



ASSOCIATE OF APPLIED SCIENCE IN SURGICAL TECHNOLOGY

STUDENT CLINICAL HANDBOOK

Department of Surgical Technology

Division of Nursing and Allied Health

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1 INTRODUCTION

Welcome to the highly anticipated portion of a surgical technology student's education: CLINICALS!!! YOU MADE IT!!!! CONGRATULATIONS!!!

This handbook will allow you, the student, to be aware of all the requirements and expectations that the clinical experience entails.

The goals of this clinical experience are: (repeated from student handbook)

- To give the student the opportunity to improve task related skills and techniques learned in the classroom while working in the surgical environment.
- To provide an opportunity for the student to integrate learned theory into clinical practice, enabling the student to provide the most comprehensive patient care possible.
- To develop an awareness of the patient's rights as an individual while considering their psychological, emotional, and physical needs as a person.
- To afford the student the opportunity to develop and grow as a professional.

During clinical, students are expected to abide by all Fletcher Technical Community College rules and regulations, as well as the designated hospital's rules and regulations. Any student reported to an instructor by a hospital supervisor or preceptor of behavior detrimental to the school or clinical facility will be subject to dismissal from the program and/or the hospital until the next available course offering is given. (Pending the reason, the campus may elect not to allow the student admission back into the program).

2 SURGICAL CONSCIENCE

The development and strict adherence to aseptic technique and the principles of asepsis that define it are the corner stone of Surgical Technology. A person who possesses the crucial ability, integrity, and aptitude to defend these principles regardless of consequence has developed a *surgical conscience*. This is the understanding and ability to recognize breaks in technique of team members; as well as one's own mistakes and faults; and the desire to correct the error in the presence of others or while working alone. A person who hesitates or refuses to acknowledge and rectify breaks in sterility choose to jeopardize the patient and cause grave, sometimes irrevocable consequences and possibly even death. Surgical conscience guides our thoughts and our actions in the operating room. It should never be ignored or argued and can never be considered minor for any reason.

Development of a surgical conscience is mandatory to practice in this profession. A student who shows little to no development or progression has no chance to be successful and no place in the operating room. The student will be asked to leave this program and guided with assistance from support services into another field of study.

3 CLINICAL SCHEDULE/ FACILITIES & ASSIGNMENTS

3.1 SCHEDULE

Clinical courses are completed Monday-Thursday during regular scheduled surgery hours (approximately 6:15am-3:00pm). When students are given facility assignments, instructors will clarify exactly what time the student should arrive at each facility. (Some hospitals vary on what time they want students to arrive).

- During Clinical I, the Friday class day is part of the Clinical I course. Students should expect to be on campus from 9:00am-12:00pm (unless told otherwise by an instructor). On rare occasions, students may be instructed to attend clinical rotations on a Friday. As this is a possibility, students should avoid scheduling work around clinical hours unless unavoidable.
- Clinical II takes place over the summer semester. Fletcher is closed on Fridays. Students will attend clinical rotations Monday-Thursday as they did for their clinical I course. There will also be a separate online CST exam preparation course. There will be designated days that students will report to campus to take review exams. These dates will be made known to students and clinical sites in advance.

Please note that clinical hours and schedules are subject to change with as much notice as possible. Students should remain flexible

3.2 FLETCHER CLINICAL FACILITIES

Clinical practice under the supervision of the surgical technology faculty and clinical preceptors is provided through formal contracts with the school and local health care agencies. The formal contracts are binding to surgical technology students and faculty. Failure to adhere to these regulations may forfeit the school's privileges in the agency and the student in violation will be dismissed from the surgical technology program.

Students will attend area hospitals that the Fletcher has attained contracts with. These currently include:

- Thibodaux Regional Health System
- Terrebonne General Health System
- Ochsner Bayou Region (Chabert and St. Anne)
- Ochsner St. Mary
- Ochsner St. Charles
- Ochsner Main Campus (New Orleans-Jefferson Hwy)
- Physician's Medical Center
- Bayou Region Surgical Center
- LCMC facilities

If additional contracts are obtained, students will be made aware of any changes that may affect their location as soon as possible. Any additional hospital orientations that are warranted will be communicated with the students.

Some facilities may not be used every semester pending the need.

3.3 CLINICAL ASSIGNMENTS

The clinical coordinator is responsible for assigning students to clinical facilities and making sure all required documentation required by the hospitals are submitted in a timely manner.

Students who fail to submit required documentation when requested by the clinical coordinator will not be allowed to attend clinical sites. This will result in **unexcused absences** until the proper documentation is submitted.

Once on site, students will receive their daily assignment from either a Fletcher instructor or the surgery department charge nurse/ CST. (Efforts will be made to inform students of potential cases a day in advance; however, this is not guaranteed and usually not possible). Students may request to be in a specific case if they see something interesting on the schedule; however, students should not dispute the room they are assigned to. There is plenty of time to get the necessary case requirements during the clinical experience. Clinical case logs will be tracked weekly to ensure students are receiving the cases necessary to meet the requirements of the ARCST/SA core curriculum.

4 ABSCENCES/TARDINESS

The policies and procedures of the Fletcher Technical Community College Surgical Technology Student Handbook, as well as any addendums given to students throughout prior courses, will be utilized at clinical sites as well as in the classroom.

Students are allowed to miss 10% of their course before being dropped due to excessive absences:

- Clinical I = 360 clock hours = 36 hours (reminder, this includes Friday's)
- Clinical II = 180 clock hours = 18 hours

Tardiness is not tolerated in the clinical setting. Students are instructed as to what time to arrive at each individual hospital. Dependent upon the reason, if a student is late for clinicals, he/she may be told to go home for the day and will receive an **unexcused absence**. Hospitals do not tolerate their employees being late to work. Clinicals are geared towards preparing students for their future jobs. Even as soon as clinical I, each hospital supervisor is paying attention to each student for the possibility of a future employee. It does not leave a good impression on the supervisor if a student shows up late. There are no "grace periods" on tardiness throughout clinical. Please arrange to be at the designated facilities on time.

- **On time = dressed out in surgical scrubs and ready to receive the assignment**

Students are allowed to carpool with each other; however, it will count against all students in the vehicle if you are running late or have to leave early. Students may not ride or carpool with instructors under any circumstance. Please give yourself enough time to get to the facility on time. There are exceptions made for traffic accidents or traffic jams, in which case, it is likely that multiple students/ employees will be late. Exceptions will not be made if you are stuck in traffic because you did not leave on time to make it to the facility. As in previous courses, if you are involved in a car accident, please bring a copy of the police report and your absence will be excused.

Please call & leave a message on the office phone @ 985-448-5930, 985-448-5931 OR send a message via Remind to let us know if you are unable to attend clinicals. You will also be responsible for informing the clinical site as they utilize students when they are staffing rooms.

5 CANCELLATION OF CLINICAL DAYS

Clinical days are subject to the hospital and/or campus closures in the event of emergency weather and/or environmental situations. The students should be registered with the campus First Alert system. Registration is available on the Fletcher website.

Students will be notified of the cancellation of a clinical day related to the instructor and/or facility via email, or the Remind[®] app. Every effort is made by the instructors not to cancel a clinical day. All contact information for the student should be kept up to date with the surgical technology department to avoid lack of communication regarding attendance. It is the student's responsibility to inform the instructors of changes to contact information. Clinical days cancelled will be made up, within reason, in order to provide students with the necessary clinical hours to complete a course and will not be held against the student's attendance.

6 STUDENT MEDICAL RECORD REQUIREMENTS

Health forms must be complete and up to date in the Surgical Technology Department *prior* to the student participation in the Surgical Technology Program clinical courses. The required health care forms or updates will be given to the Clinical Coordinator to be logged and kept in the student's secured health file. The confirmation of receipt and understanding statement from the program handbook will serve as proof that you have read and understand the policies. Though not required, the clinical coordinator MAY take the liberty of informing students if information is missing from their files. It is ultimately the student's responsibility to ensure all required documentation is up to date prior to the deadline given by the clinical coordinator. Students who are unsure if they have all required documentation should request an update from

the clinical coordinator in writing prior to the deadline. Students without all necessary documentation will be banned from attending clinicals until they do so (**unexcused absence**).

Please reference the Student Handbook for information regarding all immunization requirements, Latex allergy information, drug testing, CPR, health insurance and background checks that are needed prior to the start of clinicals.

6.1 NOTICE OF ATTESTATION/ RELEASE OF INFORMATION

Student health records will be kept confidential and only **summaries/ attestations** of the information will be released to any person within or outside the college. Information will not be released without the student's written permission. Students previously completed a notice of attestation and release of information acknowledging their understanding and agreement. This acknowledgement will serve for all clinical courses. All records will be accessed by authorized college/departmental personnel only and maintained and stored in a secure location separate from college academic files. Authorized personnel are defined as an instructor/faculty who may require reviewing and utilization of such records for educational/administrative purposes. All student information, health forms, drug test results, and background check information will be vigilantly guarded, and access will be controlled to protect students' rights according to FERPA. Records will be kept secure for a period of 5 years to remain in compliance with the ARCST/SA guidelines and will be properly disposed of after that time. Any student wishing to collect their records after that time period must do so in writing.

7 ILLNESSES/MEDICAL CONDITIONS

7.1 ILLNESSES

Illness does occur, and students should refrain from attending class/clinical if they are exhibiting signs of having an infectious/ communicable disease. A doctor's release is required to return to class/clinical rotations and should be based on:

- 1) The individual is no longer considered contagious to transmit the disease OR
- 2) The individual has a chronic infectious disease that poses little risk of transmission in the school / hospital environment with reasonable precautions.

Special consideration and approval for attending class/ clinical for students with a chronic infectious disease must be acquired from the Surgical Technology Program Director, Dean of the School of Nursing and Allied Health and affected clinical affiliations before entering or continuing in the program. This information should be communicated prior to clinical and should be on the student's H & P (or added to it if diagnosed after the H & P was submitted).

7.2 OTHER ACUTE/CHRONIC MEDICAL CONDITIONS AND/OR INJURIES:

Conditions that you may have that could affect your clinical judgment, mental status, or overall well-being should be made known to the Surgical Technology instructors. Diabetes, seizure disorder, high blood pressure, and need for frequent bathroom access related to urinary tract infections are some of the situations that can lead to injury to either yourself and/or the patient if precautions are not taken. No information given concerning your health will affect your standing in the program (unless it becomes debilitating, disabling, or you are deemed unable to perform required job tasks).

****A student who is injured on the campus, in the lab, or at a clinical site should notify their instructor and/or college hospital staff immediately, no matter how minor it seems.** Incident procedures and reports must be completed at the time of injury or as close to the time of injury as possible. **As a reminder, students who need medical attention at a clinical facility are responsible for any incurred cost as a result of the injury.** Fletcher, nor its clinical affiliates, cover medical insurance for students. Please ensure the clinical coordinator has your up-to-date health insurance information if applicable.

****As per affiliate contracts, students MUST have health insurance to attend clinicals.**

Students should consider their arms and hands their most valuable tools. Students with injuries (cuts, sores, scratches, and scrapes) will not be allowed to scrub unless approved by the instructor and/or hospital department supervisor. Students should avoid activities that may cause injuries to their hands or arms. Students who exhibit injuries to their hands and arms may be assigned other duties, such as SPD dept. or patient transport.

If a student is unable to any perform duties at all, it will count as an absence. Depending on the nature of the injury or illness, and how long the student will be out of school for, it may result in the student having to drop the course and continue with the next cohort. Exceptions will be made, when possible, to give the student an “incomplete”; however, depending on the amount of time missed, it may not be possible.

8 COUNSELING/ PROBATION/ DISMISSAL

Students will be evaluated on a weekly basis through the use of preceptor (hospital) evaluations, as well as instructor feedback. Students will be updated regularly (weekly or bi-weekly) on their progress. If it is found that a student needs remediation in any aspect of their clinical performance, instructors will provide students with a counseling form/ progress report stating the reason for the remediation. Students will be required to sign the document and will receive a copy (either in person or through email).

If the reason for the counseling is cause for disciplinary action, the student may be placed on probation as a term of the counseling form, and/or dismissed from the program. The student will

be notified of being placed on probation via e-mail or in person via a counseling form. The student is responsible for contacting the instructor to sign the form. In the event the student does not contact the instructor to sign the form, the e-mail will serve as the student's notification of probation or counseling. If an action deems dismissal necessary, the student will be informed in person through a formal meeting.

Below is a list of examples that include, but are not limited to, reasons for counseling, probation, or dismissal:

- **Excessive absences**
 - Students will receive a counseling form and be placed on attendance probation when they have reached half of their allotted clock hours of allowable absences.
 - Consequences for exceeding the allowable 10% will result in the student being dropped from the course.
 - Students are reminded that courses are scheduled in a compressed manner. Consequently, dropping, or being dropped, from a course will result in the student being unable to continue the program until the course is offered again (usually 1 year).
- **Failure to comply with school, program, or clinical facility rules and regulations**
- **Conduct which is unrelated to the learning and inappropriate for the clinical setting**
 - Abusive language, threats, assault & battery, disruptive attitude, use of cellphone or another device when not authorized
- **Failure to pay tuition by the enrollment census day of the current semester**
- **Violation of school policy including but not limited to:**
 - plagiarism and cheating, illegal possession, use, sale, or distribution of drugs, illegal possession of weapons, theft, chemical (drugs or alcohol), impairment in the school/ clinical setting
- **Falsification of information given on official school document**
 - Preceptor evaluations, incorrect clinical case logs, etc.
- **Falsification of records regarding patient care**
 - Lying about cases participated in and/or unauthorized access or viewing of patient documentation, etc.
- **Failure to meet expectations relating to student behavior as defined in the Fletcher Student Handbook and the Surgical Technology Student Handbooks.**

As a reminder, if a student must be corrected for behavior or behavioral problems, missed deadlines, incomplete work submission, or failure to progress, the instructors reserve the right to place that student on probation. A student that receives three (3) probations during the program for any reason will need to report to the program director and/or the division dean for counseling and may result in suspension for a time frame decided by the program director and/or division dean. The suspension will start the next school day with NO EXCEPTIONS or RESCHEDULES. The student will be counted absent for the time they are missing. The day will be

made up like all other absences for any clinical time (if considered excused) at the course instructor's discretion. Any further behavioral problems will be reason for dropping the student from the program and/or college expulsion.

If an offense is deemed serious enough for program dismissal, the student will be dismissed whether or not they have received previous counseling.

All students have the right to appeal decisions of dismissal by following the student grievance process noted in the Fletcher Student Handbook.

NOTE: Probation counts do not start over each semester. They are effective for the entire length of the student's program.

9 REMEDIATION

Assistance and extra help in any theory, skills, and/or clinical aspect of the program is available for every student. Instructors will remediate students when necessary. Remediation will be documented via a counseling form.

Instructors are present as much as physically possible in the clinical sites to observe student progress; however, there may be occasions that a student may feel they need additional help. Students are encouraged to express their request for assistance/ remediation if an instructor does not bring up the idea. Students are encouraged to express their request in writing (email is acceptable) for documentation. The instructors will make every possible effort to meet the needs of all students to help them to achieve their professional goals, within reason.

The student is responsible for the retention and application of all concurrent and previously completed surgical technology courses and similar course information and skills. Students who are unable to perform after remediation may be dropped from the program for failure to progress.

10 WORKING WITH HOSPITAL PERSONNEL

The student will find that in clinical practice they will be part of a health care team which consists of a number of people all working towards helping patients. Learning how to work with staff is important because each team member has certain duties and responsibilities which must be performed for the benefit of the patient. In order to achieve this goal, there must be communication, courtesy, cooperation, and mutual respect among all members of the health care team, including students.

10.1 ROLES OF THE CLINICAL INSTRUCTORS/ STUDENT RELATIONSHIP

The nurses and surgical technologists that you will be working with are here to help you take what you have learned in the classroom and apply it in the surgical setting. They will guide you

through the procedures and assist with answering your questions. They are not however here to teach you step by step from the beginning. If a student is unable to perform basic tasks that were deemed acceptable during previous checkoffs in lab courses, the student may be counseled and brought back to the lab for remediation. While this will not count as hours missed, the student will be unable to log cases towards their required case log which may inadvertently delay graduation.

Students will be assigned to certain surgical rotations that will allow students to grow and broaden their skills. The nurses and techs to whom you are assigned will evaluate you on your performance and professional behavior and should be considered extensions of your usual instructors. Your usual instructors will remediate any area(s) that are deemed below accepted standards of practice.

The nurses and techs are your liaison between the surgery department and surgeons. They are there for “you”, to guide, teach, listen, critique, and to enable you to obtain your personal goals.

Your regular instructors will monitor your progress throughout your clinical experience with periodic site visits and/or phone calls to preceptors and O.R. supervisors. They will speak to the surgery staff and surgeons to communicate about what you’re doing well and what could use some work (this includes skill level and soft skills). There may be days you do not see your regular instructors. Please realize there are several hospitals to visit that students will be assigned to, and it is impossible to be at every facility each day. Instructors do not usually “scrub in” with students unless absolutely necessary. They are there to communicate with the staff, spot check certain things, and ensure you are progressing with the level of skill expected at this stage of your education.

10.2 STUDENT/SURGICAL TECHNOLOGIST STAFF (PRECEPTOR)

Students will be assigned a preceptor, which in most cases, is a staff Certified Surgical Technologist. The student is responsible for communicating and “shadowing” with their preceptor for every case. Students should be honest about their skill level and ask for assistance with tasks they are uncertain of within reason. Students should consider preceptors extensions of their instructors and should show respect for the information their preceptors are trying to teach them. Students should recognize that there are multiple ways to do set-ups and carry out tasks within the principles and practice they have been previously taught. If a student feels they are being instructed to perform tasks in an unacceptable way, or that they are being treated poorly by a staff member (ANY staff member) he or she should inform an instructor to discuss the situation as soon as possible.

During each clinical rotation, the student will find that he/she actually becomes part of the surgery department of that hospital. It is most helpful to the student to establish a good relationship with staff techs. Because each department has a specific way of carrying out procedures and uses different kinds of equipment, these staff members are an excellent source

of help and information. The student will follow the routine of the department, which may include participation in a report at the beginning of the shift. This report consists of passing on information concerning patients, staff schedules, and any changes in instrumentation, etc. It is, therefore, important that the students be familiar with any changes, so they are able to pass on this information in a concise and professional manner.

Students often feel that they are 'in the way' or 'merely tolerated' by some of the staff. It must be made clear that clinical practice is vital to the student's growth in skill and knowledge. It is only through the application of learned procedures that the student truly understands the theory that is learned in the classroom. The student must also understand that he/she is not in clinicals to do the staff's work. The student is given specific assignments by his/her instructor (or the charge nurse) that is selected to improve certain skills and/ or obtain the required case load put forth by the ARCST/SA. The student can gain the respect of the staff by behaving in a professional manner, by participating in discussions concerning the surgery department and passing on pertinent information.

Students should also be advised that not every facility we attend is considered a "teaching" hospital. There may be situations where students encounter preceptors that are not particularly fond of "teaching". It is usually no offense intended to the student, and most will even tell you that. It may also be a situation that they are unable to answer all of your questions because they themselves are unfamiliar with a particular surgeon or case if they are placed in a room they are not accustomed to working with/in. Students should not take these situations personally. If the situation or person continues to be an issue with your learning process, please speak privately to an instructor so we can try to intervene the situation professionally.

10.3 STUDENT/NURSE

The nurse is the coordinator of patient care. It is his/her responsibility to know all aspects of the patient's status and every procedure or treatment being done. It is, therefore, imperative that a good rapport be established between student and nurse so that information concerning the patient may be exchanged. The student has the responsibilities of informing the RN (or CST) of any breaks in technique or instrumentation, etc. that the student may need for the patient's surgery. The RN has the responsibilities of informing the student of any changes in the patient's status that may impact the procedures being done (this may also be done by them telling your preceptor to inform you). The student must respect the nurse's role as the primary caretaker and realize there are instances in which procedures he/she must carry out take precedence over the student's needs. The RN should respect the student as a member of the health care team performing as a professional under the supervision and guidance of another surgical technologist.

10.4 STUDENT/SURGEON

The surgeon is the leader of the team involved with caring for each patient. It is his/her responsibility to diagnose the patient's illness by taking a history, doing a physical exam, and ordering the tests and procedures necessary to determine the patient's status. It is also his/her responsibility to order all aspects of the medical care the patient will receive including treatments, medications, and surgical procedures.

The surgical technology student is responsible for performing his/her duties in surgery as required. The student must read the surgery schedule carefully, making sure he/she clearly understands the surgery to be performed. If the student has doubts about what a surgery is, it is up to the student become informed by looking up information or asking questions.

It also the student's responsibility to read the procedure preference card for any specifics related to the procedure that the surgeon requests. Surgeons have been known to ask students if they have read their preference card. Occasionally, instances have happened where the surgeon "quizzes" students about what they read. Surgeons have the right to ask students to leave the room or "scrub out" and/or just observe if they are not prepared for the case.

The student should NOT criticize, discuss a physician, or indicate a preference for the services of a particular surgeon with a patient or that patient's family or with the surgical staff. As a reminder, be careful about the conversations you participate in.

11 THE CLINICAL EXPERIENCE/ CLINICAL EDUCATION REQUIREMENTS

11.1 THE CLINICAL EXPERIENCE

Prior to the start of each clinical course, instructors will hold a clinical orientation where students will receive/review all clinical course expectations and specifics. Instructors will also go over in detail, the course syllabus including the objectives, grading process and outcome expected. Before attending each facility, there may be an orientation process for each hospital. No student will be allowed to attend a facility if he/she is not present for the orientation.

As a student, you are expected to:

1. Come to clinical prepared, on time, and in proper attire (**including ID badge**).
2. Follow the policies of the school and the hospital.
3. Be respectful and courteous to others.
4. Evaluate both positive and negative experiences and observations.
5. Communicate with instructors, hospital staff, and surgeons.
6. Attend lectures/ in-services in the clinical setting when appropriate.

7. Utilize your time to maximize your experience. (Do not be a “lounge lizard”)

- Unless told otherwise, students should complete the cases in their assigned rooms. If there is no case to follow, or there is a large gap in time between cases, the student should check with the instructor or supervisor for an assignment.
- When a student has “down” time, for whatever reason, he/she should use the time wisely. There are plenty of learning opportunities available. All clinical time should be used as a learning situation. If there is no case or additional duties to participate in, only then, should students utilize time to begin entering case log information.

8. Perform only skills and procedures in accordance with your scope of practice and skills.

9. Any abnormal incidents that occur are to be reported to the instructor. These include but are not limited to:

- Any breaks in technique
 - you are not in trouble; however, we want to ensure you gain knowledge from the mistake. Remember, this is a learning experience, and you will NOT be perfect.
 - if you feel a staff member broke technique, you should respectfully question the incident. They may not realize there was a break in technique. If you have any issue with a staff member because you mentioned it, please inform an instructor as soon as you are able to. We are there to back you up when necessary.
- Injuries to the patient.
- Injuries to the student
 - Please remember if a trip to the ER is necessary, you must use your personal health insurance. The hospital nor the school covers medical bills.
- Injuries to other personnel in the room (if student was involved)
- Incidents that had the potential to cause injury to another.
- Incidents that involve conferences with those who are in supervision of the students.

Failure to report abnormal incidents may result in student’s dismissal from the program! If something happens, it is better to tell an instructor yourself than them finding out from the hospital. This gives the impression that you lack a surgical conscience.

11.2 CLINICAL EDUCATION REQUIREMENTS

Students may legally perform functions of a surgical technologist with appropriate supervision of facility preceptor or Fletcher surgical technology program faculty member provided the student has demonstrated knowledge and competency to practice safely. Fletcher surgical technology students must have successfully passed all prerequisite coursework and successfully passed the clinical skills practicum prior to entering a clinical course.

11.3 ROLE DEFINITIONS

If you are in doubt of what your role is classified as from the descriptions provided below, please seek the assistance of a program instructor.

11.3.1 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.

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

11.3.2 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 by performing one or more of the following:

- Sponging
- Suctioning
- Cutting suture
- Holding retractors
- Manipulating endoscopic camera

11.3.3 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.

- Note: if you are scrubbed in but do not do anything except watch, this is considered observation role
- If you are in the room “watching” the procedure but are not scrubbed in, this is considered observation role

11.4 SURGICAL ROTATION CASE REQUIREMENTS

The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist. As stated in CAAHEP Standard II. Program Goals, C. Minimum Expectations:

“To prepare competent entry-level surgical technologists is the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains”.

Objectives:

- I. The surgical technology program is required to verify through the surgical rotation documentation the students' progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.
- II. Students must complete a minimum of 120 cases as delineated below.
 - A. General Surgery Cases
 1. Students must complete a minimum of 30 cases in General Surgery; 20 which must be performed in the First scrub Role. The remaining 10 cases may be performed in either the First or Second Scrub Role
 - B. Specialty Cases
 1. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either the First or Second Scrub Role
 - a. A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of 4 surgical specialties.
 - 1.) A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).
 - 2.) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.
 - b. The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role
 - C. Optional surgical specialties
 1. Diagnostic endoscopy cases and vaginal delivery cases are NOT mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.
 - a. Diagnostic endoscopy cases MUST be documented in the category of “Diagnostic Endoscopy”, rather than by specialty.
 - b. Vaginal delivery cases MUST be documented in the category of “Labor & Delivery” rather than in the OB/GYN specialty.

- D. Case experience in the Second Scrub Role is NOT mandatory
- E. Observation cases MUST BE DOCUMENTED, but do not count towards the 120 required cases.

11.5 CLINICAL CASE TRACKING & DOCUMENTATION

As per the ARC/STSA, students are required to complete a minimum number of cases prior to exiting the surgical technology program. The ARCST/SA requires that student scrub in: A minimum of 80 cases, standard of 120, or exceptional of 140. **Fletcher Technical Community College requires students to complete the Standard of 120 cases.** Students will begin this task during their clinical I course and will continue throughout their education until graduation. Cases will be tracked using the Surgical Counts tracking system, which students will be required to purchase prior to their clinical course. Instructors will inform students when to purchase this and a training session will be given. More information pertaining to the 120-case requirement and the tracking system will be given at clinical orientation.

Please read the following carefully, as you will be held accountable:

- Case logs must be entered by each student no later than 7:00am on the following day of the M-Th clinical week and by 10:00am on Saturday for any cases scrubbed on Friday's.
 - It would be in your best interest to complete it the night before because you should be scrubbed in at 7:00 M-Th
- Any student who does not enter their case log by the specified time will be deducted one full letter grade for every day that it is not completed, or the student will not receive credit for the case.
- If a student is sick/absent, he/she must make arrangements with an instructor.
- There will not be many exceptions for late entries. If a student is excused from completing their records, an instructor will give a due date according to the circumstance and a written excuse may be requested for documentation purposes.
 - The extension period is usually no more than one day
- If you find an area, or procedure that is not listed, please let an instructor know. Changes will be made as the semester progresses. Every effort is made to make the system as complete as possible prior to student use – however as new surgeries are offered at facilities; cases will need to be added to the list.

11.5.1 What happens to my cases if I drop or do not successfully complete a clinical course?

A student who fails or withdraws from the program or the college during or after any clinical rotation and returns for re-admittance within 12 months (1 cohort) can include any cases that were performed documented on the Surgical Case Log during their first attempt.

- If the student completes the 120 required cases, he/she should still continue logging cases until told otherwise by the clinical coordinator to account for weekly clinical case log grades.

If a student does not enroll within 12 months, the student must begin a new Surgical Case Log. Previous cases will not be considered or counted toward the clinical requirement numbers.

Any student who re-admits for academic difficulty will meet with the program director and/or clinical coordinator to devise a Plan of Action to promote a successful attempt to achieve their educational and career goals. The plan will remain in effect until the student completes the program and will be periodically adjusted and refined as needed. The Plan of Action will be reviewed at least once per semester until the student completes.

11.5.2 Hospital Student Externship Positions

At this time, students are not allowed to be paid for their clinical hours. However, in the event that a facility (clinical affiliate or not) hires a student in its surgery department, the student is not allowed to count cases towards their clinical case count while on the job. Students are allowed employment at clinical facilities and may work in the second scrub role, or any other additional departmental role allowed by the facility job description (i.e., sterile processing, patient transport, patient positioning, etc.). Under no circumstances are students allowed to work in the first scrub role, nor are they allowed to fill staffing shortages.

Students who are offered jobs working in a surgery or labor and delivery department while in school must inform the program faculty and sign a policy stating their understanding of these terms. If a student is suspected of breaking the policy rules, an investigation will be conducted. If any merit is found in the investigation, the student will be automatically dismissed from the program.

If at any point the student is unsure if what they are asked to do is allowed, the student should verify with a faculty instructor and should also speak to the facility department director they report to.

12 CLINICAL EVALUATION/ GRADING

All forms used for evaluation purposes are available for review in each respective Canvas course. More detailed information pertaining to clinical grading policies and evaluations will be communicated during each course's clinical orientation and will also be available in each course syllabus.

12.1.1 Clinical Evaluations

During the clinical I course, students will obtain a weekly evaluation from their preceptor and submit it to the clinical coordinator in class on Fridays, as well as upload it to the Surgical Counts tracking system if instructed to do so by the clinical coordinator.

During the clinical II course, students will submit their evaluations via a designated location on CANVAS or the Surgical Counts tracking system (decision to be made by the clinical coordinator and communicated to students). The clinical coordinator will give instructions on how to submit the original copy for records.

Instructors may also elect to complete an evaluation on a student if sufficient criteria is observed throughout a case, day, or week. Any instructor evaluations will be averaged in with the preceptor evaluation for that week.

The weights of the evaluation and grading criteria can be found in the syllabus for each clinical course.

Students who do not submit evaluations for the week will be given a 0 for the week's evaluation grade unless otherwise approved by the clinical coordinator.

12.1.2 Clinical Case Log

Students will receive a weekly grade for their Surgical Counts clinical case log information. Corrections will be communicated in the comments sections of each case if applicable. Students are responsible for noting the corrections and ensuring they progress/ make corrections within the coming weeks. Students who do not begin correcting their mistakes in the following weeks will see notations made on their midterm and/or final evaluations.

Students must have their preceptor (or the circulator in the room) sign off on EVERY case they log. This should be done **daily**. More information regarding signatures for cases logged will be given to students at the clinical orientation when the Surgical Counts system is explained. Cases that do not have a signature will be considered invalid.

12.1.3 Tracking Clinical Time/ Attendance

Students will be required to clock in and out each day at clinicals using the Jibble 2 app to ensure they meet the required hours for each course as well as to track their attendance daily. Students will receive a link from the program faculty member inviting them to the organization's page/account. Students will be required to download the Jibble 2 app to their mobile device and/or tablet. Facial recognition will be required in order to clock in and out. Students should not clock in until they are within the surgery department (or labor & delivery department) of their assigned facility. Students should not clock in more than 15 minutes prior to their scheduled time.

Students will select the appropriate course activity (Clinical I, Clinical I Fridays, Clinical II, Clinical II Exam Day) and follow the prompts to take a photo and clock in. Students may set notifications within the app to remind them to clock in and out each day if they choose.

Students will also be able to log sick days when they are unable to attend clinical or class time.

More information about the Jibble 2 app will be given at the clinical orientation.

12.1.4 Final Project/ Case Study Presentation

As a final clinical project, students will be required to complete a case study presentation that will cover one particular surgery from all perioperative aspects (pre-op, intra-op, post-op). More information about this project will be given out during the course orientation.

13 UNIFORM CODE/PERSONAL APPEARANCE

- The clinical uniform should be worn daily to the hospital. Shoes must not be mesh or have any holes in them. Each facility will require you to change into hospital issued scrubs to work in the OR. No visible t-shirts are allowed under hospital issued scrubs while working in the OR. (the neck of the shirt cannot be visible) The program and facility require that you cover the scrubs with a lab coat when you leave the surgery department for lunch/break or change your scrubs when you return (this is for infection control reasons). Some facilities may require a hospital issued “cover up”. You will be informed if that applies when you attend those specific facilities.
- Students should have approved safety goggles or a mask with a shield attached on at all times while scrubbed in on a case. The only exception to this is during “eye” cases because microscopes may be used, and eye protection inhibits the ability of viewing. Any student who does not have protective eyewear on will not be allowed to scrub cases and be counted absent for the time missed in the operating room. In addition, students will receive deductions on the weekly evaluation when observed with no eye protection.
 - Eye protection is provided by each facility; however, students may elect to use their own as long as it is approved by an instructor.
- ID tags are to be worn at clinical facilities. They should be worn on the left/right upper chest and be clearly visible displaying the student’s name and picture. **Students without ID’s on a clinical day will be sent home and counted absent.** If you need a new ID tag, make sure to obtain one prior to clinical courses.
- Women/men who have long hair must be worn up, off shoulders, and away from face with simple styles that are neat. Hair covers chosen as a PPE for surgery must cover all visible hair.
 - Cloth caps are allowed but students must cover them with a hospital provided disposable cap
- Fingernails should be kept short and clean in order to avoid holes in gloves. No acrylic nails, overlays, silk wraps, extensions or nail polish is allowed. This policy will supersede any policy the hospital may have in place.
- Excessive makeup is not permitted. If makeup is worn, it should be applied fresh every morning and done in good taste.

- No visible body piercing is acceptable at any portion of the clinical portion (nose, eyebrow, tongue, etc.) No rings, necklaces, or bracelets will be allowed into the surgery department. Only studs for earrings are allowed and some hospitals may require that your ears are covered by the hat.
- Men: beards and mustaches should be kept neat and trimmed. Growing a beard during clinical rotations is not advisable. Hair should be kept above the collar.
- No perfume/cologne or scented aftershave is allowed. The surgical patient's sense of smell is exaggerated with the administration of medications and perfume/ cologne may cause nausea in the medicated patient. They may also cause sensitivity to other members of the surgical team.
- Personal hygiene must be impeccable. Body odor is inexcusable. Smoking causes a very strong odor and should be limited before a clinical day. Surgery patients have a very low tolerance for smells as mentioned before.
- Tattoos: no tattoos displaying vulgar or offensive language or art. You should follow each facilities' policy regarding tattoos.
- Failure to comply with uniform regulations will result in conference/ probation status being assigned to the student. Continued violations will result in program termination.

14 STUDENT BEHAVIOR/ POLICY REMINDERS

Students will encounter a diverse population during their enrollment in this program. In any organization, it is important that all members work together for the good of the whole, so the rights and interests of all are assured. Students are expected to maintain good, positive interpersonal relationships and ethical conduct at all times with, but not limited to, faculty and staff at this college, peers, clients, employers and employees of clinical affiliate agencies. Any failure to work together harmoniously and effectively by maintaining good standards of behavior may affect the well- being of the patients. It is for this reason the following rules of conduct have been established. It is your responsibility to know and to follow them. Common sense, good judgment and acceptable personal behavior on your part will make our program and the hospitals a better place to study and learn. Demonstration of poor behavior and unprofessional attitudes of others are not an excuse for you.

You are accountable for your own actions!

14.1 DEFINITIONS OF EXPECTED BEHAVIORS

1. Concentration - Student focus is on education as exhibited by attending classes and clinical. The student is consistently on time for lectures and stays until the end of presentations. Participation in class is consistent. The appropriate person(s) is contacted when situations occur causing tardiness or absence especially in the clinical setting.
2. Reliability - the student functions as a responsible, ethical, law-abiding adult.
3. Teamwork - the student demonstrates his/her ability to work effectively in groups and with other members of the health team, giving and accepting freely in the interchange of information.

4. Spirit of inquiry - the student exhibits an interest in his/her courses and curricular subjects, demonstrating individual pursuit of further knowledge. Subject matter should not be considered an obstacle- but rather an opportunity to gain as much knowledge and skills sets conceivable in a protected, educational environment so to be better prepare you once you graduate and enter the work force.
5. Accountability - the student is primarily committed to learning. Interpersonal relationships in the academic setting are carried out in a reliable and trustworthy manner.
6. Respect - A student shows appropriate deference for those placed in authority over him/her both within the College and in society.
7. Communication - the student demonstrates an ability to communicate effectively verbally, nonverbally, and in writing with peers, teachers, patients, and others.
9. Judgment - the student shows an ability to reason regarding options, reflecting his/her ability to make intelligent decisions in his/her personal and academic life.
10. Ethics - the student conducts self in an honorable and moral manner. The student respects the rights and privacy of other individuals and does not violate the laws of our society.

14.2 POSITIVE ATTITUDES AND HIGH MORALE

These contribute to every student's learning situation. Inappropriate comments or behaviors will result in dismissal from class/clinical site and counted as an unexcused absence for the time missed. Students should refrain from making negative comments. Instructors are open to hearing ideas from students that will improve ALL students' learning environment- but only in a professional and productive manner. Speaking to the instructor(s) in the privacy of the surgical technology office or away from the staff at the hospital is best.

14.3 BREAKS/ LUNCH

Students are to report to the instructor or a designated preceptor/manager **before leaving** the department during clinical rotations. Breaks are given whenever possible and are limited to NO MORE THAN 15 MINUTES. BREAKS ARE NOT GUARANTEED AT CLINICAL SITES.

Lunch breaks at clinical sites will be limited to 30 minutes. Students will be told when to take lunch breaks by the clinical instructor/preceptor according to the surgical schedule.

Students are to report back to their room and/or preceptor when their break is over unless told otherwise by the hospital personnel or an instructor.

14.4 CELL PHONES & OTHER DEVICES

Students will not be allowed to be called to the telephone during clinical days except in case of emergency. Please ask relatives, friends, etc. to not call you during scheduled course time. Having cell phones on silent mode during time at a clinical site will be allowed. DO NOT get caught using your cell phone in any area of the surgery department unless you are on break or lunch. Instructors may elect to give a verbal warning on the first offense. A second offense of this policy will result in the student being sent home for the day and the time missed will count as

unexcused and the student will be placed on probation. A third offense will result in dismissal from the program.

Filming or recording anything at a clinical site, especially that which includes HIPPA PPI information, is considered a federal offense and is immediate terms for dismissal from the program with no formal counseling provided as a warning.

The use of iPads or cell phones to complete clinical evaluations through Surgical Counts will be allowed if applicable but should not interfere with performing your duties of preparing the room and getting the next case ready.

14.5 SOCIAL MEDIA POLICY

Students are personally responsible for the content they publish on blogs, wikis, social networks, forum boards, or any other form of user-generated media. Additionally, students should remember that all content contributed on all platforms become immediately searchable and can be immediately shared. This content immediately leaves the contributing individual's control forever and may be traced back to the individual after long periods of time. Examples include, but are not limited to: Tik-Tok, Facebook, Instagram, Snapchat, Twitter, LinkedIn, and YouTube. *Suggested Guidelines for Online Professional or Personal Activity:* Situations which included a Fletcher Surgical Technology student who identify themselves as a Fletcher ST student and/or use their Fletcher email address in social media venues such as professional society blogs, LinkedIn, Facebook, Tik-Tok, etc. for deliberate professional engagement or casual conversation should be avoided. Adherence to the Policy on Ethics and Confidentiality, HIPAA regulations, and general civil behavior guidelines is demanded of all students while respecting copyrights and disclosures, and not revealing proprietary financial, intellectual property, patient care or similar sensitive or private content inclusive of the posting of client pictures. This policy addresses posting not only about patients- but also about staff, surgeons, instructors, and fellow classmates.

It is highly recommended that you do not link up with any hospital employees on social media if you were not linked prior to starting the clinical phase. You are all adults and have free will, but please remember, things you post can be easily relayed to faculty, staff, and administration of Fletcher and the hospitals.

14.6 SOCIALIZING

Private and/or unrelated conversations during clinicals are not advised. The clinical environment is maintained to promote an environment conducive to learning. Additional conversations are disruptive to the desired environment. Anyone who cannot be quiet may be asked to leave the OR. You will occasionally hear other conversations going on in the O.R. Please be cautious in what you say and participate in. Things may be inadvertently taken out of context and deemed inappropriate. If reported to an instructor, it may be grounds for counseling, probation, or even program dismissal based on the content and/or context of the conversation. It is advised to limit conversations to surgery related topics. In the absence of an instructor in their assigned OR, the

students are expected to carry out their assignments and conduct themselves in a professional manner. Ask questions to your preceptor and/or surgeon during appropriate times. An instructor can also explain any information that is not clear. Feel free to ask questions you feel are beneficial to you and your classmates.

14.7 No VENTING POLICY

Students enrolled in the Nursing and Allied Health programs are expected to avoid venting about the program, the college, or any clinical facility in public spaces. The department of nursing and allied health defines “public” as any person(s) not involved in the situation including face-to-face, phone calls, and social media sites. The department defines “venting” as any loud, angry, negative, and/or abusive language. Examples of venting include but are not limited to “I hate...” and “the facility is always...”. Students are encouraged to vent in “safe zones” including a faculty member’s office behind a closed door where one can surface issues, collaborate on solutions, and address individual problems, needs, or ideas. Any student caught publicly venting about the program, the college, or a clinical facility can face immediate dismissal from the program.

PLEASE KEEP THIS BOOK FOR CONTINUOUS REFERENCE THROUGHOUT YOUR CLINICAL EXPERIENCE. IT SHOULD BE USED IN CONJUNCTION WITH THE PROGRAM HANDBOOK.

Confidentiality Statement

(available on CANVAS Clinical I Course for confirmation)

As a student in the Surgical Technology program, under the Division of Nursing and Allied Health, I recognize the necessity of maintaining confidentiality and understand the following statements.

It is the responsibility of every surgical technology student to maintain the confidentiality of patient information, personnel information, and competitive information regarding a clinical agency's plans and operations.

During clinical learning, students may learn of certain personal matters pertaining to nature of illness, financial background, family life, etc., of a patient. This information should not be discussed with anyone outside the agency, among employees of the hospital, or among students unless information is required directly for the care of the patient or as a learning tool within the educational setting.

In addition to patient information, students are expected to use the utmost discretion concerning other confidential information such as that pertaining to hospital employees or operation of the hospital. Unauthorized disclosure of patient information may result in civil and/or criminal liability under the Federal or State laws, pursuant to, but not limited to, the Federal or State Alcoholism and other Drug Dependency Acts, Abused and Neglected Child Reporting Act, Medical Patients Privacy and Confidentiality and Health Care Act, AIDS Confidentiality Act and Mental Health and Development Disability Confidentiality Act. The integrity of all data produced by a Hospital Information System or Electronic Medical Record System should not be compromised under any circumstances. Data includes printed material, oral communications, and information displayed on a computer terminal. All information about patients is to be held in the strictest confidence in accordance with federal law (HIPPA). Please resist the temptation to discuss patient information with family or friends.

YOU ARE PERSONALLY AND LEGALLY RESPONSIBLE FOR WHAT YOU MAY SAY.

Violation of this policy could result in disciplinary action, including, but not limited to:

- * Dismissal from the Surgical Technology program
- * Prosecution / fines/ penalties from applicable law enforcement
- * Civil suits from patient/staff/ family members affected by incident
- * Difficulty in securing employment in the future due to poor references concerning ethical and professional behavior

Student signature: _____ Date: _____