Dixie State University

Surgical Technology Program
Student Handbook

Aeger Primo
The Patient First

Effective August 2015
<table>
<thead>
<tr>
<th>Table of Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>3</td>
</tr>
<tr>
<td>Program Accreditation Statement, Program Goal, Program Learning Outcomes</td>
<td>4</td>
</tr>
<tr>
<td>Surgical Technology Profession Essential Functions</td>
<td>5</td>
</tr>
<tr>
<td>Program Admissions Policy and Procedures</td>
<td>6-7</td>
</tr>
<tr>
<td>Student Responsibilities</td>
<td>8</td>
</tr>
<tr>
<td>Professional Behavior Expectations</td>
<td>9</td>
</tr>
<tr>
<td>Surgical Technologist’s Code of Ethics</td>
<td>9</td>
</tr>
<tr>
<td>Student Confidentiality Agreement</td>
<td>10</td>
</tr>
<tr>
<td>Policy: Classroom and Laboratory Attendance</td>
<td>11</td>
</tr>
<tr>
<td><strong>Procedure for classroom and laboratory attendance notification</strong></td>
<td>11</td>
</tr>
<tr>
<td>Policy: Clinical Attendance</td>
<td>12</td>
</tr>
<tr>
<td><strong>Procedure for clinical attendance notification</strong></td>
<td>12</td>
</tr>
<tr>
<td>Classroom and Laboratory Behavior Expectations</td>
<td>13</td>
</tr>
<tr>
<td>Laboratory Behavior Expectations</td>
<td>13</td>
</tr>
<tr>
<td>Clinical Behavior Expectations</td>
<td>14</td>
</tr>
<tr>
<td>Program Dress Code</td>
<td>15</td>
</tr>
<tr>
<td>Student Learning Assessment</td>
<td>16</td>
</tr>
<tr>
<td>Student Accountability for Learning and Grading Scale</td>
<td>16</td>
</tr>
<tr>
<td>Policy: Academic Progress</td>
<td>16</td>
</tr>
<tr>
<td>Communication Regarding Student Academic Progress</td>
<td>17</td>
</tr>
<tr>
<td>Clinical Education Component of the Program</td>
<td>18</td>
</tr>
<tr>
<td>Description, Assessment, Travel</td>
<td>18</td>
</tr>
<tr>
<td>Schedules, Surgical Case Requirements, Role Definitions</td>
<td>19-20</td>
</tr>
<tr>
<td><strong>Procedure for completing case verification form to document cases</strong></td>
<td>21</td>
</tr>
<tr>
<td>Student and Patient Safety</td>
<td>22</td>
</tr>
<tr>
<td>Policy: Clinical Site Requirements</td>
<td>22</td>
</tr>
<tr>
<td>Policy: Fatigue and Patient Safety</td>
<td>22</td>
</tr>
<tr>
<td>Policy: Clinical No-Smoking</td>
<td>22</td>
</tr>
<tr>
<td>Policy: Declared Pregnant Student</td>
<td>22</td>
</tr>
<tr>
<td>Policy: Standard Precautions</td>
<td>23</td>
</tr>
<tr>
<td><strong>Procedure for care of sharps injury</strong></td>
<td>23</td>
</tr>
<tr>
<td>General Program Policies Regarding Clinical Rotations</td>
<td>24</td>
</tr>
<tr>
<td>Policy: Personal Electronic Devices (PED)</td>
<td>24</td>
</tr>
<tr>
<td>Policy: Clinical Rotations and Student Employment in Surgery</td>
<td>24</td>
</tr>
<tr>
<td>Policy: Clinical Hours and Attendance</td>
<td>24</td>
</tr>
<tr>
<td><strong>Procedure for making up clinical hours</strong></td>
<td>25</td>
</tr>
<tr>
<td>Policy: Banked Hours Policy: Make-ahead Hours Policy: Low Census</td>
<td>25</td>
</tr>
<tr>
<td><strong>Procedure for clinical time verification</strong></td>
<td>26</td>
</tr>
<tr>
<td><strong>Procedure for completing time cards</strong></td>
<td>26</td>
</tr>
<tr>
<td>Clinical Rotation Procedures for Students</td>
<td>27</td>
</tr>
<tr>
<td>Conclusion</td>
<td>27</td>
</tr>
<tr>
<td>Statement of Agreement</td>
<td>28</td>
</tr>
<tr>
<td>Student Information Release Waiver</td>
<td>29</td>
</tr>
</tbody>
</table>
Welcome!

Welcome to the Dixie State University Surgical Technology Program! You have chosen an exciting, rewarding and challenging career field. The program faculty members and health sciences staff are ready and eager to assist you in achieving your goals.

Surgical Technologists are allied health professionals who are an integral part of the surgical team. Their primary role is to work with surgeons, anesthesia care professionals, registered nurses, and other surgical technologists in delivering patient care and assuming appropriate responsibilities before, during, and after surgery. Specifically, surgical technologists:

- Apply and maintain the principles of sterile technique and safety in the operating room.
- Prepare, handle, sterilize, and care for surgical instruments, supplies, and equipment.
- Set up instrumentation, equipment, and supplies for various surgical procedures.
- Prepare and pass surgical instruments, medications, and supplies to the surgeon.
- Anticipate the surgeon’s needs by analyzing the progress of the surgical procedure.

The Profession of Surgical technology:

- Promotes national standards of practice
- Supports the improvement of the profession
- Protects the safety of personnel and patients
- Adheres to a professional code of ethics
- Defends the dignity and rights of the patient
- Maintains a commitment to life-long learning

The faculty and staff at Dixie State University wish you great success in your chosen profession of surgical technology!
PROGRAM ACCREDITATION STATEMENT

The Surgical Technology Program is fully accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation by the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARCSTSA).

Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350      Fax: 727-210-2354      www.caahep.org

Please contact mail@caahep.org for general questions about CAAHEP.

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting
6 W. Dry Creek Circle, Suite #210
Littleton, CO 80120
Phone: 303-694-9262      Fax: 303-741-3655      www.arcstsa.org

SURGICAL TECHNOLOGY PROGRAM GOAL

The goal of the Dixie State University Surgical Technology program is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

SURGICAL TECHNOLOGY PROGRAM LEARNING OUTCOMES

Dixie State University Surgical Technology Program Graduates will be able to:

Knowledge (Cognitive): Apply fundamental theoretical knowledge in the practice of surgical technology.

Knowledge (Cognitive): Acquire and evaluate emerging surgical knowledge.

Skill (Psychomotor): Perform the roles and duties of the surgical technologist at entry-level for employment.

Values (Affective): Demonstrate professional behaviors expected of surgical technologists.

Values (Affective): Demonstrate the effective use of reason and good judgment in surgical patient care situations.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
SURGICAL TECHNOLOGY PROFESSION ESSENTIAL FUNCTIONS

The following is used as a guideline for the prospective student so that he/she may understand the requirements and essential job functions necessary for successful completion of the Surgical Technology Program. This list is not all-inclusive, but rather provides some detail of the basic requirements of the profession of surgical technology.

Surgical technologists must be able to:

Stand, bend, stoop, and/or sit for long periods of time in one location with minimal or no breaks.

Bend, twist, and lift a minimum of 50 pounds.

Function without nourishment or rest room breaks for up to eight hours.

Demonstrate sufficient visual ability to load a fine suture onto needles with or without corrective lenses and while wearing protective eyewear.

Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.

Hear and understand muffled communication without visualization of the communicator’s mouth/lips and within 20 feet with significant background noise.

Hear activation/warning signals on equipment.

Detect odors sufficient to maintain environmental safety and patient needs.

Manipulate instruments, supplies, and equipment with speed, dexterity, and exceptional eye-hand coordination.

Ambulate/move around the surgical environment without assistive devices.

Assist with, and/or lift, move, position, and manipulate, with or without assistive devices, the patient who is unconscious.

Communicate and understand fluent English both verbally and in writing.

Be free of reportable communicable diseases and chemical abuse.

Function without allergic reaction in an environment with substantial latex exposure.

Demonstrate immunity to rubella, rubeola, tuberculosis, varicella, hepatitis B, and other diseases according to CDC guidelines and clinical site requirements.

Possess short- and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performing anticipation skills intraoperatively.

Demonstrate the use of positive coping skills under stress.

Demonstrate calm and effective responses, especially in emergency situations.

Demonstrate effective interpersonal skills during interactions with patients, staff, and faculty members.

Make appropriate judgment decisions in surgical patient care situations.

If the applicant is unable to perform any of the designated tasks, upon request DSU will make reasonable accommodations if these accommodations do not constitute an undue hardship on DSU and if those accommodations do not interfere with the performance of any essential job functions of a surgical technologist.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
PROGRAM ADMISSIONS POLICY AND PROCEDURES

Surgical Technology Program Admission Policy

Application to the Surgical Technology Program is open to all academically qualified applicants. The program has a maximum enrollment capacity of ten (10) students based on clinical site availability. Admission to the program is competitive.

Surgical Technology Program Admission Procedure

Applications are accepted in the spring semester previous to the start of Surgical Technology core courses each August. The application form and requirements are available on the program web page. Admissions criteria are indicated on the program application materials. Applicants return the completed application and required documentation to the Surgical Technology Program Academic Advisor or Surgical Technology Program Director by the published deadline. An interview will be offered to all qualified applicants. Comprehensive review of the application packet documentation and interview results is conducted by the Surgical Technology program admissions review panel to determine the top-scoring applicants. Applications will be scored based on professionalism, aptitude, academic preparation, and panel interview. Program conditional admission is offered to applicants whose scores are in the top ten. If a tie occurs for the tenth position, the application with the earliest application date will earn the position.

Applicants are notified of their admission status by email. Students are considered “conditionally” admitted until all program entry requirements specified in the acceptance letter are completed.

Note: Surgical Technology Program admission is contingent upon successful completion of the following:

Criminal Background Check and Drug Screen. If a conditionally-admitted student has a conviction of a sexual or violent nature or one that is drug-related, the applicant is not eligible for clinical site placement and conditional admission to the program will be voided.

Any prerequisite courses in-progress at the time of application. Successful completion is defined as a grade of “C” or higher. If a conditionally-admitted student does not successfully complete the in-progress courses, conditional admission to the program will be voided.

Surgical Technology Program Alternate Admission Status Policy

Alternate admissions status may be offered to qualified applicants who do not score in the top ten. If alternate admissions status is offered, applicants will be notified. A status number will be assigned, e.g., Alternate #1, Alternate #2 based on admissions scoring and the applicant will be notified of any change in that status.
Surgical Technology Program Readmission Policy and Procedures

All requests for program re-entry must be submitted in writing to the Surgical Technology Program Director by the published program admission deadline.

Readmission is NOT guaranteed and is limited to one time only. Approval for readmission requires passage of a Clinical Readiness Evaluation.

Readmission to the program is based on several factors:

1. Review of student files by the Program Director and Readmission Evaluation Committee.
2. Recommendation by the Program Director.
3. Academic status of the student requesting readmission.
4. Proper and timely completion of all DSU and program requirements.
5. Space available in the class (maximum enrollment capacity is ten students).

Readmission for re-entering students will be filled in the following sequence on a space available basis:

1. Former DSU student who withdrew in good standing.
2. Successful challenge by students from another CAAHEP-accredited surgical technology program who withdrew in good standing.

Note: Readmission will be at the discretion of the Program Director in consultation with the student, Readmission Evaluation Committee and the Dean of Health Sciences.
SURGICAL TECHNOLOGY STUDENT RESPONSIBILITIES

It is important that you be well informed about your academic program. Vital information is available in the following items:

- The University Catalog http://catalog.dixie.edu/
- Academic Calendar http://dixie.edu/reg/?page=calendar
- DSU’s Surgical Technology Program Student Handbook (posted on Canvas LMS)
- Surgical Technology Program course syllabi (posted on Canvas LMS)

All DSU students must follow the policies of the University as stated in the University Catalog and Student Rights and Responsibilities Code. Surgical Technology program students must also follow the policies stated in the Surgical Technology Program Handbook.

Student Information Changes

Changes in student information including email address, mailing address, phone number, or legal name are to be reported in writing to the University and to the Surgical Technology program office as soon as possible. The program is not responsible for inability to contact the student when changes have not been reported.

Student Employment

Student success in the surgical technology program is the shared primary goal for faculty and students. Due to the rigorous demands of the full-time surgical technology program, student employment should be approached with caution. This personal decision should be based on individual academic performance in courses, time required to prepare for courses and learn course content, clinical rotation schedules and travel, and personal health. Surgical patient safety requires that essential learning is never compromised. Schedules for class, lab, and clinical assignment cannot be arranged to accommodate personal work schedules.
PROFESSIONAL BEHAVIOR EXPECTATIONS

As allied health professionals, surgical technologists are expected to consistently demonstrate behaviors that meet professional standards. Expected behavioral standards are defined and explained in program course materials and lecture content. Students are expected to demonstrate acceptable professional behaviors at all times in the classroom, lab, and clinical rotations. Students must consistently demonstrate acceptable professional behaviors to maintain clinical site placement and continuation in the program. Clinical rotations offer students the opportunity for indirect employer observation of performance. Students who demonstrate the highest level of professional behaviors earn the best employment opportunities.

Surgical Technologist’s Code of Ethics

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

I understand that confidential care and treatment is the right of all patients in all clinical agencies utilized for my clinical experience as a Surgical Technology Student at Dixie State University. The diagnosis, treatment, and all other information concerning patients are confidential and may not be released to anyone, including family members, without the consent of the patient. I understand that even the presence of a patient in a clinical facility is considered confidential.

I understand that other information I may obtain as part of my student experiences is also confidential. I understand that the concept of confidentiality includes but is not limited to information concerning: 1) a patient; 2) a patient’s family or significant others; 3) an employee or job applicant; 4) a physician or other practitioner; 5) peer review or quality of care; 6) the sensitive business plans or finances of the University or of a clinical facility; 7) computer passwords; 8) other students and instructors; or 9) any other persons who may make use of clinical facilities and services.

I agree that, except as clearly directed by my instructor, I will not at any time during or after my student experiences, disclose or discuss confidential information or any part of my experience, which is of a confidential nature to anyone who does not need that information to provide patient care. I also agree not to seek or obtain information regarding confidential matters not necessary to fulfill my responsibilities as a student.

I recognize that my disclosure of confidential information may cause irreparable injury to an individual, the University, and/or the clinical facility, and may result in a civil lawsuit. I understand that any violation of this agreement or my disclosure of any confidential information in an unauthorized manner can result in my immediate dismissal from the Surgical Technology program. If in any situation I am uncertain or unclear of my responsibilities in protecting confidential information, I will seek the guidance of my instructor or appropriate supervising personnel.

By my signature below I certify that I have read this Student Confidentiality Agreement, I have had the chance to ask any questions I might have, that I understand this Agreement, and that I agree to be bound by its terms.

______________________________  ________________________
Student Signature and printed name  Date
(Signed original to be kept in student file)
PROFESSIONAL BEHAVIOR EXPECTATIONS, continued

Attendance

Introduction: Each student is expected to attend all scheduled learning experiences. Success in the Surgical Technology Program depends, in part, on consistent attendance. Information presented in ST core classes is critical to safe and competent patient care. Regular and punctual attendance is expected as a demonstration of professional behaviors. In laboratory and clinical courses, attendance is one of the criteria that will be evaluated. Attendance policies and procedures are established and published in course syllabi and this student handbook. Failure to comply with established policies and procedures will result in an interventional conference, which may include potential dismissal of a student from the program.

Policy: Classroom and Laboratory Attendance

Attendance is crucial because of the accelerated pace of the coursework and the resulting effect of knowledge deficit on patient safety. Therefore, the student is expected to attend and actively participate in every class and laboratory session. Students unable to attend for serious situations must call the instructor and leave a message prior to the start of class to demonstrate professional behaviors expected of a surgical technologist. Failure to notify instructor will necessitate an interventional conference.

Procedure: Classroom and Laboratory Attendance Notification

1. The student must notify the instructor of any absence no less than one hour prior to the scheduled start time.

2. The student will notify the instructor by email or by calling the program office at 479-4850. A voice mail message is acceptable and the time of the call is automatically recorded.

3. The student must notify the instructor EACH day she/he is absent.

4. Medical or other documentation may be required for verification of extended absences.

Policy: Classroom and Laboratory Punctuality

Punctuality is a professional behavior expected of surgical technologists. In the classroom and laboratory, punctuality is necessary to establish an environment conducive to learning for all students. Students arriving late to class are to quietly take an available seat that will not cause a disruption to other students. Students entering the classroom or laboratory late during a quiz or exam may be allowed to take the quiz or exam, but will NOT receive additional time for completion. Repeated late arrivals will necessitate an interventional conference.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
Policy: Clinical Attendance

Attendance at clinical is crucial, both to achieve graduation requirements and to demonstrate expected professional behaviors. Therefore, students are expected to attend every scheduled assignment. Students unable to attend for serious life situations must call the instructor and the clinical site to leave messages prior to the start of that assignment to demonstrate expected professional behaviors such as reliability, accountability and effective communication skills.

Procedure: Clinical Attendance Notification

In the event of absence for illness or emergency for clinical, students must:

1) Call the instructor (879-4850) and leave a voice mail message no later than one hour prior to the scheduled start of that clinical assignment AND

2) Call the clinical site coordinator (contact information specific to active clinical sites will be posted) no later than one hour prior to the start of that clinical assignment.

3) Keep a record the time of the call and the name of the person notified at the clinical site.

   Failure to notify the appropriate persons will necessitate an intervention.

Policy: Clinical Punctuality

To demonstrate expected professional behaviors (and earn employment opportunities), students are to report to the surgery central communication desk dressed and ready for clinical assignment at least 10 minutes prior to clinical start time. This 10-minute time segment is considered “professional time” and does NOT count toward clinical hours. Documentation of professional time enhances clinical evaluation scores and the student’s job placement opportunities post-graduation. For example: if the scheduled “report time” is 7:00 am, the student should arrive at the site in time to change into facility scrubs and report to the front desk by 6:50 am.

Rare occasions may arise that cause a late arrival to the clinical assignment. Use the established notification procedure to report a late arrival. Three late arrivals will constitute one absence. Significantly late arrivals (greater than 1 hour) will be recorded as a full absence. Over-sleeping and/or alarm clock malfunctions are NOT considered acceptable reasons for arriving late.
PROFESSIONAL BEHAVIOR EXPECTATIONS, continued

Classroom and Laboratory Behavior Expectations

To facilitate an optimal learning environment and respect for other learners and the instructors, the following behaviors are expected in the classroom and laboratory. Students are expected to:

1. Follow all published policies and procedures and instructor’s verbal directions.

2. Arrive in a timely manner and have learning materials organized and ready prior to the scheduled class start time.

3. Remain in the classroom/laboratory during the entire class session. Regular breaks will be scheduled and announced. If a student must leave the classroom or lab prior to the scheduled break, please exit as unobtrusively as possible. Students are responsible for any material covered while they are absent from the classroom or lab.

4. Direct all discussion and questions to/through the instructor.

5. Turn off all portable electronic devices (pagers, cell phones, etc.) and store them out of sight during all laboratory sessions. Exceptions may be allowed with prior permission of the instructor. Web-enabled electronic devices (laptops, cell phones, etc.) may be utilized for classroom instruction as directed by instructor. Video or audio recording of classroom or laboratory sessions is allowed ONLY with permission of instructor.

NOTE: Food and drinks are NOT allowed in the classroom or laboratory. Water is permitted in the classroom.

Laboratory Behavior Expectations

All students are expected to:

1. Arrive to the lab 10 minutes prior to lab start time so that backpacks are stowed, medical hand wash is completed and proper OR attire is completed prior to lab start time.

2. Utilize a pocket memo book to keep notes on lab skills progress and critical information.

3. Follow Standard Precautions at all times.

4. Request additional practice time outside of class and during open labs if needed to achieve skill competency.

5. Stay focused on assigned tasks to maximize the learning opportunities available in the lab course.

6. Demonstrate the ability to function effectively in teams.

7. Demonstrate acceptable professional behaviors in the lab at all times.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
PROFESSIONAL BEHAVIOR EXPECTATIONS, continued

Clinical Behavior Expectations

The clinical rotation is an opportunity for students to demonstrate their competencies to area employers. Cognitive and psychomotor skills are crucial and an increasing emphasis is being placed on affective (professional) behaviors when being considered for employment in surgery. Students are expected to maintain the highest level of professional behavior at the clinical sites to meet program requirements and to maximize the potential for job placement upon graduation. Professional behaviors are presented and discussed in program courses and are explained in course textbooks and class notes. Examples of expected professional behaviors include, but are not limited to:

Punctuality, attendance, integrity, honesty, accountability, flexibility, teamwork, effective use of clinical time, active pursuit of learning experiences, effective interpersonal communication, personal hygiene and professional appearance, adequate rest prior to clinical assignment, enthusiasm for learning, preparation for daily case assignments, willingness to follow directions, willingness to accept criticism, and demonstration of a positive attitude.

Failure to demonstrate appropriate professional behaviors in the clinical setting may initiate an intervention. The interventional level (advisement, warning, or probation) is determined according to the severity of the student’s behavior. Failure to resolve issues at the probationary level may result in withdrawal of the student from the surgical technology program. Unacceptable behaviors that may result in a formal intervention and possible probation include, but are not limited to:

1. Failure to adhere to policies and standards of the Surgical Technology program and those of the clinical facilities
2. Failure to progress or unsatisfactory performance in the clinical setting
3. Greater than 2 absences or multiple late arrivals per semester
4. Inability to maintain physical or mental health necessary to function safely in the patient care setting
5. Violation of patient confidentiality
6. Unsafe or unprofessional practice
7. Demonstration of behavior and/or performance that is disruptive and/or hazardous to the student, patient, or other team members
8. Harassment of a student, peer, preceptor, other surgical team member, or patient
9. Documented refusal of a clinical site to allow a student to continue at that site, based on just cause. Just cause will be determined by the ST program director.
10. Falsification of required program documentation, including but not limited to time cards and/or case verification

Dixie State University Surgical Technology Program Student Handbook effective August 2015
PROFESSIONAL BEHAVIOR EXPECTATIONS, continued

Program Dress Code

Surgical Technology students are learning to become allied health professionals. Appearance is governed by standards that may be different from the rest of the University campus. Surgical Technology students are expected to be well groomed, clean, and neat at all times. There are specific dress codes for classroom, lab sessions, and clinical rotations.

1. Classroom: Student is to wear appropriate clothing or scrubs in the class color. Students wearing clothing that is disruptive to the learning environment will be dismissed from the classroom.

2. Lab: Each student must own at least one pair of scrubs (shirt and pants) in the designated class color. These scrubs must be worn to all lab sessions. If a t-shirt is worn under the scrub top, it must not extend past the sleeves of the scrub top.

3. Lab and Clinical: Each student must wear an official University nametag in the lab and at clinical sites. Each student must wear an appropriate pair of clean, supportive shoes.

4. Lab and Clinical: OSHA approved protective eyewear must be worn in the lab and at the clinical sites anytime a risk of splash is possible.

5. Lab and Clinical: if facial makeup is worn, it must be minimal. If makeup is such that it appears on the inside of the surgical mask, it does not meet the definition of “minimal”.

6. Lab and Clinical: Hair should be styled or secured in such a manner that prohibits extension beyond surgical hair cover. If dyed, it must be of a natural color. If hair accessories (such as extenders) are worn, they must be conservative and kept clean at all times.

7. Lab and Clinical: If worn, beards and mustaches must be clean, neatly trimmed and contained within mask and beard cover cap.

8. Lab and Clinical: Body piercing or tattoos must not be visible and must not cause disruption in the learning or patient care environment. Pierced ears are limited to 1 conservative post-type earring in each earlobe and must be contained within hair cover at all times.

9. Lab and Clinical: Fingernails must be short (not to extend past the fingertip), well groomed, and unpolished. Artificial nails are never allowed.

10. Lab and Clinical: The lab and clinical facilities are fragrance-free environments. Students may not use cologne, after-shave, perfume, or other strong fragrance in the lab or clinical facility.

11. Classroom, Lab, and Clinical: Personal hygiene must be exceptional, avoiding any offensive body odor or tobacco smell.

12. Clinical Rotation: Report to clinical sites wearing program-color scrubs with University nametag and change into appropriate scrub attire as required with nametag. The clinical facilities provide scrubs for clinical rotations.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
STUDENT LEARNING ASSESSMENT

Student Accountability for Learning

Adult learners are accountable for achieving their chosen level of learning. The surgical technology program utilizes the concept of active learning to facilitate student progress toward their educational goals. Successful learners prepare for and engage in each learning opportunity. Adult learners identify their learning needs and assume responsibility for strengthening any deficiency. Successful learners seek help early and utilize all available assistance. DSU provides numerous resources to assist students including help with: study habits, test-taking skills, improving reading skills, and time management. We are committed to helping you reach your educational and career goals. The ST Program Director, Kathy Snyder, will be your primary contact for academic assistance during the program and she may be reached by phone (879-4850), email (ksnyder@dixie.edu), in person during posted office hours (Taylor 357), or by appointment.

Grading Scale

The grading scale system for surgical technology program courses is:

| A  | 92-100% | B  | 83-91% | C  | 75-82% | F  | 74% or lower |

Policy: Academic Progress

1. Students must pass all courses in the Surgical Technology curriculum with a “C” or better to meet graduation requirements.

2. A minimum grade of C is required in all courses with a minimum overall GPA of 2.0. A course with a grade of less than C must be repeated, earning a minimum grade of C.

3. Surgical Technology courses are sequential, so students must be continually enrolled in program courses in the appropriate sequence. Students who fail to satisfactorily complete requirements in a required course cannot progress to the next term, which may result in withdrawal from the program.

4. If a student is withdrawn from the program for academic reasons, the student may apply for readmission into the next enrollment cycle. Any lapse in program continuity will require successful completion of a Clinical Readiness Evaluation, the results of which may require repetition of one or more program courses.

5. The limit for surgical technology core course repetition is one course and one time only during the length of the program. Failure in more than one core course may negate eligibility for program readmission.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
STUDENT LEARNING ASSESSMENT, continued

Communication Regarding Student Academic Progress

Surgical technology core course content is delivered at an accelerated pace, which requires frequent assessment of student progress and frequent communication between instructors and students.

The surgical technology program utilizes both formative and summative measures to assess student learning. Formative measures include, but are not limited to, classroom discussion, graded and non-graded quizzes, assignments, and skills demonstrations. Summative measures include, but are not limited to, lab skills evaluations, unit and final exams, and clinical evaluations. Graded assessments will be evaluated as soon as possible, reviewed with students, and recorded in the Canvas course gradebook. Adult learners are expected to monitor their academic progress in each course.

Student-Instructor conferences may also be utilized as a means to communicate student progress. The program has two types of student conferences: routine and interventional. A conference form will be provided for all conferences and will be signed by the student and instructor.

Routine student conferences are held at any time by student request. The student’s general progress and learning needs are discussed. Interventional student conferences are held as needed for students experiencing academic or behavioral difficulties. Interventional conferences are intended to assist the student in achieving academic and behavioral program and professional standards. Specific issues of concern are addressed and an action plan is formulated. Consequences are defined and explained.

The intervention process is utilized to assist the student in correcting issues that may negatively impact program progression, graduation, and/or employment. It is expected that the student will resolve identified issues at the lowest intervention level, i.e., advisement. Failure to resolve previously identified concerns or sufficient seriousness of an initial concern may result in an intervention at the warning level. Repeated warnings or sufficient seriousness of an initial concern may result in probation. Probation is a trial period in which the student must improve or be withdrawn from the program. A student may be placed on probation in the Surgical Technology Program for any of a number of reasons. Examples include, but are not limited to, the following:

1. Failure to adhere to established policies and procedures
2. Unsatisfactory performance in the clinical setting, unsafe or unprofessional practice
3. Inability to maintain physical or mental health necessary to function in the program

Failure to resolve issues at the probationary level may result in withdrawal of the student from the surgical technology program.
CLINICAL EDUCATION COMPONENT OF THE PROGRAM

Description

The Surgical Technology program utilizes three main types of learning methods; didactic (classroom lecture), laboratory skills, and clinical education to assist students in achieving graduation competencies. Clinical education will take place by assigned rotations in surgical patient care settings. The curriculum contains two clinical courses: SURG 1060 ST Clinical I (fall semester, approximately 270 hours) and SURG 2060 ST Clinical II (spring semester, approximately 315 hours). All assigned clinical hours must be completed to meet course and program requirements.

Clinical Assessment

Validated documentation of case experience is required to meet program graduation and accreditation standards. Students are required to maintain meticulous clinical time verification, case verification, and weekly case log records. Additional assessment tools utilized in the clinical courses include but are not limited to case preparation forms, case reports, and preceptor evaluations.

Students will be evaluated as stated in the course syllabi by assigned preceptors, program faculty, and other surgical team members according to the established performance criteria. Written assignments are utilized to support hands-on learning experiences. Students are expected to gain competence and progress to increasingly more complex cases as the clinical site schedules allow. Additionally, students must demonstrate overall proficiency in the designated range of surgical procedures to an employment-acceptable level to pass clinical courses. Students must maintain a high degree of responsibility to work with the program and clinical site staff to meet the required minimum number of cases in the required roles and distribution to achieve proficiency and meet graduation requirements. Students must maintain accurate and up-to-date case logs to document case experience.

Clinical Travel

Access to the clinical education portion of the program requires that students attend assigned surgical rotations off DSU campus at area clinical facilities. Clinical sites are located within and outside of the St. George municipal area and require student travel to the sites. Students are responsible for their own travel costs and must maintain reliable transportation. DSU and the Surgical Technology Program are not liable for any accidents relating to travel to and from clinical sites.

Clinical site contact information

Contact information for current clinical sites will be distributed as a separate document posted in the clinical course content on Canvas.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
Clinical Schedules

Clinical rotation schedules are arranged in advance and students are notified as soon as possible. Clinical assignments are Monday through Friday. Report times vary by clinical site, generally between 6:30 and 7:00 am. Students are assigned to the clinical sites for 16-21 hours per week, depending on the semester and course. Clinical rotation schedules may be adjusted as needed to accommodate changes in the clinical site surgery schedule/case availability.

Surgical Case Requirements

The program graduation requirements meet the minimum total case requirements as specified by the national Core Curriculum for Surgical Technology, 6th edition (CCST 6e), pages 173-174 and addendum. The program’s minimum case requirements must be achieved prior to graduation in addition to completing the required clinical hours. The minimum case requirements are listed in the following table.

<table>
<thead>
<tr>
<th>Minimum required total cases</th>
<th>Minimum required general surgery</th>
<th>Minimum required specialty cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>30</td>
<td>90</td>
</tr>
<tr>
<td>Minimum required first scrub cases</td>
<td>Minimum required first scrub cases general surgery</td>
<td>Minimum required first scrub cases specialty *</td>
</tr>
<tr>
<td>80</td>
<td>20</td>
<td>60</td>
</tr>
<tr>
<td>Minimum additional cases in first or second scrub role</td>
<td>General surgery cases in the first or second scrub role</td>
<td>Specialty cases in the first or second scrub role</td>
</tr>
<tr>
<td>40</td>
<td>10</td>
<td>30</td>
</tr>
</tbody>
</table>

Other parameters required by the CCST 6e include: *The required minimum of 60 specialty cases in the first scrub role must be distributed amongst a minimum of four specialties. A minimum of 10 cases in the first scrub role must be completed in each of the required minimum of four specialties (40 cases total required). The additional 20 specialty cases in the first scrub role may be completed in any surgical specialty.

A maximum of 10 diagnostic endoscopy cases can be allowed, but the program will not use those cases to meet CCST 6e minimums. Procedures classified as diagnostic endoscopy are: bronchoscopy, colonoscopy, cystoscopy, EGD, ERCP, esophagoscopy, laryngoscopy, panendoscopy, sinoscopy, and ureteroscopy. Diagnostic procedures that include the addition of a treatment, such as ureteroscopy with stone extraction or laryngoscopy with biopsy will count as a case in the appropriate specialty.

Observation of cases must be documented but do not count toward minimum case totals,
Surgical Case Requirements, continued

Cases are counted by surgical specialty. Examples of how to count multiple cases on the same patient are:

1. Trauma patient requires a splenectomy and repair of a LeFort facial fracture. Two cases can be counted – one in general surgery (splenectomy) and one in oral-maxillofacial surgical specialty.

2. Patient requires a breast biopsy followed by mastectomy. It is counted as one case because both procedures are general surgery and both involve the same surgical site and pathology.

3. The Program counts combination procedures such as carpal tunnel, tendon transfer, and/or cubital tunnel on the same patient as one case.

Seek guidance from the program director for any situation in which you are confused about how to count and record multiple procedures on the same patient.

Role Definitions (page 175 Core Curriculum for Surgical Technology 6th edition)

First Scrub Role

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

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

Second Scrub Role

The second scrub role is defined as the student who is at the sterile field who has not met all criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by completing any of the following: sponging, suctioning, cutting suture, holding retractors, or manipulating endoscopic camera.

Observation Role

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

Procedure for completing case verification form to document case experience

The daily case verification form is combined with the clinical time verification form. Completed daily case verification forms are required to document surgical case experience. **The form must be completed in ink.** Students record the procedure name and the preceptor initials the column for the appropriate role performed by the student for that case based on the definition of the first scrub role stated at the bottom of the form. If a pre-written-in procedure is not performed, simply place a single line through all columns.

Students use data on the daily case verification form to complete and submit weekly case logs in an Excel file (posted on Canvas). The updated case log form is turned in as an attachment to an email to the instructor’s office email address (ksnyder@dixie.edu) by midnight every Sunday night. The weekly time card and associated preceptor evaluations/verification documents are due **prior to** the 2:00 pm class start time every Monday.
STUDENT AND PATIENT SAFETY

Policy: Clinical Site Requirements

To provide for student and patient safety, the University, the Surgical Technology program, and our clinical facilities require documentation of the following items prior to acceptance into the program: American Heart Association Certification in Cardio-Pulmonary Resuscitation (CPR) at the Health Care Provider level; current specified immunizations; and Drug Screening and Background Check without violations. Additionally, clinical sites may change requirements at any time and the program and its students are obligated to comply with those requirements.

Policy: Fatigue and Patient Safety

The program is committed to surgical patient safety, so students are prohibited from working night shifts prior to assigned clinical days and must plan get at least 7-8 hours of sleep the night before assigned clinical days. Fatigue due to sleep-deprivation contributes to an increased risk of medical errors and cannot be tolerated in the patient care setting.

Policy: Clinical No-Smoking

To meet personal hygiene standards necessary in surgical patient care, students may not smoke or use tobacco products prior to or during each assigned clinical rotation day.

Policy: Declared Pregnant Student

Federal and state regulations were modified in 1994 to introduce the term “declared pregnant worker.” Under these regulations, each student may declare her pregnancy in writing to the program director. However, it is the student’s option whether or not to do so. The student may decide to declare the pregnancy as soon as conception is confirmed or at any time during the pregnancy. It is up to each individual student to make her own decision regarding the declaration of the pregnancy. A declared pregnancy may be rescinded in writing at any time.

Declared pregnant students are eligible for adjustments in clinical case assignments (such as no exposure to bone cement) which do not affect graduation competencies. The Surgical Technology Program will comply with clinical site policies and obstetrician’s written recommendations regarding case assignments for declared pregnant students. Case assignments cannot be adjusted for pregnancy unless the student informs the ST Program Director of the pregnancy in writing.
STUDENT AND PATIENT SAFETY, CONTINUED

Policy: Standard Precautions

Students must practice Standard Precautions at all times in the clinical setting, including use of required personal protective equipment. Students who do not consistently practice these precautions are placing themselves at great risk for blood and body fluid exposure and will be in violation of program standards.

If Standard Precautions and safe sharps practice are not consistently applied, the risk of a sharps injury is greatly increased. The clinical sites are not liable for sharps injuries occurring to students in the clinical setting. The University (through Human Resources department) provides coverage for treatment of sharps injuries sustained by students during clinical assignment.

Procedure for Care of Sharps Injury

Uncontaminated (those occurring without blood or body fluid contact)

1. Break scrub and administer first aid to injury.
2. Report the injury to the designated site supervisor.
3. If the student’s skin is broken, the student may NOT scrub in until it is healed which may result in a loss of clinical time and thus require subsequent make-up hours.
4. Notify ST Program Director of injury as soon as feasible.
5. Complete DSU ST Program Sharps Injury Reporting Form and DSU Human Resources documentation within 24 hours.
6. Follow up with ST Program Director for incident analysis and additional safety instruction.

Contaminated

1. Break scrub and administer first aid to injury.
2. Report the injury to the designated site supervisor immediately. (This is necessary for the site to obtain the patient’s communicable disease information)
4. Complete any documentation required by clinical facility.
5. If the student’s skin is broken, the student may NOT scrub in until it is healed which may result in a loss of clinical time and thus require subsequent make-up hours.
6. Notify ST Program Director of injury as soon as feasible.
7. Complete DSU ST Program Sharps Injury Reporting Form and DSU Human Resources documentation within 24 hours.
8. Follow up with ST Program Director for incident analysis and additional safety instruction.

Dixie State University Surgical Technology Program Student Handbook effective August 2015
GENERAL PROGRAM POLICIES REGARDING CLINICAL ROTATIONS

Policy: Personal Electronic Devices (PED)

Students must NOT have cell phones or other PED on their person in patient care areas. At no time may students use a PED to take photographs of any patient or any part of a medical record. Doing so will be grounds for immediate dismissal from the program.

Students found carrying cell phones/PED on their person in patient care areas will be in violation of program policies, necessitating a formal intervention. Students may leave cell phones/PED in their assigned locker and may check messages during break times. If a student must have a cell phone/PED at the clinical site, note that the clinical site, the University, and the surgical technology program are not liable for damage or loss of such a device or any other student personal property at the clinical site. If necessary, ONLY true emergency messages may be relayed through the facilities’ surgery front desks.

Policy: Clinical Rotations and Student Employment in Surgery (Student Work Policy)

1. All assigned clinical activities will be educational in nature.
2. Students will not be substituted for paid personnel during clinical rotations.
3. Students who are employed by clinical facilities may not be scheduled to work or perform paid responsibilities during the assigned hours of clinical rotations.
   a. Official employment time card documentation is required to verify compliance with this policy and must be submitted with the weekly clinical time card.
   b. Case experience gained during scheduled employment hours will not count toward achievement of required clinical case totals.

Policy: Clinical Hours and Attendance

Required number of clinical hours are stated on each clinical syllabus. ALL missed clinical hours must be made up to complete course requirements. The maximum number of missed clinical days allowed per semester is two (2). If an extended illness occurs (greater than 2 days), a physician’s verification is required to indicate that the student is cleared to safely return to the clinical setting. More than 2 clinical absences will result in an intervention and may affect the student’s ability to complete the program.

If the surgery schedule allows, students may take one 10 minute break in the morning. Breaks are not guaranteed and students must NOT exceed the maximum break time, regardless of preceptor breaks.
Procedure for making up clinical hours

The student must contact the Program Director immediately upon return to school to schedule make-up clinical hours. To obtain approval for make-up hours, the student must send an email message indicating the requested make-up date to the clinical site contact person with a copy to the Program Director. A “reply to all” return message will indicate approval of the requested make-up date. Approved make-up hours will be treated as scheduled clinical time. Missed clinical hours should be made up within one week of return to school. Failure to comply with this procedure will affect the clinical grade and may initiate an intervention.

Policy: Banked Hours

Students who are able to stay at the clinical site to finish cases may do so, if it does not result in a late arrival to scheduled class or lab. Arriving late to class or lab from clinical will result in a minimum 30 minute reduction of clinical hours earned that day. Additional hours earned are recorded on the time card in 30 minute increments only. Time increments less than 30 minutes must be rounded down to the nearest 30 minute point. Additional hours must be verified by a staff member on the Clinical Verification Form. Banked hours may be applied to low census time and/or toward make-up hours. Banked hours are limited to no more than 15 hours per clinical course and do not carry over to the next semester.

Policy: Make-ahead Hours

Students may request additional clinical assignment hours if sites are available. Requests are to be made to the Program Director via office email (ksnyder@dixie.edu). If approved, the student must also obtain permission from the clinical site contact person. Make-ahead hours will be approved on a first-come, first-served basis. Assignment priority will be given to students who require make-up hours as a result of low census. Approval notification will be returned by email. It is the student’s responsibility to contact the approved site to obtain case assignments for the day. Approved requests will be treated as scheduled clinical hours and all policies apply to those assigned hours. Make-ahead hours are limited to no more than 15 hours per clinical course and do not carry over to the next semester.

Policy: Low Census

Occasionally, a clinical site may not have a sufficient case load to complete the student’s assigned time that day. If the clinical site supervisor determines that the student is to leave the site prior to the scheduled time, the situation must be verified by a staff member on the Clinical Verification Form. The student must notify the Program Director by phone if leaving the clinical site early.
Procedure for clinical time verification

Established medical-legal standards of documentation as presented in program courses must be followed. The form **must be completed in ink**. Any site staff member present at the time of the student’s arrival is authorized to record and initial the arrival time on the verification form.

1. The student writes their name and date on the Clinical hours and case verification form.

2. The student requests that a clinical site staff member write in the student’s arrival time and staff member initials to verify.

3. When the student is ready to leave the clinical site, the student requests that a clinical site staff member write in the student’s departure time and staff member initials to verify.

4. Clinical staff members are NOT to initial the verification section if the actual arrival or departure time has not been recorded.

5. It is the student’s responsibility to ensure that documentation is completed properly. Incomplete or inaccurate verification forms will be returned to the student for follow-up and completion. Repeated submission of incomplete or inaccurate verification documentation will affect clinical evaluation scores and may result in an intervention.

Procedure for completing time cards

Students complete and turn in weekly program time cards with verification to document clinical hours. Time cards **must be completed in ink**. The start time recorded on the time card is the actual clinical start time and does not include the professional arrival time. Students record the total hours for each day and calculate a total for the week. Time cards must be signed and dated. Sample completed time cards showing accurate and inaccurate data recording are posted in the clinical course materials in Canvas for additional clarification. **Clinical time is recorded in 30 minute increments only.** Time increments less than 30 minutes must be rounded **down** to the nearest 30 minute point.
Clinical Rotation Procedures for Students

1. Report to the clinical site in DSU-approved scrubs with student name tag (and facility nametag if required by the clinical site).

2. Park only in designated areas, lock all valuables in your car; bring only car keys, memo book, pen, and daily verification form to the site.

3. Change into site-provided scrub clothes and report to communication desk for clinical assignment 10 minutes prior to clinical start time (see Policy: Professional Time).

4. Adhere to grooming and hygiene standards as presented in class at all times. Strong odors such as cologne, perfume, or smoking residue are prohibited. Students may NOT smoke prior to or during breaks in the clinical setting.

5. Maintain proper nutritional needs prior to clinical assignment, that is, eat breakfast. Proteins are better than carbohydrates when preparing for a long day in surgery.

6. Stay out of the department coffee room except when on a designated break.

7. Utilize unscheduled room down-time to observe cases, assistant circulate, or spend time in the sterile processing area. Always notify preceptor of your location.

8. Notify the Program Director if you leave a clinical site before assigned departure time.

9. Complete and submit originals of all required documentation in a timely manner.

NOTE: All original clinical rotation documents become a permanent part of the student’s file. It is the responsibility of the student to maintain personal records if needed. Students are NOT allowed to keep records of any confidential patient information or copies of any document containing confidential patient information (e.g., procedure cards showing patient name, surgery schedule, etc.).

CONCLUSION

This handbook has been developed to assist surgical technology students during the program and in the achievement of your career goals. Please contact the Program Director if you have any questions or concerns. The program faculty and staff welcome you to the Surgical Technology program and are here to assist you in the learning process. We look forward to your success!
STATEMENT OF AGREEMENT

The following statement confirms that the student understands and agrees to the requirements and policies of DSU and the Surgical Technology Program as written in this handbook.

I have read the DSU Surgical Technology Program Student Handbook and agree to comply with these published policies. Furthermore, I have been informed that changes may occur as determined by developments in clinical and/or academic settings. As far as possible, changes will be effective prior to the beginning of the academic term. When notified verbally and in writing of these changes, I will comply with them.

I understand that a minimum grade of "C" is required to pass each course. I am aware that failure to adhere to the Surgical Technology Program policies as outlined in this Student Handbook or the objectives/outcomes identified in course syllabi may result in my dismissal from the Surgical Technology Program.

This statement of agreement will become part of my file in the Surgical Technology Department Office.

My signature indicates acceptance of this agreement.

Student Signature: __________________________

Printed name if signature is illegible __________________________

Date: ________________
Dixie State University Surgical Technology Program

Student Information Release Waiver

(To comply with Family Educational Rights and Privacy Act [FERPA])

I, __________________________ give the Dixie State University Surgical Technology Program administration permission to release my photo and contact information to the program’s clinical affiliates for purposes of my scheduled clinical rotations during the academic year 2015-2016.

Student signature __________________________ Date __________

Student printed name __________________________