission on Accreditation for Allied Health Education Programs (CAAHEP) after a rigorous review through written reports and an on-site visit. Refer to the website www.caahep.org for contact information. FCC is proud to offer a program that meets national standards and guidelines. This accreditation is also significant because as of March 2000 only graduates from accredited programs may apply to sit for the Certification Examination in Surgical Technology.

In 2013, CAAHEP validated both the certificate and AAS degree at Frederick Community College. Those students beginning in January 2020 and graduating in December 2020 will be the last cohort that can select either pathway. The AAS degree will be the only accredited pathway beginning with the August 2020 cohort.

Our curriculum has a foundation in the principles and practices of national organizations such as the Association of Surgical Technologists (www.ast.org) and the Association of Perioperative Registered Nurses (www.aorn.org). In addition, each year faculty members and the program advisory committee review program components, accreditation standards, and student and employer evaluations. The committee members make recommendations for salient revisions to the methods of delivering the curriculum. These efforts aim to tailor the program to better meet the needs of our students and the community. Our ultimate goal is for each student to be successful and for each employer to gain a competent, new employee.

Starting with the 2015 school year, the program began offering two start dates and these coordinate with the fall and spring semesters. The program conducts on-campus labs, lecture sessions, and contracts with numerous operating rooms for the clinical practicum component of the program. During this time, surgical technology course work is studied along with attending clinical rotations in an operating room at one, or more, of our many clinical affiliates in Pennsylvania, Virginia, West Virginia, and Maryland.

Throughout the clinical portion of the program, students attend approximately 420 hours in the clinical settings. Here they complete the student surgical technology roles as outlined in the most current edition of the *Core Curriculum for Surgical Technology* published by the Association of Surgical Technologists. Students begin by observing the roles and procedures, and progress under the guidance of the clinical site preceptors and FCC instructors. There are two to five required clinical days per week, depending on the semester. Students graduate in late May (fall cohort) or late

December (spring cohort). In our geographical area, graduates have excellent employment opportunities.

Each cohort sits for the Certification Examination in Surgical Technology in the FCC testing center, utilizing a web-based process through the National Board for Surgical Technology and Surgical Assisting, (www.nbstsa.org). Sitting for the examination is required for program completion. The CST credential is a coveted achievement attesting to the ST's commitment to excellence. This credential is a requirement for employment in many institutions.

Graduates from our program are successful and satisfied with their educational experiences. Many of our graduates are offered employment by their clinical site managers; some are recruited months prior to graduation. Employer surveys also reveal satisfaction with the graduates and a majority state they will continue to hire our program graduates to fulfill vacancies in their staff.

MISSION STATEMENT, GOALS and OUTCOMES

Program Mission: To prepare entry-level surgical technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession. March, 2022 (Standard II.A. ARCSTSA)

Program goals for students, (student learning outcomes):
1. The student will apply critical thinking skills pertinent to the practice of surgical technology (cognitive domain).
2. The student will perform proficiently in the surgical technologist's role during complex surgical procedures, appropriate for their educational sequence (psychomotor domain).
3. The student will exhibit professionalism consistent with college and employer standards (affective domain).

Goals for the program:
1. Provide students with accessible, effective opportunities for learning
2. Produce graduates who are introduced to a global workplace
3. Integrate into the curriculum current standards of practice upheld by the national accrediting and professional associations
4. Enhance clinical expertise with experiences which meet or exceed the Association of Surgical Technologist's minimum case requirements in the current edition of the *Core Curriculum for Surgical Technology*
5. Maintain ongoing associations with the local employer community to ensure program relevance
6. Conduct annual assessments of the program's effectiveness
7. Maintain periodic contact with program graduates and employers
8. *Meet or exceed the threshold values for the reportable outcomes on the Annual Report to the Accreditation Review Council on Education in Surgical Technology (ARCSTSA)*

- Retention: 60%.
- Graduate placement: 80%
- CST examination: participation 100% and pass rate 70%
- Graduate survey returns: 50% and satisfaction on standardized survey, 70%.
- Employer survey returns: 50% and satisfaction on standardized survey, 70%.

REQUIREMENTS FOR PROGRAM COMPLETION

1. Overview

Successful completion of the core outcomes for the program and for each ST course is required for graduation. Prior to graduation, the student will apply and sit for the national certification examination in surgical technology offered by the NBSTSA, through a web-based examination conducted on our campus.

In all ST courses, the student must:
- Receive a minimum of 70% in the didactic portions of the program
- Receive a "passing" grade in the laboratory and clinical portions of the program where evaluations and competencies are based on a "pass / fail" criteria and the student must receive a score of at least "3" on a 5 point scale or "2" on a 4 point scale.
- Participate in surgical procedures, show evidence of progression from simple to more complex procedure participation, progress from dependent to independent participation in the student surgical technologist role, and document at least the minimum number of clinical cases based on the most current edition of the AST's *Core Curriculum for Surgical Technology*
- Meet the criteria to apply and sit for the national certification examination in surgical technology as a cohort prior to graduation.

2. Student Work Policy

CAAHEP Standard V. c. states, "All activates required in the program must be educational and students must not be substituted for staff." Students in the ST program will be monitored during surgical procedure participation by a preceptor – employee, in accordance with our clinical affiliation agreements. The student may not be substituted for an employee.

3. Evaluation of Student Learning

There are multiple methods utilized to evaluate program goals or student learning outcomes required for program completion. These methods include: written examinations, homework assignments, quizzes, web-based assessments, small group presentations, clinical evaluations, skills competencies, verbal/written preceptor evaluations, electronic mail evaluations, and standardized testing. There are three major components to our program: lab, lecture, and clinical.
- ST skills are taught and evaluated in the on-campus ST lab. We utilize skill competencies where students are evaluated and scored with a pass / fail rating.

Passing is achieved with at least a "3" score on a five point scale or a "S" or satisfactory rating. Refer to each course syllabus.

- ST didactic / lecture concepts are taught in the classroom and on each ST course's companion website on Blackboard. Examinations are graded and passing is 70% or higher. Refer to each course syllabus.
- ST clinical participation is evaluated with daily, mid-term, and or final evaluations. The student must participate in and document cases according to course requirements, and as listed in the latest edition of the AST's *Core Curriculum for Surgical Technology*. The grade for this segment is pass / fail and the student receives at least a "3" on a five point scale or a "2" on a 4 point scale. Refer to the clinical section of this handbook.

Students will receive a faculty generated, written evaluation of their performance in the on campus lab sessions and in clinical participation at least once a week and **within 48 hours** of the observation/ session. The written evaluation will be housed in the current online management system. Presently this is titled Trajecsys. The student is responsible for reading and signing the form **within 48 hours, or weekly**. Note: Instructions are provided in the SURG blackboard companion sites and opportunities to practice using the Trajecsys in class will be provided. The clinical coordinator is responsible for monitoring compliance each week (Monday or a Friday) and will report to the Program Director.

REGULATIONS and PROGRAM INFORMATION

1. **Participation and Attendance**
   - Students may not attend the surgical technology program without first applying to FCC and separately to the ST program, meeting prerequisite coursework requirements, being accepted into the ST program then registering for the courses.
   - This health career program views attendance according to industry standards. An employer expects attendance and participation on the job; the program expects the same from its students.
   - Attendance and participation are mandatory for all scheduled classroom, lab, or clinical sessions.
   - Active learning strategies are utilized throughout the surgical technology program; the student must be present to participate.
   - In non-COVID sessions: Attendance is counted as present, late, or absent.
     - Late is defined as arriving at any time after the start time of the class (lecture, lab or clinical).
     - Absent is defined as not attending the scheduled session at all.
     - Two (2) late occurrences count as one (1) absence.
     - Three (3) absences will result in a reduction in the final course grade by 10%. Example: With absences, 77% becomes 67% or a non-passing grade.
   - Absences beyond three days (3), even with a valid excuse, will jeopardize completion of program outcomes.

- o In this situation, the student may be advised to withdraw from the course prior to the withdraw date.
  - o ***For any semester less than 15 weeks in duration***, *only 1 absence or 2 tardy occurrences are allowed. On the 2nd absence, the grade is lowered by 10 %. Clinical absences must be made-up by pre-arrangement.*
- Absences will not cause a decrease in the grade in the following four situations but may jeopardize completion of course outcomes:
  1. Extended, serious illness of student or dependent (physician documentation required)
  2. Death of an immediate family member (spouse, significant other, child, or parent)
  3. Court order
  4. A recognized religious holiday (pre-arrangement required)
- **Documentation or proof of the rationale for absences in these four circumstances is required.**
- It is the student's responsibility to submit the documentation within 5 days to the Program Director.
- In the event of an <u>extended</u> absence for any reason-beyond 3 days-and when course content or clinical participation cannot be made up by the end of the semester, then the student will be advised to withdraw from the course by the posted withdraw date on the college calendar.
- If the date of withdraw has passed then the student will receive an F grade.
- Beginning in January 2019 the student may return to the course and program with the next cohort. In this situation the student will repeat lab, clinicals, and lecture with the next cohort. If the student is unable to complete the course requirements on the second attempt, then no additional attempts will be allowed. Refer to additional information following.

2. **Clear, professional communication** is a requirement of the ST career.
   - If absent or tardy for clinical rotations, students are required to:
     - o Contact the OR Desk (or other designated person at your clinical site) at least 1 hour before the start of the shift.
     - o Email or text or phone your FCC clinical instructor by 0700 to report any absence for the day.
     - o Email the Clinical Coordinator or designee by 0700 to report your absence.
   - Work with the clinical site to establish an acceptable make-up date before the semester concludes.
   - Submit an email within 24 hours of your absence to your FCC instructor, and FCC Clinical Coordinator or designee listing the date of your absence, the date that you plan to make up the absence, and who approved this alternate schedule.
   - **Any missed clinical days need to be made up prior to the end of the course.**

- *In the event of extenuating circumstances, the Program Director may work with the student to establish an alternative make-up schedule.*

3. Passing Grades
- A numerical system is used for the course grade. Didactic course work is graded using the letters A through F.
  - The grade of "C" or 70% is the minimum needed to pass the didactic portion of the course.
- On-campus lab sessions and clinical course work are graded as Pass / Fail. The student receives a "Pass" for a "3" score or higher on a 5 point scale, or "S" satisfactory.
- The Participation and Attendance policy also applies to on-campus lab sessions and clinical rotations.
- Didactic, on-campus skills labs, and clinical course work must reflect passing grades in order to receive a passing grade for the course or the program.
- Each ST course syllabus lists the grading criteria and required assignments.
- The clinical grading criteria are delineated in the clinical evaluation forms.
- The evaluations are provided to the student in various formats including verbal and written.
- The FCC instructor will ask preceptors/ OR team members to complete a form or provide feedback verbally.
- Any completed form will be returned directly from the preceptor to the FCC clinical instructor - via a collection envelop, or USPS mail (paid envelopes to be provided to the clinical site), or phone photo to the FCC instructor.
- A location or process unique to each clinical site will be determined and communicated.
- Completed forms will not be returned to the FCC student; these may be anonymously submitted to the College faculty.
- FCC Faculty will review any feedback and will summarize and communicate suggestions and guidance to the student.
- The FCC Faculty member is responsible for the evaluation process.
- **Critical errors** will be communicated to the student along with plans for improvement.
- Errors that jeopardize patient or OR team member safety will be reasons for removal from the clinical site.
- The student may be asked to complete and pass a lab skills competency examination at any time when safe practice and competence in the clinical setting are in question.
- The preceptor and OR personnel will monitor and guide the student at the sterile field, or before and after the procedure.
- Faculty will provide an evaluation to the student each week orally, in print or via email.
- The student is responsible for reviewing the written evaluations, and participating in new goal setting. These forms are available in the online

documentation system, Trajecsys, and in the Clinical area in each Blackboard site.
- Refer to the Clinical section of this handbook.
- Students will maintain a clinical notebook for the purpose of compiling and tabulate clinical case participation according to AST's latest edition of the *Core Curriculum for Surgical Technology*, and for storing daily and mid-term/final skills evaluations.
- The student will provide the College faculty access to the notebook contents for evaluation, review, planning, and for program documentation.
- Students will maintain documentation in an on-line format when utilized by the program. Currently this format is managed by Trajecsys.
- Students will provide weekly validation of the time card and case participation to the clinical coordinator.

4. **Laboratory Supplies and Fees**
- Students will purchase and utilize lab supplies and scrubs. The supplies are included in the first surgical technology course.
- Approximate cost: $400.00 for the supply packs and $30 scrub top and slacks.

5. **Failure or Withdrawal**
- Students must pass all ST courses from one semester before moving onto the next semester.
- Students who do not pass the on-campus skills lab competencies or clinical requirements may not seek readmission into the program.
  - In this event, advising and counseling will occur with the Program Director.
- Students may refer to the FCC Student Handbook for related policies and procedures.

6. **Readmission**
- Beginning in January 2019 students may seek readmission into the next cohort one time due to a failure to achieve a 70 % or higher average on lecture examinations.
- Students who do not pass lab competencies or clinical may not seek readmission.
- Students who withdraw from a course by the withdraw date and are in good standing in lab, lecture, or clinicals may reenter the program with the next cohort one time.
- Students who do not pass lab or clinicals may decide to stay in the lecture session of the course and take the examinations. The average of the examinations will be the final course grade. The student may not seek readmission into the program.
- For any failing grade in the final ST course, the student may not sit for the certification examination for ST and will not graduate from the college with a ST degree.

- Any student who is eligible to reenter the program with the next cohort must demonstrate basic skill competence before being placed into the clinical setting.
- If the student is unable to demonstrate safe practice when they reenter the program, then they must develop a schedule for remediation/practice with a faculty in the on-campus lab. This schedule may include several dates and may occur during scheduled on-campus lab sessions with the cohort of students. The student will be reevaluated with the on-campus lab skills competency examinations that are given to all students prior to entering the clinical site. The student must pass the clinical competencies to advance into the clinical setting.
- Students who are readmitted and withdraw or fail for a second time may not seek readmission into the program.
- The Program Director is to be notified at least 2 months in advance of the intent to reenter the program so that adequate clinical placement can be arranged.
- Readmission may be delayed if there are no clinical sites available for the reentering student.

7. **Pertinent Student Data**
   - The student must advise the Program Director and Clinical Coordinator of any changes in name, address, telephone, or email address.
   - The program faculty must be able to readily contact the student or graduate. The student is also responsible for informing the FCC registration department of any changes.

8. **Clinical Attendance, Inclement Weather, and Liability Coverage**
   - **Students are encouraged to sign up for the FCC Alert system through the FCC homepage.** Students are advised to navigate safely to and from the college and clinical sites at all times. Notices of cancellations or delays are available from: the FCC Alert System, local radio stations, or by calling 301.846.2400 or 1.888.719.9496.
   - An enrolled student in a clinical course may attend clinicals, according to the affiliation agreements that we have with our facilities.
   - Our students need preceptors at the clinical site so attendance at the clinical site at any time is dependent on the OR having a ST responsible for our student.
   - Students enrolled in a clinical course will use their own judgment in any bad weather situation - if they cannot safely leave home then they are to stay home and make the appropriate call-out contacts.
   - If students are at clinicals and the college closes then they may stay at clinicals, especially considering the wide geographical area where we participate.
   - If students are on the road to clinicals and the college delays or closes, then the same is true. The student may attend clinicals.

- The liability insurance covers a health training incident which is defined as any act, error, or omission of a student, teacher, faculty member or supervisory staff member while acting within the scope of duties as such in a health curriculum.

9. Tutoring, Career Counseling, and Resume Writing

The College offers multiple resources to each student, at no charge. Please refer to the college website, www.frederick.edu, or contact other staff for assistance.

10. Fair Practices

Please refer to the index in the College catalog (www.frederick.edu or print version) to obtain information, policies and procedures on the following topics:
- Student Affairs
- Tuition and Fees
- Academic Calendar
- Student Complaint
- Withdrawal from courses
- Refunds

11. Code of Ethics

Overview

The student has the responsibility to maintain all components of the Code of Ethics: academic, clinical, and personal.
- Academic: The student is to complete his or her own work without any assistance, unless otherwise indicated. Students should seek assistance from faculty or staff when there are questions.
- Academic and Clinical: The student is to maintain confidentiality regarding all aspects of information from fellow classmates, and information from the clinical setting.
- Clinical: Patients, staff, and physicians are not to be photographed or videotaped or presented in any form on social media.
- Clinical: Patients, staff, physicians, or any identifying information may only be discussed for educational purposes in the College or clinical settings.
- Personal: The student is to respect the diversity and/or disabilities that we encounter within our College classroom and operating room settings.
- Failure to comply with these standards will result in dismissal from the program.

Cell Phones and Other Electronic Communication Devices:
- Cell phones and all other electronic devices may be used to assist the student with lecture power points, or small group work in the classroom.
- If an electronic device is found to be a distraction to other students then it can no longer be used in the classroom setting. The instructor will ask the student to turn it off.
- **Place any device on "silent" during all lecture and lab sessions.**

- **We are in a career program; cell phones should be used as if the student were participating in a work setting.**
- **Social messaging is performed on the student's own time, not during work or career program time. If there is an impending emergency, alert the classroom or lab instructor of the situation. Move into the hallway or outside the building to answer and return quietly to the room when finished.**
- During exams, cell phones and other devices must be off, placed in a book bag or purse, and removed from the testing room.
- If an electronic device, including a cell phone, is found to be in the student's possession during an exam, the student will be in violation of academic integrity.
- During exams where the student is using their own laptop, the student may not have other webpages open at the time of the exam. All "tabs" must be closed other than the exam-found at this time on *Exam Master.* Failure to comply will result in a zero for the exam.
- **No electronic communication is permitted on patient-care areas. You may not use your cell phone while you are in the OR—patient care settings.**
- If you are expecting an <u>emergent communication</u> during your clinical time, provide the OR desk phone number to your party and instruct them to call the desk clerk. The clerk will contact you. You may <u>not answer a cell phone</u> during your clinical responsibilities.

12. **Surgical Technology Basic Qualifications for Practice**
    1. Able to stand, bend, stoop and or sit for long periods of time in one location with a minimum or without breaks
    2. Able to lift a minimum of 20 pounds
    3. Able to refrain from nourishment or restroom breaks for periods up to 6 hours
    4. Demonstrates sufficient visual ability to load a fine (10-0) suture onto needles
    5. Demonstrates sufficient peripheral vision to anticipate and function while in the sterile surgical environment
    6. Can hear and understand muffled communication, without visualization of the communicator's mouth or lips, within 20 feet
    7. Able to hear activation or warning signals on equipment
    8. Able to detect odors sufficient to maintain environmental and patient.
    9. Manipulates instruments, supplies and equipment with speed, dexterity and good eye-hand coordination
    10. Ambulates or moves around without assistive devices
    11. Able to assist with and or lift, move, position and manipulate the patient who is unconscious with or without assistive devices
    12. Communicates and understands fluent English both verbally and in writing
    13. Free of reportable communicable diseases and chemical abuse
    14. Free of conditions which may endanger the health and well-being of other students, faculty, patients or staff

15. Possess short and long term memory sufficient to perform tasks such as mentally tracking surgical supplies and performing anticipation skills in the operating room
16. Able to make appropriate judgment decisions (critical thinking)
17. Demonstrates the use of positive coping skills under stress
18. Demonstrates calm and effective responses, especially in emergency situations
19. Exhibits positive interpersonal skills during interactions with people.
20. Truthful in communication and exhibits the potential for a strong surgical conscience. Adopted from: AST, Inc. (2002). *Core Curriculum for Surgical Technology*. Published by AST, Inc

REQUIREMENTS FOR CLINICAL SITE PARTICIPATION

1. **Assignments**
   - The student will be assigned to a clinical site after successfully completing on-campus lab skill competencies and any other requirements per the affiliation agreements- background check, immunizations, titers, CPR, etc.
   - The lab coordinator, clinical coordinator, and Program Director will collaborate to make assignments. The clinical coordinator will advise students of the assignment and any additional pre-clinical requirements to be completed.
   - FCC has affiliation agreements with facilities in Maryland, Virginia, West Virginia, and Pennsylvania.
   - **Plan to drive outside of Frederick, MD.**
   - **If you do not have transportation then you cannot attend clinical rotations. In this situation, it is advisable to withdraw from the program and reapply in the future when you can participate in the required clinical portion of the program.**
   - Once made, assignments should be considered permanent for the duration of the program.
   - On occasion, the core learning outcomes of the program can best be completed by the student at an alternate facility. In this situation, the student will be offered a new clinical site. See above related to transportation.
   - For those students employed at one of our clinical sites, the student could be placed at that site but there is no guarantee. Role-confusion can occur and some clinical sites prefer not to accept employees as OR students.
   - A ST student participating in the student role may not be substituted for paid, hospital staff.
   - **Reliable transportation and care for any of your dependents are required to participate in the clinical portion of the program.**
   - Absences or tardy incidents have a negative impact on goal completion.
   - The College does not provide transportation or childcare.
   - The College does not guarantee placement at the student's choice of clinical sites.

2. **Background Checks and Requirements**
   - Students are required to provide proof of immunity to communicable diseases, proof of American Heart Association BLS CPR, and clear background and drug screening on or before the due dates-refer to the ST calendar for dates.
   - Noncompliance with the due dates will prevent the student from beginning clinicals on time.

   The student provides the following on their own:
   - American Heart Association, CPR Basic Life Support.
     - Certification must be valid for the entire length of time the student is in the program; didactic and manikin sessions are required.

- **Immunizations and proof of immunity with blood titers**- Varicella, MMR, and Hepatitis B. You must go to a laboratory to have bloodwork performed. Your physician provides the order.
- Seasonal flu vaccination (required at all clinical sites)
- History and physical (H&P) exam
- Negative two-step **or** negative annual PPD.
- If there is a history of a positive PPD, then provide a negative chest x-ray.
- Note- some clinical sites require additional screening and completion of online modules or background checks.
- Surgical technology course fees include the following and these are completed approximately one month prior to beginning clinicals with a FCC request form provided by the clinical coordinator or Program Director:
  - CJIS fingerprinting for criminal background check
  - Urine drug screening
- Approximate costs-out of pocket or included in course fees:
  $150 for background and drug screening
  $100 for Hepatitis immunizations
  $40-70 for CPR
  Variable cost for office visit and History & Physical

Mandatory OSHA, HIPAA Training and Sharps Safety

- Students will complete the Clinical Mandatory Training sessions which include information and a quiz on patient privacy, fire safety, sharps management, safe use of materials, immunizations and the Health Insurance Portability and Accountability Act (HIPAA).
- Mandatory Training will be conducted through an on-line course access at the beginning of the ST program.
- Students who complete the same annual training at their place of employment may provide proof, and this will count for the ST program.
- Students will abide by the program's sharps safety policy and procedures
- The policy will be covered prior to the first laboratory session on campus.

3. **Incidents**
- This occupation has a high risk for injury or disease transmission due to potential blood-borne pathogens in the OR environment.
- In the event of an injury, the clinical site can provide emergency services to the student.
- **The student is responsible for payment of any emergency services.** This obligation can be met through the student's health insurance or by private payment methods.
- In the event of any injury in the on-campus lab, the student will be provided first aid. EMS will be contacted to transport the student to the ER for serious events.
- All incidences will be reported to the FCC Security Office.

- Health (career program) Students' Liability coverage insures FCC, its School Board, School Committee, Board of Trustees and, for acts within the scope of their duties as such, all persons who were, now are, or shall be employees, student teachers, school volunteers and students enrolled in a health related curriculum for health training incidents.
- A health training incident is defined as any act, error, or omission of a student, teacher, faculty member or supervisory staff member while acting within the scope of duties as such in a health curriculum.

4. Dress Code
Students and any representative of FCC are required to present a professional appearance.
- Appear at the clinical site in clean, well-fitting attire. Students may wear their College lab scrub attire to the clinical site but must change into hospital-approved, laundered scrub attire.
- Use well fitting, dedicated OR shoes with closed heels and toes.
- Wear light to medium support hose / socks as recommended for men and women.
- Do not wear earrings, necklaces, bracelets, watches, rings, acrylic nails, nail polish, perfume or aftershave.
- Body jewelry used for pierced body parts must be removed or contained and not visible.
- Tattoos must be covered with clothing. Unnatural body marks must be contained with make-up or appropriate clothing.
- Breath mints are acceptable, but gum-chewing in not.
- Personal hygiene must be maintained.
    - Bathe daily, wash your hair, and wear deodorant.
- All facial and head hair must be contained by the surgical mask and/or surgical cap.
    - Shave facial hair appropriately and bring hairbands for long hair.
- Students must advise OR staff of any allergies to latex or povidone-iodine or any sensitivities.

5. Removal from the Clinical Site or College Program
The student will be dismissed from on-campus sessions or the clinical site due to any of the following situations. The **asterisk *** indicates eleven (11) situations for dismissal from the program.

- Contagious illness.
    - A minimum of 24 hours on an antibiotic is required before returning to the OR.
    - In the case of a contagious illness, the student must be cleared to return to duty by providing a **written release note** from their healthcare provider.
- COVID and non-COVID health concerns: Physical inability to participate at the clinical setting.

- o Refer to the college's website for instructions related to COVID social distancing/ illness and return to campus.
  - o Provide College personnel (Program Director or Clinical Coordinator) with a **written notice of the health concern, and a release to return to clinical participation from the student's healthcare provider.**
- Not registered for the course or unmet college obligations.
- * Falsifying documents for the College, including clinical case logs and time sheets.
- * Non-compliance with hospital (clinical site) policy
- *Two unsatisfactory evaluations—scores below a rating of 2 or 3-- in the same category on the clinical evaluation form.
- *No improvement assessed beyond the initial evaluation or Action Plan.
- * Lack of progression or inability to demonstrate ST skills with few or no verbal cues and at an appropriate time interval in the program.
  - o Students must be able to demonstrate aseptic technique and must recognize any breeches and must be able to state or show how to correct these for each clinical day in all semesters.
  - o Students must work in the OR environment safely with sharp items, with surgical sponges and countable items, and be able to manage medications and specimens accurately each clinical day in all semesters.
- * Violation of patient privacy (HIPAA) by any method (including oral, written, or electronic)
  - o Students may not take pictures or video of patients or procedures
  - o Students may not post pictures, or hospital information on any form of electronic media.
- Not prepared for the clinical experience
- Missing clinical notebook, preceptor evaluations, or case participation log
- * Excessive tardiness or absence
- * Patient safety issues
- * Aseptic technique issues-- intraoperative performance, or hygiene (long nails, etc.)
- * Sharps management issues
- Fatigue indicating an inability to perform safely
- * Drug or alcohol use

6. **Hospital Issued ID Badges, Locker Keys, and Parking Passes**
   - Students will wear hospital-approved ID as per policy.
   - Any hospital property **must be returned** on the last day of clinicals.
   - Failure to do so will place a **HOLD** on the Certificate of Completion or Degree.

7. **Clinical Case Participation and Documentation**
   - Student Learning Outcomes (SLO)
     - The student will apply critical thinking skills pertinent to the practice of surgical technology (cognitive domain).

- The student will perform safely in the surgical technologist's role during complex surgical procedures, appropriate for their educational sequence, in preparation for entry-level practice (psychomotor domain).
- The student will demonstrate professionalism consistent with college and employer standards (affective domain).
- The student will perform in the first, second, or observation roles during clinical experiences. These roles are listed below and are defined in the current edition of the *AST's Core Curriculum for Surgical Technology Education.*

CASE DOCUMENTATION FOR PROGRAM COMPLETION
(CAAHEP, 2021 for Aug 1, 2022)

Instructions:
1. Maintain case documentation.
2. Case documentation must indicate an increase in the complexity of the cases completed.
3. You may participate in more procedures than required but not less. Document all cases.

Surgical Rotation and Roles

1) Surgical Rotation Case Requirements.

a) A student must complete a minimum of 120 cases as delineated below in the diagram.
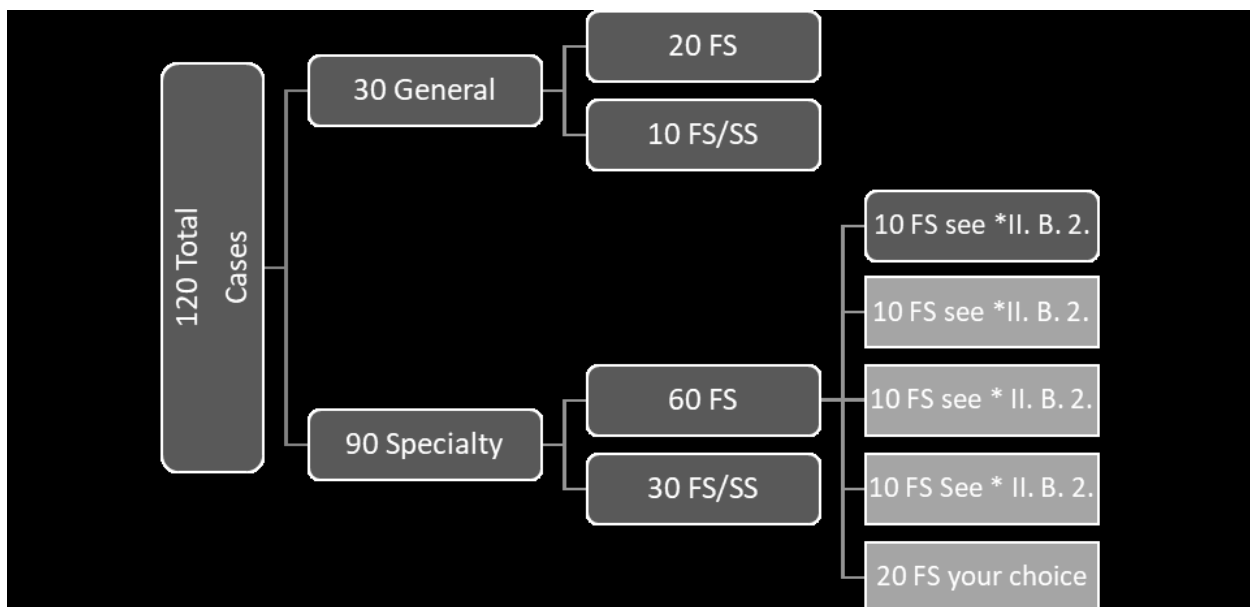
2) **First and Second Scrub Role and Observation.**

a) **First Scrub Role (FS)** i. To document a case in the First Scrub (FS) role, the student shall perform the following duties during any given surgical procedure with proficiency:

i.) Verify supplies and equipment
- ii.) Set up the sterile field
- 1. Instruments
- 2. Medication
- 3. Supplies
-
- iii.) Perform required operative counts
- 1. AST guidelines
- 2. Facility policy

- iv.) Pass instruments and supplies
- 1. Anticipate needs
-
- v.) Maintain sterile technique
- 1. Recognize sterility breaks
- 2. Correct sterility breaks
- 3. Document as needed
-

b) **Second Scrub Role (SS)** i. The SS role is defined as a student who has not met all the criteria for the FS role, but actively participates in the surgical procedure in its entirety by completing any of the following:

i.) Assistance with diagnostic endoscopy
- ii.) Assistance with vaginal delivery
- iii.) Cutting suture
- iv.) Providing camera assistance
- v.) Retracting
- vi.) Sponging
- vii.) Suctioning
-
-
- c) **Observation Role (O)**
- i. The O role is defined as a student who has not met criteria for the FS or SS role.
-

The student is observing a case in either the sterile or nonsterile role. **Observation cases cannot be applied to the required 120 case count but must be documented.**
-
-

8. Student Clinical Notebook

The student **must maintain a well-organized Clinical Notebook**, which documents the student's progress in the clinical experience. The Notebook should be a durable 1" wide three-ring binder, and contain the following documents in these tabbed sections:

1. Handbook: A copy of this Handbook, for reference

2. Reference: The single-page Clinical Schedule for the student's cohort, the Role Definitions document, the Explanation of a Clinical Day document, and the Case Documentation for Program Completion document.
3. Cases: Copies of the Case Listing form, filled out by date as the student progresses.
4. Timesheets: The student's timesheets.
5. An extra tab at the back of the student's notebook should contain blank ruled notebook paper, for note-taking while at the clinical site.

9. **Clinical Documentation Procedures**
   - One of the main roles of the Clinical Coordinator is to work with the student, clinical site, and clinical faculty to help guide the student towards completing the clinical portion of the program.
   - Many people are involved in tracking clinical data: the student, the clinical site, the clinical faculty, and the Clinical Coordinator.
   - **Cases and hours will be tracked both electronically and on paper**
   - To be eligible for graduation, the student must complete at least 120 cases (see the previous page) **AND** at a minimum of 49 days @ 8 hours per day of clinical time.
   - It cannot be over-emphasized that the profession of Surgical Technology has a strong foundation of trustworthiness.
     - ○ Falsifying documentation will lead to dismissal from the program.
   - **The student is a partner in the documentation process and is expected to be aware of their own progress towards meeting the core learning outcomes and case participation**.
   - Students may attend more clinical hours per week or per semester than are scheduled and may substitute those extra hours for an absence.
     - ○ For example, use "banked" hours for an absence planned for a scheduled event.
   - Students must complete scheduled clinical hours for each semester before advancing into the next semester.
     - ○ Only with prior planning and scheduling, a student who has a written medical waiver for attending clinicals may be allowed to extend incomplete clinical hours into the next semester. Refer to the Participation and Attendance section.
     - ○ In this situation, the student will receive an "I" incomplete grade and will make up the clinical hours within a written schedule/plan.
   - The student's Clinical Notebook contains the paper version of cases (in the form of the Case Listing forms) and hours (in the form of the Timesheets).
   - The electronic versions—when in use by the program-- are reported by the student.
   - The information is reviewed by the clinical coordinator, or designee, and by faculty. Plans for goal attainment are made and revised based on accurate, up-to-date data.
   - The faculty member will provide an evaluation **within 48 hours** of the clinical visit in the Trajecsys. This will occur at least weekly. The student is

responsible for reading and signing the form **within 48 hours**, and at least weekly.

- The student **will send a picture** via phone or email of the clinical timecard to the clinical coordinator each Friday, at the end of the clinical week. The timecard will match the number of hours placed by the student into the Trajecsys.
- The clinical coordinator will provide a **weekly report** of faculty and student compliance to the Program Director, or designee.

The procedure for tracking cases:

1. Over the course of the day, the student should write on a scrap piece of paper the cases performed, their role in each case, and any other notes that the student feels is pertinent (i.e., name of surgeon, variations from normal process, etc.)
2. At the end of the student's clinical day, the student enters the required information about each case performed that day into the clinical notebook and into an online case recording database.
3. This information is reviewed weekly by FCC faculty.
4. The student also writes each case, the category for each case, and their role in each case, on the Case Listing forms kept in chronological order in the student's Clinical Notebook.
5. The clinical faculty member verifies the electronic data with the written Case Listing forms.

The procedure for tracking hours:

1. When the student enters and leaves the OR suite at the start and end of each clinical day, a designated person (usually the staff member at the OR Desk) initials the times that the student has written. These initials should be legible so they can be verified at a later date by FCC Faculty.
2. At the end of the student's clinical day, the information is entered into the electronic data base—when in use.
3. One "clinical day" is 8 hours long, and students are required to be onsite 15 minutes early. For most sites, 0645-1530 is the "clinical day." Some clinical sites start later, and the 8-hour clinical day is adjusted accordingly: the students at these sites have a "clinical day" from 0715-1545.
4. The Participation and Attendance Policy, stated above, applies to clinical time as well.
5. This information is validated and used to plan for goal attainment.
6. The clinical faculty member verifies the electronic data with the written Timesheets.

10. **FCC Faculty Evaluations and Documentation Procedures**

Overview: Each week the student will receive an evaluation from their FCC faculty member. Each week, the student is responsible for reading the evaluations, participating in any plans for improvement, and for signing and dating the

evaluations. All evaluation forms are returned to FCC and become part of the student's record.

- The clinical FCC faculty member is responsible for conferring with OR staff and preceptors, reading any daily evaluations from preceptors, observing the student in the clinical setting and providing the student with a summary and evaluations of their performance.
- Clinical FCC faculty will evaluate the student each week and will submit an evaluation form each week via the online tool and **within 48 hours of the visit.**
- If the student is absent on the normal visit date, or if the faculty member cannot visit, then the faculty member will contact the OR educator or OR desk and inquire about the student's performance that week. The online evaluation will be dated and will reflect the student's performance through the evaluation provided by the OR staff.
- Appraisal of the student's performance will be discussed with the student, if only briefly and in person, at the clinical site so the student has an opportunity to receive feedback from the faculty member and participate in goal setting.
- After the clinical faculty member observes the student (through an entire case, if possible), he or she will also complete a more detailed written evaluation of the student's performance using an online tool.
- The student will read the evaluation and will sign the form **within 48 hours or weekly**, indicating they read the evaluation.
- With an unsatisfactory evaluation, the clinical FCC faculty member will within 24 hours alert the Clinical Coordinator, Program Director, and the student of any urgent issues that must be addressed: attendance, lack of communication, staff or patent safety, etc.
  - o A Success Alert will be entered into the student's Peoplesoft system as soon as possible, and within 48 hours.
  - o An objective summary listing the events leading to an unsatisfactory evaluation will be submitted by FCC faculty via the electronic evaluation form. The FCC faculty will include facts reported by preceptors, and by directly observing the student.
  - o When an Action Plan is developed, it must be discussed with the student, allowing the student the opportunity to provide input into new goal setting.
  - o Faculty will place any action plans in writing via the electronic evaluation tool and submit it to FCC within 24 hours of any issues.
  - o With the second occurrence of an unsatisfactory evaluation, the student must meet with the Clinical Coordinator, Program Director, and faculty member to discuss how the issue might be resolved.
  - o The student may be provided an opportunity to practice any deficiencies in the lab session and may then be asked to demonstrate skills and or pass a lab skills competency examination when patient or situational safety are in question.

- When patient safety is jeopardized, and no improvement is observed by OR staff or faculty, then the student will be dismissed from clinicals and will not be permitted to reenroll. Refer to previous sections related to grading.

11. Action Plan examples
- For unacceptable or unsatisfactory evaluations, an action plan for improvement including a time frame for improvement will be developed with the student and placed onto the electronic daily evaluation form submitted to FCC.
- Example: A break in sterile technique on the 4th week: student dropped hands below waist level three times in one case. A student touched an uncovered light handle with a sterile drape but did not notice the breech on their own. Plan: Over the next week (date), the student will maintain aseptic technique, keep sterile gloved hands in the appropriate zone, and anticipate proper movement within the OR without contamination. Without improvement by (date), the student will leave the clinical setting to practice skills in the FCC lab with demonstration of proficiency before returning to clinicals.
- Example: The student did not label the medication on the sterile field and did not announce the name and strength of the medication to the surgeon when passing it. Plan: The student will be counseled immediately. All medications and solutions on the sterile field must be labeled. Patient safety is in jeopardy. The student will label all medications and solutions on the sterile field and will announce all medications passed to the surgeon each time action is required. Without improvement by (date), the student will be assigned time to practice in the lab setting and will demonstrate proficiency before returning to the clinical setting.
- Example: Student left their clinical notebook in their car; faculty unable to monitor the timecard or case documentation. Plan: will retrieve clinical notebook. Students will place clinical notebook at a designated location in the OR lounge, each clinical date.

Surgical Technology Student Handbook Activity

Student Name: _____ **Signature:** _____
Date: _____

Instructions: Please answer the questions, and provide the handbook page number.

Topic	Page
1. What is the importance of graduating from an accredited ST Program?	
2. What do the acronyms AST and AORN stand for?	
3. Approximately, how many clinical hours do you expect to complete in this program?	
4. Give two examples of what a "competent" entry level surgical technologist might have to do when they graduate (brainstorm).	
5. Give two examples of "professional behaviors consistent with college and employer standards for a ST."	
6. How are ST students evaluated in the on-campus lab setting?	
7. How are ST students evaluated in the clinical setting?	
7. What is the minimum passing grade in the didactic portion of the program?	
8. What are my options if I do not pass the "didactic-lecture examinations" but pass labor clinicals?"	

9. What is the minimum passing grade in the lab or clinical portion of the program?	
10. What are my options if I do not pass the on-campus lab or clinical portions of the program?	
11. Where do I find the official college calendar?	
12. Where will I find the Withdraw by Date listed for a course?	
13. What is the significance of the Withdraw Date?	
14. What do you think an "Action Plan" is?	
15. What is the minimum number of clinical cases that you must participate in?	
16. How often does the FCC faculty member complete a clinical evaluation?	
17. How often does the student receive a copy of the FCC faculty clinical evaluation?	
18. What do you do if you do not receive a copy of the FCC faculty clinical evaluation?	
19. What happens if the student is **unable to demonstrate** progression towards independent practice?	
20. Participation (attendance) is mandatory. On the third absence during a 15-week semester what happens?	

21. With any semester less than 15 weeks, what happens on the 2nd absence? I	
22. If you are unable to be at the clinical setting on time or if you will be absent, what are you REQUIRED to do? Why?	
23. Why might a student be dismissed from the clinical site? Give two examples.	
24. What must the student do before returning to the clinical site after an illness that is designated as contagious—pink eye or conjunctivitis, for example?	
25. Who gives emergency care to a student injured at the clinical site— punctured with a sharp instrument, for example?	
26. Who pays for emergency care provided by the clinical site?	
27. What is the dress code for ST students entering the clinical site and for entering the OR suite?	
28. Why do you demonstrate immunity from communicable diseases before entering the clinical environment?	
29. With inclement weather, how do you determine if you should attend class or clinicals?	
30. Why do we ask ST students to adhere to a code of ethics?	
31. When are you permitted to use a cell phone or other electronic forms of communication?	

32. You are expecting an emergency or urgent call from a family member. How can you receive the message from them during clinical hours?	
33. The doctor places you on a lifting restriction of 5 pounds, can you attend clinicals? Explain why or why not.	
34. When you are not participating in clinicals for a medical reason, what do you need to present to FCC in order to return to participating in clinicals?	

==Return this activity to the FCC Program Director or clinical coordinator by the 2nd day of class.==

- I acknowledge I am beginning a career program that is patient and safety centered and incorporates requirements of a core curriculum and industry best practices. Accurate, clear, timely, and professional communication skills are essential. In the operating room setting, the surgical technologist must be able to accurately and quickly act on verbal instructions.

- I will submit any outstanding transfer transcripts by the first class date. Continuance in the program depends on completion of all prerequisites.

- I have arranged transportation to and from clinical sites that may be 1 hour or more from my home.

- Classroom, on-campus lab sessions, and clinical attendance are all mandatory. Attendance alone does not guarantee a passing grade or program completion.

- I am aware that I need to block out time on my calendar to complete the course work and to study or practice for all exams- electronic formats for didactic exams and hands-on demonstration of skills or lab exams.

- I am aware of my responsibilities as a student surgical technologist and the requirements needed to receive a passing grade in both the didactic (70% or higher), lab, and clinical (Pass / Fail) components of the ST program.

- I am aware surgical technology skills must be demonstrated by me consistently and proficiently, and with a progressing degree of competence and independence. Evaluations will be performed regularly during on-campus labs and in the clinical setting.

- I am aware of the significance of the posted course withdraw by date. I am aware if I withdraw by that date, then my transcript will show the "W" grade without further action by me.

- When unable to demonstrate skills in the on-campus lab setting according to the criteria/syllabus/handbook/skills examinations and I do not pass the skills exams, then I am aware I may not continue in any ST courses, semesters, or the program.

- When unable to demonstrate skills/safety in the clinical setting according to the criteria/syllabus/handbook/skills examinations, then I am aware I may not continue in clinicals, or in any additional ST courses, semesters, or in the program. If a didactic or clinical failure occurs in the last ST course, I am aware I will not graduate the program and will not sit for the certification examination.

- In the situation where the preceptors evaluate the student unsatisfactorily but before a failing clinical grade is assigned then if another clinical site is available the student can be scheduled for a competency / skills evaluation on campus or in the clinical setting. The student must pass the competency in order to be placed into another clinical site. As a ST student, I am aware there are no guarantees implied of passing the course, even with a change in clinical sites.

- A clinical or lab failure disallows reentry into the program. In this situation, the student may decide to remain in the lecture sessions for this course and take the exams. The exam average will be the final course grade in this situation. If the failure occurs in the final ST course, then the student will not graduate from the college, and will not sit for the certification exam in ST.

- When passing clinical or lab but not lecture exams, in this situation the student may reenter the program with the next cohort and a one-time reentry is permitted. Competence in surgical technology skills must be demonstrated and evaluated before entry into the clinical setting.

- I am aware of unacceptable behaviors that will result in dismissal from the clinical site, on-campus labs or examinations, and from the program.

- I am aware that I may not record or take pictures while in the FCC classroom, lab, or during clinicals unless approved by the Program Director.

- I am responsible for ensuring timely and clear methods of communication with all of my FCC instructors, coordinators, and with the clinical site staff. These methods may include verbal, electronic, or cellular.

- The FCC Clinical Coordinator will receive all documentation for AHA BLS CPR, immunization records and blood titers results (lab work) for clinical sites by the first day of class. Clinical attendance records and case documentation will be submitted on or before any due dates.

- I am aware, I am responsible for seeking feedback during lecture sessions, on-campus labs, and clinical experiences. Lecture sessions are evaluated with examinations and class participation. On campus skills are evaluated and verbal/written feedback is provided. Clinical performance is evaluated by clinical preceptors and conveyed to the student, and to the FCC faculty verbally or on survey forms. FCC faculty monitor and evaluate student performance and prepare a clinical evaluation based on direct observation and oral or written evaluations provided by the clinical site preceptors and or staff.

- I am aware that faculty are responsible for providing at least one weekly written evaluation of my performance in any on-campus lab sessions and in the clinical setting. The written forms will be provided **within 48 hours** of the evaluation. These evaluations will be available in the online documentation system, such as Trajecsys. I am aware I am responsible for reading and signing the evaluations. Faculty may also provide verbal evaluations.

- The clinical coordinator will monitor faculty documentation of weekly evaluations in the electronic system, will evaluate progress towards meeting the goals, and will monitor student participation as indicated by their signatures performed **within 48 hours** of the posting of the evaluation.

- My signature below acknowledges my responsibility to listen to verbal evaluations and instructions and to act on these, to read written evaluations and to act on these, and to clarify any areas that are unclear to me with the instructors or preceptors. I will participate in meeting or exceeding the requirements needed to demonstrate the on-campus lab skills, clinical skills, and surgical case participation-as applicable by semester.

- I give permission for educational photographs or video to be taken of me while performing surgical technology skills.

- An evaluation (Employer Survey) will be conducted with surgical technology employers to assist with program review and quality assurance. My signature below gives consent to contact my employer after graduation from the ST program.

_____

Student's Signature (Please sign legibly)   **Date**

Printed name _____