DSU™
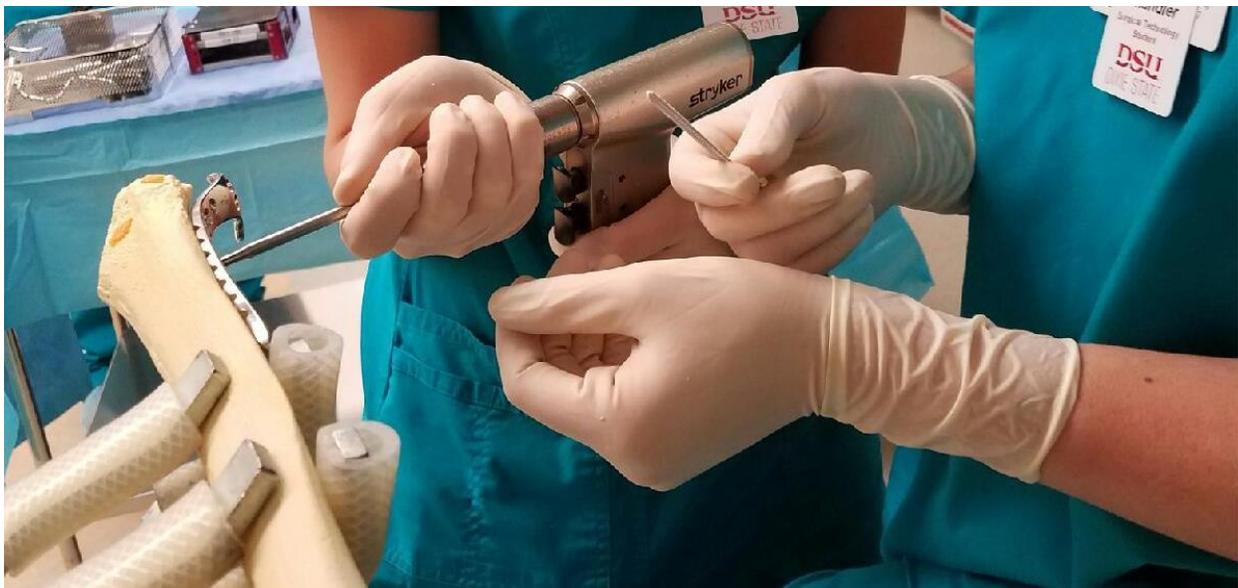## COLLEGE OF HEALTH SCIENCES
SURGICAL TECHNOLOGY

Student Handbook

2017-2018

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The Patient First

Table of Contents

Welcome!

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

Surgical Technologists are allied health care professionals who are an integral part of the surgical team. Our 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 in general (http://www.ast.org/):

- 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!

Introduction to Dixie State University Surgical Technology Program

Program Accreditation Statement

Dixie State University's Surgical Technology Program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARCSTSA).

> **Commission on Accreditation of Allied Health Education Programs**
> 25400 U.S. Highway 19 North, Suite 158 Clearwater, FL 33763
> 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 #110 Littleton, CO 80120
> Phone: 303-694-9262   Fax: 303-741-3655   www.arcstsa.org

Upon successful completion of the program, graduates are eligible to take the National Board Certifying Examination offered by the National Board for Surgical Technology and Surgical Assisting (NBSTSA) to become a Certified Surgical Technologist (CST).

Surgical Technology Program Goal (Minimum Expectations Statement)

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 (to support DSU Institutional Learning Outcomes)

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

PLO 1.1 Skills: Perform surgical technology roles and duties competently and safely at entry-level for employment.

PLO 2.1 Knowledge: Apply fundamental theoretical knowledge effectively in the practice of surgical technology.

PLO 2.2 Knowledge: Acquire and evaluate emerging surgical knowledge to support innovations in surgical practice.

PLO 4.1 Responsibility: Exhibit professional behaviors consistently to obtain and maintain employment.

PLO 5.1 Grit: Demonstrate competence and safe practice under pressure in demanding surgical situations.

PLO 5.2 Grit: Adapt to unexpected circumstances in surgery efficiently to facilitate safe patient care.

Surgical Technology Profession Essential Functions

The following is 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.

Surgical Technology Program Admissions Procedures

Application to the Surgical Technology Program is open to all academically qualified applicants. The program has a maximum enrollment capacity of twelve (12) students based on clinical site availability. Admission to the program is competitive.

Applications for the cohort start date each August begin February 1. Application form, required documents, and admission criteria are available on the program web page (https://health.dixie.edu/surgical-technology/admission/). Applicants return the completed application and required documentation to the Surgical Technology Program Academic Advisor or Surgical Technology Program Director by the published deadline. Program conditional admission is offered to those whose applications score in the top twelve. If a tie occurs for the twelfth position, the application with the earliest application date will earn the position.

Applicants are notified of their admission status through their DSU student dmail account. Students are *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: *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.*

Drug/Alcohol Screen: The College of Health Sciences Drug and Alcohol screening procedure pertains to all students while enrolled in the surgical technology program.

All 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 Procedure

When the program reaches capacity, other qualified applicants may earn alternate admissions status. Notification of alternate admissions status is through DSU student dmail accounts. A status number is assigned (e.g., Alternate #1, Alternate #2) based on admissions scoring.

Surgical Technology Program Readmission Procedure

Submit requests for program re-entry to the Surgical Technology Program Director by the published program admission deadline. If granted, readmission is limited to one time only. A successful Clinical Readiness Evaluation may be required. Readmission to the program is based on consideration of several factors including: review of student files, applicant academic status, Program Director recommendation, and space available in the cohort.

Note: Readmission will be at the discretion of the Program Director in consultation with the Department Chair.

Key Student Information Resources

> **Tech Tip** | Successful students stay current regarding policies and procedures governing their education. Key information is available from the following resources:

University Catalog http://catalog.dixie.edu/

Code of Student Rights and Responsibilities http://catalog.dixie.edu/codeofstudentrightsresponsibilities/

Academic Calendar http://catalog.dixie.edu/academiccalendar/

This Program Student Handbook (posted on Canvas in designated course each semester)

Surgical Technology Program Course Syllabi (posted on Canvas in each course)

Student Information Changes

Please report changes in student information including email address, mailing address, phone number, or legal name promptly to the University Records office and to the Surgical Technology program office. This helps ensure that essential communications reach the student.

Student Employment

Student success is the shared primary goal for faculty and students in the surgical technology program. Due to the rigorous demands of the full-time surgical technology program, approach student employment schedules with caution. Base this personal decision on factors such as individual academic performance in program courses, time required to prepare for courses and learn essential course content, clinical rotation schedules and travel, and personal health.

Fatigue due to sleep-deprivation contributes to an increased risk of medical errors and is unacceptable in the educational patient care setting. To protect surgical patient safety, surgical technology students must commit to refraining from working night shifts prior to assigned clinical days and must plan to get 7-8 hours of sleep the night before all assigned clinical days.

Successful students arrange employment hours to accommodate schedules for classes, lab, and clinical assignments.

Professional Behavior Standards and Student Success

As allied health professionals, surgical technologists must consistently demonstrate behaviors that meet professional standards. Program course materials define and explain expected professional behavioral standards. Students are to demonstrate professional behaviors at all times in the classroom, lab, and clinical rotations. Students must consistently demonstrate professional behaviors to maintain clinical site placement and continuation in the program. Clinical rotations offer students the opportunity for indirect employer observation of performance.

> **Tech Tip** | Students who demonstrate the highest level of professional behaviors earn the best employment opportunities.

Surgical Technologist's Code of Ethics

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

Attendance and Punctuality Policy

Professional surgical technologists must demonstrate consistent attendance and punctuality to maintain employment in surgery. Success in the Surgical Technology Program depends, in part, on consistent attendance. Therefore, each student should attend and actively participate in all scheduled learning experiences. Information presented in SURG core courses is essential to safe and competent patient care. Consistent, punctual attendance and proper notification of an absence are a demonstration of professional behaviors such as reliability, accountability and effective communication skills. Medical or other documentation may be required for verification of extended absences and/or for release to safely return to class, lab, and clinical.

Attendance policies and procedures are established and published in this student handbook and all program course syllabi. Failure to comply with established policies and procedures for attendance, punctuality, and notification will result in an interventional conference, which may include dismissal of a student from the program.

Standard Expectation Attendance: Each student should attend and actively participate in all scheduled learning experiences. Students unable to attend for serious situations must properly notify the instructor.

Procedure: Classroom and Laboratory Attendance Notification

In the event of absence for illness or emergency for **classroom or laboratory**, students must:

1. Notify the instructor by email or by calling the program office at 879-4850
2. Prior to the scheduled start time (a voice mail message is acceptable and the time of the call is automatically recorded)
3. Each day that she/he will be absent

Procedure: Clinical Attendance Notification

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

1. Call the clinical site coordinator (contact information specific to active clinical sites will be posted)
2. Prior to the start of that clinical assignment
3. Keep a record of the time of the call and the name of the person notified at the clinical site
4. Email or call the program office (879-4850) and leave a voice mail message prior to the scheduled start of that clinical assignment

Procedure: Clinical Attendance

The clinical syllabus states the minimum required number of clinical hours for each course. Complete all missed clinical hours to meet 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 two 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 ten-minute break in the morning. Breaks are not guaranteed and students must *not* exceed the maximum break time, regardless of preceptor breaks. Utilize unscheduled room down time to observe cases, assistant circulate, or spend time in the sterile processing area. Always notify preceptor of your location.

> **Tech Tip** Stay out of the department break room except when on designated break or you may appear lazy

Procedure: Making up Missed Clinical Hours

The student must contact the Clinical Coordinator *immediately* upon return to school to schedule make-up clinical hours. To obtain approval for make-up hours, the student must send an email (or Canvas mail) message to the Clinical Coordinator indicating the requested make-up date. If site availability is confirmed, a return message will indicate approval of the requested make-up date. Approved make-up hours are scheduled clinical time. Plan to make up missed clinical hours within one week of return to school. Failure to comply with this procedure will affect the clinical grade and may initiate an intervention.

Standard Expectation Punctuality: In the classroom and laboratory, punctuality is necessary to establish an environment conducive to learning for all students. Students arriving late must minimize disruption to fellow 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.

In the clinical setting, 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. 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. This practice demonstrates professional behaviors and increases potential future employment opportunities.

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 in a semester will constitute one absence.

> **Tech Tip** Over-sleeping and/or alarm clock malfunctions are **not** acceptable reasons for arriving late.

> **Tech Tip** 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.

> **Tech Tip** Park only in designated areas, lock all valuables in your car; bring only car keys, memo book, pen, daily verification form, and completed case prep forms to the site.

Learning Environment Expectations

To facilitate an optimal learning environment and respect for other learners and the instructors, the following professional behaviors are expected.

All learning settings:

- Follow all published policies and procedures and instructor/preceptor verbal directions.
- Video or audio recording of classroom or laboratory sessions allowed *only* with instructor permission and is *never* allowed in the clinical setting.

Classroom:

- Arrive in a timely manner to have learning materials organized and ready prior to the scheduled class start time.
- Regular breaks will be scheduled and announced. If a student must leave the classroom prior to a scheduled break, please exit as unobtrusively as possible. Students are responsible for material covered while absent from the classroom.
- Direct all discussion and questions to/through the instructor to minimize distraction to other learners.
- Silence cell phones and store them out of sight during classroom sessions. Exceptions may be allowed with prior instructor permission.
- A limit of one web-enabled electronic device may be utilized for classroom instruction as directed by instructor.
- To protect personal electronic devices, food and drinks are *not* allowed during classroom sessions. Drinking water in a clear, spill-proof container is acceptable.

Laboratory:

- Arrive approximately 10 minutes prior to lab start time so that backpacks are stowed, medical hand wash is completed and proper OR attire is complete *prior* to lab start time.
- Utilize a pocket memo book to keep notes on lab skills progress and critical information.
- Personal electronic devices are to be stowed in lockers during lab. Students may take photos of lab instruments or set-ups outside of scheduled lab sessions.
- Lab sessions do not have breaks (to assist students in learning the physical rigors of the operating room). If a student must leave the lab during a session, please exit as unobtrusively as possible.
- Food and/or drinks are not allowed in the lab during scheduled lab sessions.
- Request additional practice time outside of lab as needed to achieve skill competency.
- Stay focused on assigned tasks to maximize the learning opportunities available in the lab course.
- Follow Standard Precautions at all times.
- Demonstrate acceptable professional behaviors at all times.
- Demonstrate the ability to function effectively in teams.

Clinical:

Clinical rotations provide students an opportunity to learn and practice key skills. Rotations also provide an opportunity to demonstrate competence to area employers. Cognitive and psychomotor skills are crucial and a significant emphasis is on affective (professional) behaviors. Students must 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. Program course materials define and explain expected professional behavioral standards.

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. Intervention assists the student in identifying and developing behaviors that meet program standards and thus increase employment opportunities. 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. Willful non-compliance with policies and standards of the Surgical Technology program and those of the clinical facilities

2. Inability to progress in clinical competence 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. The Surgical Technology program director will determine just cause.

10. Falsification of required program documentation, including but not limited to time cards and/or case verification.

NOTE: All original clinical rotation documents become a permanent part of the student's academic 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.).

Program Professional Dress Code: Surgical Technology students are learning to become allied health professionals. Healthcare professional appearance standards may differ from those of the general University campus. Surgical technology students should be well-groomed, clean, and neat at all times. Personal hygiene must be exceptional, avoiding any offensive body odor or tobacco smell. Specific dress codes for classroom, lab sessions, and clinical rotations are provided below.

Classroom:

- Wear appropriate clothing or surgical scrub clothes in the class color. Clothing that is distracting or disruptive to the learning environment is not acceptable.

Lab:

- Each student must own at least one pair of scrubs (shirt and pants) in the designated class color. Wear these scrubs to all lab sessions. Clothing worn under the scrub top must not extend past the sleeves of the scrub top. Optional matching scrub jackets are acceptable when not scrubbed.
- Each student must own and use OSHA approved protective eyewear during all lab sessions. Splashguards are provided for students who wear prescription eyeglasses.

Clinical:

- Report to clinical sites wearing program-color scrubs with University nametag attached near the clavicle. Change into facility-provided scrub attire on site. An additional clinical facility nametag is required at Intermountain Healthcare facilities.
- OSHA approved protective eyewear provided by the clinical site is required to meet Standard Precautions. https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html

Lab and Clinical:

- Each student must wear an appropriate pair of clean, supportive shoes.
- For surgical patient safety, sterile team members must be free of any non-natural item on face, ears, neck, hands or arms. Facial makeup that appears on the inside of the surgical mask will be in violation of the dress code. Enhancement of any type to eyelashes (such as mascara, false eyelashes, extensions, etc.) is prohibited.
- Body piercing or tattoos must not be visible and must not cause disruption in the learning or patient care environment. Jewelry of any type is prohibited in the lab and clinical setting. This includes but is not limited to all pierced earrings, nose rings, eyebrow rings, wedding rings, and any item worn on wrist.
- 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 worn, hair accessories (such as extenders) must be conservative and kept clean at all times.
- If worn, beards and/or mustaches must be clean, neatly trimmed and completely contained within mask and beard cover cap.
- Fingernails must be short (not to extend past the fingertip), well groomed, and unpolished. Artificial nails are prohibited. Hands and nails must be free of damage. Skin of arms, hands, and fingers must be intact to prevent transmission of blood borne pathogens from student to patient or from patient to student. This includes injury to cuticles. Fingernails must be healthy in addition to being natural and free of any type of polish. The term "healthy" indicates that fingernails must be intact and nail bed healed from damage due to artificial nails, and that fingernails cannot be rough, jagged, or bitten.
- 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.

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 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 Surgical Technology 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.

Program Grading Scale: The grading scale system for surgical technology program courses is:

Grading Scale – 75% or higher required to pass this course		
	A 94 – 100%	A- 90 – 93.9%
B+ 87 – 89.9%	B 84 – 86.9%	B- 80 – 83.9%
C+ 78 – 79.9%	C 75 – 77.9%	
C- < 75% course failure	D < 73% course failure	F < 70% course failure

Please note that summative assessment tools are the property of the University and taking photographs of any of these tools is prohibited. Copies of an individual's completed lab and/or clinical evaluations are provided upon request.

Academic Progress

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

- 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.

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

- 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.

- 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.

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. Documentation is assessed weekly by criteria including timeliness, completeness, and accuracy. Clinical documents are due at the beginning of the scheduled weekly clinical meeting. Additional assessment tools utilized in the clinical courses may include but are not limited to case preparation forms, introductory surgical experience forms, case reports, and preceptor evaluations. Written assignments are utilized to support hands-on learning experiences.

Assigned preceptors, program faculty, and other surgical team members evaluate students' clinical progress according to the established performance criteria. Students gain competence and progress to increasingly more complex cases as 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 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 as stated in this Handbook. Students must maintain accurate and up-to-date case logs to document case experience.

The Professional Behavior section of the clinical evaluation tool includes professional behaviors as demonstrated by students in the program, class, lab, and clinical rotations.

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 are evaluated as soon as possible, reviewed with students, and recorded in the Canvas course gradebook. Adult learners monitor their own academic progress in each course by utilizing the Canvas course gradebook frequently.

Student-Instructor conferences are also a means to communicate student progress. The program has two types of student conferences: routine and interventional.

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 assist the student in achieving academic and behavioral program and professional standards. Specific issues of concern are identified and an action plan is formulated. A completed conference form signed by the student and instructor is provided for all interventional conferences.

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:

- Willful non-compliance with established policies and procedures

- Unsatisfactory performance in the clinical setting, unsafe or unprofessional practice

- 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 Surgical Technology Program

The Surgical Technology program utilizes three primary 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, 4 credits) and SURG 2060 ST Clinical II (spring semester, 7 credits). All assigned clinical hours must be completed to meet course and program requirements.

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.

Minimum required total cases	Minimum required general surgery cases	Minimum required specialty cases
120	**30**	**90**
Minimum required first scrub cases	Minimum required first scrub cases general surgery	Minimum required first scrub cases specialty *
80	**20**	**60**
Minimum additional cases in first or second scrub role	General surgery cases in the first or second scrub role	Specialty cases in the first or second scrub role
40	**10**	**30**

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 are 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, sinusoscopy, 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.

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

- 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.

- 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.

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

- The Program counts mastectomy with immediate breast reconstruction as one case (same pathology, same patient), even though two different specialty surgeons conduct the procedures. It may be recorded as a mastectomy in general surgery or as a breast reconstruction in plastic and reconstructive surgery, but not both.

Please seek guidance from the clinical coordinator or program director for any situation in which you are unsure about how to properly 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.

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. **This 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.

Tech Tip ▷ Do not leave a clinical site without completed documents. If scrubbed, preceptors may designate a staff member to complete forms on their behalf. Incomplete documents are returned to student and result in delays on time card processing and/or case verification. This also results in additional trips to clinical site to track down the preceptor and takes significant additional time for both student and preceptor.

Students use data on the daily case verification form to complete and submit weekly case logs in an Excel file (posted on Canvas and added to each week for both semesters). Turn in the updated case log form as directed on course materials. The weekly time card and associated preceptor evaluations/verification documents are due in hard copy at the weekly clinical meeting.

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 they have not recorded the actual arrival or departure time.

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. Submission of incomplete or inaccurate verification documentation will affect clinical grade and 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.

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 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 are verified on the Clinical hours and case 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 12 hours in SURG 1060 and banked hours do not carry over to the spring semester. There is no limit to the number of banked hours in SURG 2060 as long as essential learning is not compromised.

Make-ahead Hours

Students may request additional clinical assignment hours if sites are available. Make requests to the Clinical Coordinator via office email. If approved, the student must also obtain permission from the clinical site contact person. Make-ahead hours are approved on a first-come, first-served basis. Assignment priority will be given to students who require make-up hours as a result of clinical site low census. Approval notification is returned by email. It is the student's responsibility to contact the approved site to obtain case assignments for the day. Approved make-ahead requests are scheduled clinical hours and all policies apply to those assigned hours. Make-ahead hours are treated as banked hours as described above.

Clinical Site Low Census

Occasionally, a clinical site may not have a sufficient caseload 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, this situation must be verified by a staff member on the Clinical hours and case verification form by writing "low census" near the departure time. If sufficient time remains in a clinical day, the student may contact another open clinical site directly to inquire about case availability. Travel time between clinical sites on a single day does not count toward clinical time. Students may switch between DRMC River Road and HPC as needed with permission of those sites on any scheduled day.

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 Schedules

Clinical rotation schedules are arranged in advance and students are notified as soon as possible. Clinical assignments are Monday through Saturday. Report times vary by clinical site, generally between 6:30 and 7:00 am. Students are assigned to the clinical sites 12 hours per week in the fall semester and 21 hours per week in the spring semester. Clinical rotation schedules are adjusted as needed to accommodate changes in the clinical site surgery schedule/case availability.

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 standards, necessitating a formal intervention. Students may leave cell phones/PED in their assigned locker and may check messages during break times. If a student chooses to 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.

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 employed by clinical facilities may not be scheduled to work or perform paid responsibilities during the assigned hours of clinical rotations.

    a. Employer acknowledgement or official employment time card documentation may be required to verify compliance with this policy.

    b. Case experience gained during scheduled employment hours will not count toward achievement of required clinical case totals.

Student and Patient Safety

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 clinical site and/or CDC 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. The DSU School of Health Sciences drug and alcohol testing procedure can be accessed at: http://academics.dixie.edu/health-sciences/

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.

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.

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.

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 place themselves at grave risk for blood and body fluid exposure and are 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

- Break scrub and administer first aid to injury.

- Report the injury to the designated site supervisor immediately.

- 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.

- Notify ST Program Director or Clinical Coordinator of injury as soon as feasible.

- Complete DSU ST Program Sharps Injury Reporting Form and DSU Human Resources documentation within 24 hours.

- Follow up with ST Program Director for incident analysis and additional safety instruction.

The six steps above apply to **uncontaminated** sharps injuries (those occurring without blood or body fluid contact).

If the sharps injury is **contaminated** (blood or body fluid direct or indirect contact), complete the following *additional* steps:

- Request that the clinical site obtain the patient's communicable disease information per their policy.

- Report to nearest Work Med facility for immediate treatment.

- Return to the site to complete any documentation required by clinical facility.

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!

Attachments

Student Confidentiality Agreement

Student Statement of Agreement

Student Information Release Waiver

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)

Student 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 stated in this handbook.

I have read the DSU Surgical Technology Program Handbook and agree to comply with these published policies and procedures. 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 procedures as outlined in this Handbook or in 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 2017-2018.

Student signature _____   Date _____

Student printed name _____