



Frederick Community College

SURGICAL TECHNOLOGY PROGRAM



HANDBOOK And FACULTY RESOURCE

TABLE OF CONTENTS

Topic
Welcome
Program History and Introduction
I. Mission Statement, Goals and Objectives
II. Admissions Policy
III. Requirements for Program Completion
IV. Regulations and Program Information
Surgical Technology Basic Qualifications for Practice
Code of Ethics
Student Work Policy
Participation and Attendance
Communication
Evaluation of Student Learning
Passing Grades
Failure or Withdraw
Readmission
Pertinent Student Data
Tutoring, Career Counseling, and Resume Writing
Fair Practices
Basic Qualifications for Practice
V. Requirements for Clinical Site Participation
Assignments
Clinical Attendance, Inclement Weather, and Liability Coverage
Clinical Clearance Requirements
Mandatory OSHA, HIPAA Training and Sharps Safety
Incidents
Dress Code
Removal from Clinical Site or College Program
Hospital Issued ID Badge, etc.
VI. Case Documentation or Program Completion
Clinical Case Participation
Overview of Case Requirements
Surgical Rotation and Roles - Definitions
Clinical Documentation Procedures
VII. Learning Contracts
VIII FCC Faculty Guide and Procedures
Handbook Activity - Complete and Return
Signature Form – Sign and Return

WELCOME

Congratulations for registering for the Surgical Technology program at Frederick Community College. During your 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.

Your Surgical Technology Team at FCC consists of the Program Director, Clinical Coordinator (i.e., Director of Clinical Education), Adjunct Professor(s), Lab Instructors, and Clinical Instructors. Our hope is that our diverse backgrounds and professional experiences will help you in your journey to success in Surgical Technology.

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 8-11 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.

This handbook is 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

PROGRAM HISTORY AND 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 granted 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, Washington D.C., 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 outlined in the most current Core Curriculum for Surgical Technology published by the Association of Surgical Technologists. Students may 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 at 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.

I. 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)

A. 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).

B. 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)*
 - a. Retention: 60%.
 - b. Graduate placement: 80% placement in a surgical technology field
 - c. CST examination: 100% participation and 70% pass rate.
 - d. Graduate survey: 50% return and 70% satisfaction on standardized survey.
 - e. Employer surveys: 50% return and 70% satisfaction on standardized survey.

II. ADMISSIONS POLICY

A. Application Dates

Fall Start:

Early Admission deadline is April 1st

Best Consideration is June 1st

Spring Start:

Early Admission deadline is October 15th
Best Consideration is December 1st

B. Enrollment in the clinical portion of the Surgical Technology (ST) program is limited to 20 students for each of two cohorts - fall admission and spring admission. To be considered, you must:

1. Complete and submit an FCC application for admission and submit proof of residency if required.
2. Complete an application for the ST program.
3. All applications will be reviewed, and seats will be offered to the date of application and completion of the required prerequisites with validation through an official transcript-transfer or FCC. Although applications will be reviewed at any time, first consideration is given to students who submit a complete application by the published dates.
4. Minimum skill levels in the areas of reading, writing, math, and health science are necessary to enroll in pre-requisite coursework for the ST program.
5. The pre-requisites are: All courses listed in the AAS degree program completed before beginning the SURG courses.
6. Students must achieve a "C" or higher in "all" pre-requisite courses.
 - a. Applicant cannot have enrolled in pre-requisite sciences more than twice **each** in the five years leading up to the application deadline.
 - b. Science prerequisites cannot be older than five years from the application deadline.
7. Required science prerequisites must have been completed with a 'C' or better within the past five years.
8. Decision deadlines
 - a. Students who have submitted applications with all transcripts reflecting completion of ALL prerequisite coursework with a grade of 'C' or better and required sciences no older than five years, signed job shadowing verification form with positive recommendation from host site, and reflection paper will be considered for Early Decision admissions.
 - b. Students who have submitted incomplete applications* may still be held for consideration for admissions under the following circumstances:
 - i. Transfer transcripts have not yet been submitted for evaluation or are awaiting evaluation

- ii. Students enrolled in a required prerequisite course at the time of application as outlined in the program info sheet in which case they will be assigned points on the point scale according to their midterm grade.
- iii. Student has not yet completed the job shadowing experience or reflection paper.
- iv. Notification to the Selective Admissions Coordinator at healthsciencesadmissions@frederick.edu in the event of non-completion at the time of application is required.
- v. Considered reasons for non-completion include host site is unable to accommodate shadowing, host site cannot schedule a shadowing until after the application deadline, student is unable to secure a host site and can demonstrate multiple attempts at such. Other reasons may be considered at the discretion of Admissions and the Program Director.

** Incomplete applications are defined as those submitted without any/all the following:*

FCC student ID, transfer transcripts on file, job shadowing verification form with positive recommendation and signature from the host site, reflection paper, incomplete prerequisite coursework

9. When there are more qualified applicants than there are seats in the program, those applications scored with the highest number of points according to the point scale included on the program info sheet that were submitted complete with positively recommended job shadowing verification form and reflection paper will be offered seats to fill the cohort. Other qualified applicants will be offered seats as they become available.

10. Participation in and successful completion of a job shadowing experience is required for admission. Follow a surgical technologist in the OR for a day and evaluate if the career is for you.

- a. Successful completion is defined as completion of the job shadowing experience with positive recommendation from the host site as indicated on the verification form.
- b. While job shadowing, students **must** adhere to all site safety protocol, Standards of Behavior, FCC Code of Student Conduct and the FCC Surgical Technology Student Handbook policies. Failure to do so will result in denial of admission and will be barred from reapplying.

- c. Frederick Health Hospital is the preferred site for job shadowing; however, student candidates are welcome to arrange a job shadowing at another surgical site provided the verification form is completed.

11. Attendance to Health Science and Surgical Technology-specific orientations prior to the start of the program is required. Failure to attend will result in forfeiture of seat in the program. Students may apply to be considered for admission to a future cohort.

III. REQUIREMENTS FOR PROGRAM COMPLETION

- A. Successful completion of the core outcomes for the program and for each ST course is required for graduation.
- B. Prior to graduation, the student will apply and sit for the national certification examination in surgical technology offered and distributed by the NBSTSA, through a web-based examination conducted on our campus.
 - 1. Sitting for the national certification is required for program completion.
- C. In all ST courses, the student must:
 - 1. Receive a minimum of 70% in the didactic portions of the program
 - 2. Receive a “pass” grade in the laboratory and clinical portions of the program where evaluations and competencies are based on a “pass / fail” criterion and the student must receive a score of at least “3” average on a 5-point scale.

- a. Scores of '1' or '2' in the critical areas will be reviewed by program staff and discussed with the student. This may result in a learning contract. See 'Learning Contract' section in this handbook.
3. 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 (120) based on the most current edition of the AST's *Core Curriculum for Surgical Technology*
4. Meet all criteria to apply and sit for the national certification examination in surgical technology as a cohort prior to graduation.

IV. REGULATIONS and PROGRAM INFORMATION

A. 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**

B. Code of Ethics

Overview: The student is responsible for maintaining all components of the Code of Ethics: academic, clinical, and personal.

1. Academic: The student must complete their own work without assistance, unless otherwise indicated. Students should seek assistance from faculty or staff when there are questions.
2. Academic and Clinical: The student and faculty are to maintain confidentiality regarding all aspects of information from fellow classmates, and information from the clinical setting.
3. Clinical: Patients, staff, and physicians are not to be photographed or videotaped or presented in any form on social media.
4. Clinical: Patients, staff, physicians, or any identifying information may only be discussed for educational purposes in the College or clinical settings.
5. Personal: The student is to respect the diversity and/or level of abilities that we encounter within our college classroom and operating room settings.
6. Failure to comply with these standards will result in dismissal from the program.

C. Student Work Policy

1. 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.
2. Students must get at least 6 hours of non-working rest before any clinical shift.
 - a. Any student that works 'night shift' must agree to the above so to ensure adequate rest before engaging with patients

D. Participation and Attendance

1. 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.
2. Reliable transportation and care for you and any of your dependents are required to participate in this program.
 - a. The College does not provide transportation or childcare.
3. Attendance and participation are mandatory for all scheduled classroom, lab, or clinical sessions.
4. Active learning strategies are utilized throughout the surgical technology program; the student must be present to participate.
5. In non-COVID sessions: Attendance is counted as present, late, or absent.
 - a. Late is defined as arriving any time after the class starts (lecture, lab or clinical).
 - b. Absent is defined as not attending the scheduled session at all.
 - c. Two (2) late occurrences count as one (1) absence.
 - d. Two (2) absences will result in a reduction in the final course grade by 10%. Example: With absences, 77% becomes 67% or a non-passing grade.
 - i. ***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 and during the current course.***
6. Absences beyond two days (2), even with a valid excuse, will jeopardize completion of program outcomes.
 - a. In this situation, the student may be advised to withdraw from the course prior to the withdraw date.
7. Absences will not cause a decrease in the grade in the following four situations but may jeopardize completion of course outcomes
(Documentation or proof of the rationale for absences in these four circumstances is required):
 - a. Extended, serious illness of student or dependent (physician documentation required)
 - i. Serious illness is defined as needing extended recovery time, cancer, otherwise determined by the program director. Disability access may need to be involved.
 - b. Death of an immediate family member (spouse, significant other, child, or parent)
 - c. Court order
 - d. A recognized religious holiday (pre-arrangement required)
 - e. It is the student's responsibility to submit the documentation within 5 days to the Program Director.
8. In the event of an extended 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.

9. If the date of withdrawal has passed, the student will receive an F grade.
10. Beginning in January 2019 a student who withdraws 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. The student must be in good lecture, lab, and clinical standing at the time of withdrawal in order to return. If the student cannot complete the course requirements on the second attempt, no additional attempts will be allowed. Refer to additional information following.

E. Communication

1. Overview

- a. In general, communication between Instructors and Students takes place in person or while logged in with FCC credentials on FCC-approved platforms. For example: Outlook email and Microsoft Teams. Unless there is an urgent or emergent matter, Instructors and Students should avoid using texting and calling through personal phones as a modality of communication.
- b. Upon graduation, graduates and instructors may reach out to one another via personal numbers.
- c. Instructors and students must be aware of the legal risks of using social media. If any user posts comments with libelous, defamatory, offensive, discriminatory, harassing, or obscene remarks, the user will be held responsible.
- d. Instructors and Students may not solicit in person or through virtual communication modalities.

2. Response Times

- a. Instructors and Students are expected to respond to emails or FCC-approved platform messages in a timely manner. Instructors are expected to respond to with 48 hours of receipt.
- b. Response times for communication on other non-approved platforms may vary.

3. Urgent Matters: What constitutes an urgent matter requiring immediate attention, acknowledgement, or action should be explicitly stated by the Instructor or Student who originally initiates communication.

- a. Example of an urgent message: An instructor announces that class will be starting 10 minutes later than scheduled.
- b. Example of a non-urgent message: A Student would like assistance to turn in an assignment and is attempting to do so within the last few hours of the deadline, the Student shall not expect an immediate response.
- c. For messages that are sent to Instructors outside of “normal business hours” require a note about the level of urgency. The Instructor is the main determinant of when this is acknowledged or acted upon until the following working day.
 - i. If a Student is alerting an Instructor about an urgent or emergent personal situation, the Student is the ultimate determinant of

how the Student proceeds. Ex: if a Student is reaching out to an Instructor to let them know their child is sick and they don't know whether or not to come to class, the Student must be the one to decide whether or not they come.

4. Language and Tone

- a. Instructors and Students are expected to demonstrate high standards of professional behavior in all educational settings, including classrooms and laboratories, professional and clinical sites, in non-educational settings, and in email and "chats." Professional behavior includes but is not limited to: honesty and integrity; trustworthiness; empathy and cultural competence; punctuality; and respectful communication. Failure to meet the expectations of professional conduct and the FCC Employee Handbook/FCC Code of Student Conduct (whichever applies) may result in disciplinary action.
- b. It is imperative that Instructors and Students maintain a professional and respectful tone in written and verbal communication.
- c. Instructors and Staff should use clear, concise language in communicating with one another.

5. Feedback Mechanisms

- a. As a Student, a critical skill is giving and receiving feedback constructively. In the event Instructors are concerned about a Student's ability to give or receive feedback respectfully and constructively, the Student may be verbally warned, receive written feedback, or be placed on a Student Learning Contract, if needed.

6. Conflict Resolution

- a. If a Student should feel they are not being communicated with in professional or respectful manner within the educational setting, the Student should first address the issue with the person "in question" at the most appropriate time. If not resolved, the issue can be taken in an upward management direction beginning with the closest person associated to their experience. Ex: First, preceptor, clinical educator/charge nurse (if applicable), the associated Lab/Clinical instructor, Clinical Coordinator, Program Director, Dean, etc.
- b. Instructors that find themselves in a situation with a Student disrupting the learning environment or deviating from the Code of Student Conduct may decide to temporarily request that the Student is removed from the educational setting in order to properly deescalate the situation. If on campus, please call campus Public Safety, if needed.
- c. Unresolved issues will be routed to the Program Director.

7. Cultural Sensitivity

- a. It is important that all communication has a cultural lens in mind and maintains an inclusive nature, particularly in group settings.
- b. Instructors and Students are to be mindful of cultural differences that may affect communication differences and preferences.

8. Security and Confidentiality

- a. Instructors and Students are to maintain any personal information received confidential.
 - b. Sharing Personal Identifiable Information, progress, prognosis, diagnosis, or the like regarding Students, Patients, and Instructors is strictly prohibited
- 9. Full-time staff are trained on storing physical documents or electronic information regarding Students.
- 10. Clear, professional communication is a requirement of the ST career.
 - a. If absent or tardy for clinical rotations, students are required to:
 - i. Contact the OR Desk (or other designated person at your clinical site) at least 1 hour before the start of the shift.
 - ii. Email or text or phone your FCC clinical instructor by 0700 to report any absence for the day.
 - iii. Email the Clinical Coordinator or designee by 0700 to report your absence.
 - b. Work with the clinical site to establish an acceptable make-up date before the semester concludes.
 - c. 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.
 - d. Slander of any individual of FCC faculty, staff, students, or clinical site staff is not tolerated and will result in dismissal from the program.
 - e. *In the event of extenuating circumstances, the Program Director may work with the student to establish an alternative make-up schedule.*
- 11. Cell Phones and Other Electronic Communication Devices:
 - a. 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.
 - b. 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.
 - c. Place any device on "silent" during all lecture and lab sessions.
 - d. We are in a career program; cell phones should be used as if the student were participating in a work setting.
 - e. 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.
 - f. During exams, cell phones and other devices must be off, placed in a book bag or purse, and removed from the testing room.
 - g. 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.

- h. 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.
- i. **No electronic communication is permitted in patient-care areas. You may not use your cell phone while you are in the OR—patient care settings.**
- j. If you are expecting an emergent communication 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 not answer a cell phone during your clinical responsibilities.

F. Evaluation of Student Learning

1. 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.
2. LECTURE
 - a. 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.
 - b. Each ST course syllabus lists the grading criteria and required assessments.
 - c. Make up exams will take place in the testing center within the same week of the originally scheduled exam.
3. LAB
 - a. 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.
4. CLINICAL
 - a. Refer to the Clinical section of this handbook.
 - b. 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. Refer to the clinical section of this handbook.
 - c. The clinical grading criteria are delineated in the clinical evaluation forms.

- d. The evaluations are provided to the student in various formats including verbal and written.
 - e. The student will ask preceptors/OR team members to complete a form or provide feedback verbally.
 - f. Any completed form will be returned directly from the preceptor to the FCC clinical instructor - via a collection envelope, or USPS mail (paid envelopes to be provided to the clinical site), or phone photo to the FCC instructor.
 - g. A location or process unique to each clinical site will be determined and communicated.
 - h. Completed forms will not be returned to the FCC student; these may be anonymously submitted to the College faculty.
 - i. FCC Faculty will review any feedback and will summarize and communicate suggestions and guidance to the student.
 - j. The FCC Faculty member is responsible for the evaluation process.
 - k. **Critical errors** will be communicated to the student along with plans for improvement.
 - l. Errors that jeopardize patient or OR team member safety will be reasons for removal from the clinical site. See section on removal from the clinical site.
 - m. The student may be asked to complete and pass a lab skills competency examination when safe practice and competence in the clinical setting are in question.
 - n. The preceptor and OR personnel will monitor and guide the student at the sterile field, or before and after the procedure.
 - o. Faculty will provide an evaluation to the student each week orally, in print or via email in addition to the official evaluation in Trajecsyst.
 - p. The student is responsible for reviewing and acknowledging (by signature) the written evaluations and participating in new goal setting. These forms are available in the online documentation system, Trajecsyst, and in the Clinical area in each Blackboard site.
 - q. Students will maintain a clinical notebook for the purpose of compiling and tabulating 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.
 - r. The student will provide the College faculty access to the notebook contents for evaluation, review, planning, and for program documentation.
 - s. Students will maintain documentation in an on-line format when utilized by the program. Currently this format is managed by Trajecsyst.
 - i. Students will provide weekly validation of the timecard and case participation to the clinical coordinator.
5. 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: The clinical coordinator is responsible for monitoring compliance each week (Monday or a Friday) and will report to the Program Director.

G. Passing Grades

1. 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.
2. 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.
3. The Participation and Attendance policy also applies to on-campus lab sessions and clinical rotations and can affect a student’s passing grade. See participation and attendance section.
4. Didactic, on-campus skills labs, and clinical coursework must reflect passing grades to receive a passing grade for the course or program.

H. Failure or Withdrawal

1. Students must pass all ST courses from one semester before moving onto the next course or semester.
2. Students who do not pass the on-campus skills lab competencies or clinical requirements will be dismissed from the program immediately and may not seek readmission into the program.
 - a. In this event, advising and counseling will occur with the Program Director.
3. Students may refer to the FCC Student Handbook for related policies and procedures.
4. Withdraw dates are posted on each course syllabus.

I. Readmission

1. 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.
2. Students who do not pass lab competencies or clinical will receive a failing grade for the course and may not seek readmission.
3. 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.
4. Students who withdraw from a course by the withdraw date and are not in good standing in lab, lecture, or clinicals are not eligible for readmission.
5. Students who do not pass lab or clinicals may decide to stay in the lecture session of the course and take the examinations for informational purposes only. The student may not seek readmission into the program.

6. 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.
7. Any student eligible to reenter the program with the next cohort must show skill competence before being placed in the clinical setting. The competency assessment will be developed by the Program Director and Clinical Coordinator. The student must pass the clinical competencies to advance into the clinical setting.
 - a. If the student cannot demonstrate safe practice when they reenter the program, they must develop a remediation/practice schedule 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.
8. Students who are readmitted and withdraw or fail for a second time may not seek readmission into the program.
9. 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.
10. Readmission may be delayed if there are no clinical sites available for the reentering student.

J. Pertinent Student Data

1. The student must advise the Program Director and Clinical Coordinator of any changes in name, address, telephone, or email address.
2. The student is also responsible for informing the FCC registration department of any changes.
3. The program tracks graduate and employment data. Students agree to maintain current contact information with the Program Director for up to 2 years after graduation.

K. Tutoring, Career Counseling, and Resume Writing

1. 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.

L. Fair Practices

1. 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:
 - a. Student Affairs
 - b. Tuition and Fees
 - c. Academic Calendar
 - d. Student Complaint
 - e. Withdrawal from courses
 - f. Refunds

V. REQUIREMENTS FOR CLINICAL SITE PARTICIPATION

A. Assignments

1. 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.
2. The lab instructor(s), 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.
3. FCC has affiliation agreements with facilities in Maryland, Washington, D.C., Virginia, West Virginia, and Pennsylvania.
4. Plan to drive outside of Frederick, MD.
5. 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.
6. Once made, assignments should be considered permanent for the duration of the program.
7. 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.
8. 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.
9. The College does not guarantee placement at the student's choice of clinical sites.

B. Clinical Attendance, Inclement Weather, and Liability Coverage

1. **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.
2. In the event a student must be late or absent to their scheduled clinical time they must
 - a. Contact their clinical site (charge nurse, educator, OR desk, etc)
 - b. Contact their assigned clinical instructor
 - c. Contact the clinical coordinator
3. NO CALL NO SHOW is defined as a student not reporting to the clinical site on a scheduled day without prior communication or approval. If the student has not communicated with the appropriate parties listed in number 2 of this section by 8am and is unable to provide reasonable proof, the shift will be deemed "no call no show" and the student will need to meet with the program director to be put on a Learning Contract.
4. An enrolled student in a clinical course may attend clinicals, according to the affiliation agreements that we have with our facilities.

5. 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 the student.
6. If the college is closed due to weather, the student enrolled in a course may attend clinicals if they believe they can make it to their destination safely, unless otherwise dictated by the clinical site (some clinical sites do not allow students if the college closes). If they cannot safely leave home then they are to stay home and make the appropriate call-out contacts and plans to make up the hours.
7. If students are at clinicals and the college closes then they may stay at clinicals, especially considering the wide geographical area where we participate.
8. If students are on the road to clinicals and the college delays or closes, then the same is true. The student may attend clinicals.
9. The liability insurance covers a health training incident defined as any act, error, or omission of a student, teacher, faculty member or supervisory staff member while acting within the scope of duties in a health curriculum. This does not include any commute to and from the college or any off-campus school activities.

C. Clinical Clearance Requirements

1. 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.
2. The student will need to maintain proof of active CPR certification through the American Heart Association that remains valid throughout the program.
3. **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.
4. Seasonal flu vaccination (required at all clinical sites)
5. History and physical (H&P) exam
6. Negative two-step PPD.
 - a. If there is a history of a positive PPD, then provide a negative chest x-ray.
7. Note - some clinical sites require additional screening and completion of online modules or background checks.
8. 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:
9. Clear criminal background check
10. Urine drug screening
11. Approximate costs-out of pocket or included in course fees:
 - a. \$150 for background and drug screening
 - b. \$100 for Hepatitis immunizations
 - c. \$40-70 for CPR
 - d. Variable cost for office visit and History & Physical

12. Noncompliance with the due dates will prevent the student from beginning clinicals on time and may require a learning contract.

D. Mandatory OSHA, HIPAA Training and Sharps Safety

1. 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).
2. Mandatory Training will be conducted through an on-line course access at the beginning of the ST program.
3. Students who complete the same annual training at their place of employment may provide proof, and this will count for the ST program.
4. Students will abide by the program's sharps safety policy and procedures
5. The policy will be covered prior to the first laboratory session on campus.

E. Incidents

1. 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
2. This occupation has a high risk for injury or disease transmission due to potential blood-borne pathogens in the OR environment.
3. In the event of an injury, the clinical site can provide emergency services to the student.
4. **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.
5. In case of injury in the on-campus lab, the student will be provided with first aid. EMS will be contacted to transport the student to the ER for serious events.
6. All incidents will be reported to the FCC Public Safety Office.
7. 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.

F. Dress Code

1. Personal hygiene must be maintained.
 - a. Bathe daily, wash your hair, and wear deodorant
2. Students and any representative of FCC are required to present a professional appearance.
3. Appear at the clinical site in clean, well-fitting attire.
4. Students may wear their college lab scrub attire to the clinical site but must change into hospital-approved, laundered scrub attire.

5. Use well fitting, dedicated OR shoes with closed heels and toes.
6. Wearing light to medium support hose / socks as recommended for men and women.
7. Do not wear earrings, necklaces, bracelets, watches, rings, acrylic nails, nail polish, perfume or aftershave.
8. Body jewelry used for pierced body parts must be removed or contained and not visible.
9. Breath mints are acceptable, but gum-chewing is not.
10. All facial and head hair must be contained by the surgical mask and/or surgical cap.
 - a. Shave facial hair appropriately and bring hairbands for long hair.
11. Students must advise OR staff of any allergies to latex or povidone-iodine or any sensitivities.

G. 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 immediate dismissal from the program.

1. Contagious illness.
 - a. At least 24 hours on an antibiotic is required before returning to the OR.
 - b. 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.
2. COVID and non-COVID health concerns: Physical inability to participate at the clinical setting.
 - a. Refer to the college's website for instructions related to COVID social distancing/ illness and return to campus.
 - b. 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.**
3. Not registered for the course or unmet college obligations.
4. *Falsifying documents for the College, including clinical case logs and time sheets.
5. *Non-compliance with hospital (clinical site) policy
6. *Two unsatisfactory evaluations—average evaluation scores below a rating of 2 or 3-- in the same category on the clinical evaluation form.
7. *No improvement assessed beyond the initial evaluation or Learning Contract.
8. *Lack of progression or inability to demonstrate ST skills with few or no verbal cues and at an appropriate time interval in the program.
 - a. 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.
 - b. 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.

9. *Violation of patient privacy (HIPAA) by any method (including oral, written, or electronic)
 - a. Students may not take pictures or video of patients or procedures
 - b. Students may not post pictures, or hospital information on any form of electronic media.
10. Not prepared for the clinical experience
11. Missing clinical notebook, preceptor evaluations, or case participation log
12. *Excessive tardiness or absence
13. *Patient safety issues
14. *Aseptic technique issues-- intraoperative performance, or hygiene (long nails, etc.)
15. *Sharps management issues
16. Fatigue indicating an inability to perform safely
17. *Suspected or confirmed drug or alcohol use

H. Hospital Issued ID Badges, Locker Keys, and Parking Passes

1. Students will wear hospital-approved ID as per policy.
2. Any hospital property **must be returned** on the last day of clinicals.
3. Failure to do so will place a **HOLD** on the Certificate of Completion or Degree.

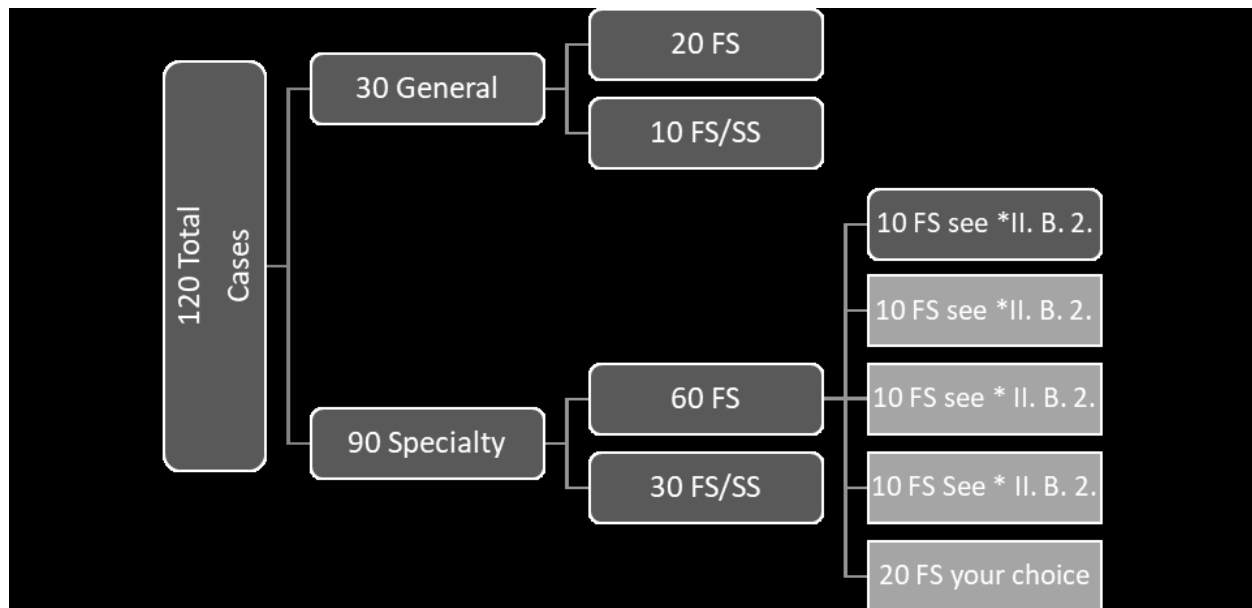
VI. CASE DOCUMENTATION FOR PROGRAM COMPLETION

A. Clinical Case Participation

1. Student Learning Outcomes (SLO)
2. The student will apply critical thinking skills pertinent to the practice of surgical technology (cognitive domain).
3. 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).
4. The student will demonstrate professionalism consistent with college and employer standards (affective domain).
5. 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*.

B. Overview of Case Requirements:

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.



C. Surgical Rotation and Roles - Definitions

1. Surgical Rotation Case Requirements.
2. A student must complete a minimum of 120 cases as delineated below in the diagram.
3. **First Scrub Role (FS)** To document a case in the First Scrub (FS) role, the student shall perform the following duties during any given surgical procedure with proficiency:
 - a. Verify supplies and equipment
 - b. Set up the sterile field
 - i. Instruments
 - ii. Medication
 - iii. Supplies
 - c. Perform required operative counts
 - i. AST guidelines
 - ii. Facility policy
 - d. Pass instruments and supplies
 - i. Anticipate needs
 - ii. Maintain sterile technique
 - e. Recognize sterility breaks
 - iii. Correct sterility breaks
 - f. Document as needed

4. **Second Scrub Role (SS)** 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:
 - a. Assistance with diagnostic endoscopy
 - b. Assistance with vaginal delivery
 - c. Cutting suture
 - d. Providing camera assistance
 - e. Retracting
 - f. Sponging
 - g. Suctioning
5. **Observation Role (O)** 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.**

D. Documentation Procedures

1. Clinical Documentation Procedures
 - a. **Cases and hours will be tracked both electronically and on paper via a student clinical notebook.**
 - b. 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.
 - c. Many people are involved in tracking clinical data: the student, the clinical site, the clinical faculty, the Clinical Coordinator, and Program Director.
 - d. 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 (not including lunch) of clinical time.
 - e. It cannot be over-emphasized that the profession of Surgical Technology has a strong foundation of trustworthiness.
 - i. Falsifying documentation will lead to immediate dismissal from the program.
 - f. **The student is in charge of their own documentation process and is expected to be aware of their own progress towards meeting the core learning outcomes and case participation.**
 - g. Students may attend more clinical hours per week or per semester than are scheduled with written approval from the clinical site representative and the clinical instructor
 - h. Students must complete scheduled clinical hours for each course before advancing into the next course and/or semester.
 - i. 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.

- ii. In this situation, the student will receive an “I” incomplete grade and will make up the clinical hours within a written schedule/plan or Learning Contract.
 - i. 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.
 - j. 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 Trajecsyst.
 - k. The clinical coordinator will provide a **weekly report** of faculty and student compliance to the Program Director, or designee.
2. The procedure for tracking cases:
- a. 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, surgical specialty, variations from normal process, etc.)
 - b. 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 (i.e., Trajecsyst).
 - c. This information is reviewed weekly by FCC faculty.
 - d. 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 and in the online case recording database.
 - e. The clinical faculty member verifies the electronic data with the written Case Listing forms.
3. The procedure for tracking hours:
- a. When the student enters and leaves the OR suite at the start and end of each clinical day, a designated person (must be a staff member of the assigned clinical site OR staff) 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.
 - b. At the end of the student’s clinical day, the information is entered into the electronic data base—when in use.
 - c. 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.
 - d. The Participation and Attendance Policy, stated above, applies to clinical time as well.
 - e. This information is validated and used to plan for goal attainment.
 - f. The clinical coordinator verifies the electronic data with the written Timesheets.
4. Student Clinical Notebook

- a. 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:
- b. Handbook: A copy of this Handbook, for reference
- c. The 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.
- d. Cases: Copies of the Case Listing form, filled out by date as the student progresses.
- e. Timesheets: The student's timesheets.
- f. An extra tab at the back of the student's notebook should contain blank ruled notebook paper, for notetaking while at the clinical site.
- g. 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).

VII. LEARNING CONTRACTS

- A. A learning contract is a plan agreed upon by program faculty and a student. This plan typically includes concrete details to improve grades or skills by an agreed upon date. Limiting factors, dates, and resources are discussed in the learning contract.
- B. A student may enter a Learning Contract for varied situations in the lecture, lab, or clinical sections of this program if program faculty feel the student is in danger of failing or they have noticed a pattern of behaviors that violate the terms in this Handbook.
 1. For unacceptable or unsatisfactory evaluations, a Learning Contract 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.
 - a. 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 breach 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.

- b. 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.
- c. Example: Student left their clinical notebook in their car; faculty unable to monitor the timesheet or case documentation. Plan: will retrieve clinical notebook. Students will place clinical notebook at a designated location in the OR lounge, each clinical date.
- C. The Learning Contract process may only be initiated by any faculty member directly involved with the student's education.
- D. Program Faculty may not enter a student into a Learning Contract without the student's knowledge.
 - 1. The student will be made aware of the Learning Contract in a meeting with the recommending faculty member and program director.
 - 2. The student will be asked to sign the learning contract, but their attendance to the meeting serves as acknowledgement.
 - 3. Failure to attend this meeting may result in dismissal from the program.
- E. The Program Director is ultimately responsible for upholding the Learning Contract and thus, must be available to meet with the student, review, and approve the terms of the Learning Contract.
- F. In the event the terms of a Learning Contract are not met, the student will be dismissed from the program immediately.
 - 1. If any aspect of the Learning Contract is based in clinical concerns and terms for evidence of success are not met, the student will follow the procedure for a clinical failure. See above in Failure or Withdrawal.
 - 2. If the student's Learning Contract is based in concerns regarding lecture grades and the student is in good lab or clinical standing, they may follow the procedure for a lecture failure. See above in Failure or Withdrawal.
 - 3. If the student's Learning Contract is based in professional or behavioral concerns, the Program Director will review the student's eligibility on a case-by-case basis.

VIII. FCC FACULTY RESOURCE

A. 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 they can 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 patient safety, etc.
 - A Success Alert will be entered into the student's Peoplesoft system as soon as possible, and within 48 hours.
 - 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.
 - When a Learning Contract is developed, it must be discussed with the student, allowing the student the opportunity to provide input into new goal setting.
 - Faculty will place any Learning Contract in writing via the electronic evaluation tool and submit it to FCC within 24 hours of any issues.
 - 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.
 - 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.