



CITY COLLEGES of CHICAGO

Malcolm X

Education that Works

Surgical Technology Program

Student Handbook

Policies and Procedures

2019-2020

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Student Responsibility Statement

Surgical Technology students are responsible for reading the contents of this handbook and adhering to the policies and procedures. Any information contained herein is subject to modification, deletion, and change. Any changes in the program or policy will be communicated to the student via the student’s City Colleges of Chicago (CCC) email address, written correspondence, and/or Brightspace postings. This handbook is a supplement to, and not a replacement for, the City Colleges of Chicago Student Academic Policy Manual and the City Colleges of Chicago Student Policy Manual. This handbook does not include all the policies and procedures that need to be adhered to at the various clinical affiliates.

I have read and understand the policies and procedures explained in this handbook.

Student Printed Name

Student Signature

Date

Malcolm X College History

The first of the City Colleges of Chicago, the institution was founded in 1911 as Crane Junior College. The college served as a first-generation immigrant community and was housed in Crane High School. In 1933 the college was closed due to the Great Depression. The college reopened the following year and was operated by the Board of Education until 1967. At the request of students and community residents, Crane Junior College was renamed Malcolm X Community College in 1969. In January of 2016, the college moved to its current location at 1900 West Jackson. Malcolm X College holds accreditation from the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools.

Program History

The Surgical Technology Program at Malcolm X College began in September of 1993 under the auspices of the Cardiopulmonary Practitioners Institute. It was traditionally offered under the Continuing Education Division. The program ultimately moved to the credit division of the college in 1999, and the curriculum was institutionally revised and approved by the Accreditation of Review Council on Education for Surgical Technology and Surgical Assisting (ARC-STSA). The program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Malcolm X College is the only City College in Chicago that offers the Associate of Applied Science in Surgical Technology.

Program Mission Statement

Malcolm X College Surgical Technology Program's mission is consistent with the mission of the City Colleges of Chicago. It strives to empower each individual with a health focused education that fosters personal and professional achievement. At the conclusion of the program, students are prepared to utilize the knowledge and skills acquired to become an entry-level Certified Surgical Technologist.

Accreditation Status

The Surgical Technology Program at Malcolm X College (MXC) has voluntarily withdrawn accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and the Accreditation Review Council on Surgical Technology and Surgical Assisting (ARC/STSA) effective November 1, 2018. The Surgical Technology Program has communicated additional information to current enrolled students. Students who are presently enrolled in a Surgical Technology Program cohort, who adhere to the required completion timeline, will graduate from an accredited program. You can also find the program status at:

<https://www.caahep.org/Students/Find-a-Program.aspx>

ARC-STSA

6 W. Dry Creek Circle, Suite #110
Littleton, CO 80120
Phone: 303-694-9262
Fax: 303-741-3655
arcstsa.org
info@arcstsa.org

Institutional Program accreditation status can be found at:

<https://www.hlcommission.org/component/directory/?Action=ShowBasic&Itemid=&instid=1121>

Malcolm X College is accredited by the Higher Learning Commission (HLC)

230 South LaSalle, Suite 7-500
Chicago, IL 60604-1411
Phone: 800-621-7440
Fax: 312-263-7462
hlcommission.org
info@hlcommission.org

Program Personnel

Brittany A. Lonergan, CST - Program Director/Full-Time Faculty Instructor

Stacey L Bizzieri, CST - Clinical Coordinator/Clinical Instructor

Program Outcomes

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC-STSA) has established the following thresholds for accreditation:

- | | |
|-------------------------------|--|
| • Student Graduation Rate | 70% of all graduates |
| • CST Exam Participation | 100% of all graduates |
| • CST Pass Rate | 70% of all graduates |
| • Graduate Job Placement | 80% of all graduates |
| • Employer Survey Return Rate | 50% of all surveys sent to employers |
| • Employer Satisfaction Rate | 85% of all employers who return survey |
| • Graduate Survey Return Rate | 50% of all surveys sent to graduates |
| • Graduate Satisfaction | 85% of all graduates who return survey |

***CST credential as administered by the National Board of Surgical Technology and Surgical Assisting*

Occupational Overview

Surgical Technologists are allied health professionals who assist with surgical care of patients. They are experts in the area of aseptic technique and they function under the direct supervision of the surgeon. Their job responsibilities include, but are not limited to, scrubbing, gowning and gloving self and surgical team, establishment of the sterile field, verification of instrument and miscellaneous counts and the maintenance of the sterile field and the sterility of personnel and supplies during the pre, intra and post operational phases of surgery.

The Accreditation Review Committee on Education in Surgical Technology describes the Surgical Technologists as:

"... Possess[ing] expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures."

Please check the Department of Labor for statistics on current wages and occupational outlook for this profession.

<https://www.bls.gov/ooh/Healthcare/Surgical-technologists.htm>

Association of Surgical Technologists Code of Ethics

Adopted by the AST Board of Directors, 1985

Updated by AST Board of Directors January 2013

- To maintain the highest standards of professional conduct and patient care.
- To hold in confidence, with respect to patient's beliefs, all personal matters.
- To respect and protect the patient's legal and moral right 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.

Program Admission Requirements

1. Completion of all program pre-requisites
2. Meet the minimum 2.5 GPA requirement
3. Complete the Selective Admissions Process
4. Conduct a personal interview with program personnel

Background Check

Illinois statute prohibits healthcare employees from knowingly hiring, employing or retaining any individuals who have been convicted of various criminal offenses (both felony and misdemeanor, and can also include traffic violations) in a position with duties involving direct patient care. Also prohibited is hiring these same individuals in positions that provides access to the medical, financial, or living quarters of a patient (*225 ILCS 46.25*).

Surgical Technology students must submit to a Criminal Background check at their own expense via CastleBranch. The following are times when a background check will be needed. These times will include, but are not limited to: prior to program admission, and as deemed required for clinical placement and per clinical affiliation agreement guidelines. Students may not be able to participate in clinical experiences based on information obtained as a result of the criminal background information. If clinical placement is not able to be obtained, this will lead a failure in the clinical course which will result in the dismissal of the student from the Surgical Technology program.

Health Insurance

Proof of health insurance must be submitted prior to clinical courses. Students may not be able to participate in clinical experiences if they do not maintain health insurance. If a clinical placement is not able to be obtained this will lead a failure in the clinical course which will result in the dismissal of the student from the Surgical Technology program.

Additional Programmatic Fees

This program has the following additional fees:

- Background Check \$47
- CastleBranch medical document management for immunizations \$35
- Drug Screen \$34
- Professional membership and National Board Exam (AST Gold Package) \$247

Transfer Students

The program does not accept credits from other Surgical Technology Programs. Students interested in attending this program must enroll from the beginning of the curriculum.

Program Readmission

Any student who exited the program may apply for readmission *within one year* of exiting the program. A student must meet the requirements for admission to the program at the time reinstatement is sought. Students are allowed only two attempts for successful completion of the ST program. A student's reinstatement will be contingent on the following:

1. The student must meet all program admission requirements at the time reinstatement is sought.
2. There must be available space in the program at the time of reinstatement request.
3. If a student is found by the Program Director and/or faculty to not to qualify for specified reasons, the student will not be readmitted into the program.
4. Students who are dismissed for unprofessional behavior/conduct or a clinical violation/incident will not be readmitted to the ST program. This also includes, but is not limited to, any violations of ST program policies and/or the following CCC Polices:
 - a. Academic Integrity
 - b. Equal Opportunity in Employment (EEO), Programs, Services, Activities
 - c. Smoke, Drug and Alcohol Free Campus
 - d. Safety and Security
 - e. Responsible Computer Usage

The student who wishes to be readmitted into the program must also:

1. Re-apply to the program as a new student would, with a letter stating the reason(s) for not being successful the last time and which outlines their plan to meet their future educational goals.
2. Student seeking re-admission into the program must follow the college policy on audits (see college catalogue). During their first semester after readmission, the readmitted student will be placed in audit status for any Surgical Technology course that was previously passed
3. Must attend 98% of the classroom lectures
4. Must attend 98% of the lab sessions
5. Must take and pass any written, oral, and/or lab test administered
6. Must pass the course in order to progress through the program

7. A clinical readmission applicant must pass a lab practicum assessment. If the assessment results in a failing grade, the applicant must be placed in the precluding lab practicum and receive a passing grade to be placed in clinical rotations.

Program Curriculum

Program General Requirements 15 CH

Biology

BIOLOGY121Biology I 5 CH

English

ENGLISH101Composition 3 CH

Mathematics

MATH118 General Education Math 4 CH

Sociology

SOC202 Sociology Of Urban Life 3 CH

Program Core Requirements 36 CH

Biology

BIOLOGY120 Terminology For Medical Careers 3 CH

BIOLOGY226Human Structure and Function I 4 CH

BIOLOGY227Human Structure and Function II 4 CH

Surgical Technology

SURG TC111 Intro To Surgical Technology 4 CH

SURG TC112Application of Aseptic Technique 5 CH

SURG TC113Surgical Pharmacology 4 CH

SURG TC114Surgical Intervention I 5 CH

SURG TC116Surgical Intervention II 5 CH

SURG TC215Exam Review & Professional Success 2 CH

Required Work-Based Learning Courses 16 CH

Surgical Technology

SURG TC 212Clinical Practicum I 8 CH

Total Minimum Credit Hours**67 CH**

Please note program curriculum is currently under review and is subject to change

Bloom's Taxonomy for Developing Learning Objectives***Cognitive Domain (simple to complex):***

- Knowledge - recalling information
- Comprehension - restating information
- Application - use the information in a new way
- Analysis - separates concepts into parts to understand
- Synthesis - creating new patterns
- Evaluation - making judgments regarding concepts

Psychomotor Domain (simple to complex):

- Perception - uses sensory cues to guide skill performance
- Set - readiness to demonstrate a skill
- Guided Response - early skills practice using imitation
- Mechanism - intermediate skills practice with some confidence and proficiency
- Complex Overt Response - skills demonstrating complex movement patterns
- Adaptation - modification of skills to meet special requirements
- Origination - creating new skills patterns

Affective Domain (simple to complex):

- Receiving - paying attention
- Responding - active participation
- Valuing - acceptance and commitment to a concept
- Organization - comparing, relating, and synthesizing values
- Internalizing Values - consistent and predictable demonstration of a value

Essential Functions

Surgical Technology students and professionals should be able to perform the essential functions in the chart below or with reasonable accommodations, such as the help of compensatory techniques and/or assistive devices, be able to demonstrate the ability to become proficient in these essential functions. The failure of an ST to perform an essential function can result in the student committing an act of negligence or harm to a patient. Therefore, an inability to perform any standard may result in the inability of the student to complete clinical course performance objectives which would then lead to a failure in the course and program termination.

Essential Function	Technical Standard	Some Examples of Necessary Activities (Not all inclusive)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	Ability to identify cause-effect relationships in clinical situations: evaluate patient or instrument responses; synthesize data; draw sound conclusions.
Interpersonal Skills	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural and intellectual backgrounds.	Ability to establish rapport with patients and colleagues. Use therapeutic communication (attending, clarifying, coaching, facilitating, and teaching. Function (consult, negotiate, share) as a part of a team.
Communication Ability	Communication abilities sufficient for effective interaction with others in spoken and written English.	Ability to explain treatment procedures; initiate health teaching; document and interpret instructions. Listen attentively. In an emergency two-way communication cannot be impaired due to patient safety.
Physical Endurance	Remain continuously on task for several hours while standing, sitting, moving, lifting and/or bending.	Ability to manually resuscitate patients in emergency situations or stand/walk for extended periods of time. Turn, position, and transfer patients. Must be able to lift 25 lbs. standing erect, using only upper body strength for at least 30 seconds.
Mobility	Physical abilities sufficient to move from room to room and maneuver in small spaces while maintaining environmental and patient safety; full range of motion; manual and finger dexterity; and hand-eye coordination.	Ability to move around in work area and treatment areas. Position oneself in environment to render care without obstructing the position of other team members or equipment. Assembling and passing instruments in the surgical field of operation.
Motor Skills	Gross and fine motor skills sufficient to provide safe patient care and operate equipment.	Ability to use equipment and instruments with necessary dexterity.
Hearing Acuity	Auditory ability sufficient to monitor and assess health needs.	Ability to detect alarms, emergency signals, muffled voices, auscultatory sounds and cries for help.
Visual Ability	Normal or corrected visual ability sufficient to discriminate between	Ability to observe patient responses, secretions, color. Read thermometer, chart,

	subtle changes in density (black and grey) or a color at low light. Ability to see micro-instrumentation and supplies	computer screen, digital printouts, labels and gauges. Ability to manipulate suture materials the size of a human eyelash.
Tactile Ability	Tactile ability sufficient for physical assessment.	Ability to perform palpation, functions of physical examination and/or those related to therapeutic intervention.
Olfactory Ability	Olfactory senses (smell) sufficient for maintaining environmental and patient safety.	Ability to distinguish smells which are contributory to assessing and/or maintaining the patient's health status or environmental safety.
Professional Attitude and Demeanor	Ability to present professional appearance and implement measures to maintain one's own physical and mental health and emotional stability.	Ability to work under stressful conditions. Be exposed to communicable diseases and contaminated body fluids. React calmly in emergency situations. Demonstrate flexibility. Show concern for others.

Libby McNaron, 2015

Adapted from Red Alert: The Americans with Disabilities Act - Implications for Nursing Education (March '93) 11/96 ada.frm

Student Conduct

Surgical Technology Program students are expected to conduct themselves in a manner which respects the rights of others and will not violate the mission, vision, and values of the City Colleges of Chicago (CCC). Misconduct will result in disciplinary action which may lead to dismissal from the ST program.

Dismissal from a Clinical Site due to the following violations include but are not limited to:

1. Disrespectful behavior to Faculty, Staff, Administration, and/or any person, including but not limited to patient, surgeon, preceptor or nurse, or any person interacted with at any clinical site.

- Elevating voice
- Argumentative
- Profanity or any inappropriate language expressed verbally or via email
- Dissemination of negative written or social media correspondences
- Defamation of character

2. Physical and/or verbal abuse, threats, intimidation, harassment, and other misconduct that threatens or endangers the health or safety of any person.

3. Possession of weapons, ammunition, and/or explosives
4. Obstruction or disruption of teaching, research, administration, and/or disciplinary proceedings
5. Dishonesty, stealing, or forgery

Classroom Dress Code

Students must be in program specific color scrubs for all Surgical Technology classes. A scrub jacket may be worn over the scrubs. No undershirts may be visible under scrubs. During lab classes, students MUST be in scrubs. Only OSHA approved (closed heel and closed toe) shoes may be worn. In addition, no jewelry may be worn during lab. No artificial nails or polished nails will be allowed. Nails must be cut to shorter lengths, or no longer than 1/8 inch above fingertips. Hair must be neat and pulled off of shoulders. Makeup should be moderate, and no perfume or body spray will be allowed. Scrub tops should remain tucked.

Mobile Device and Computer Responsibilities

Professional behavior and proper technology etiquette should be observed at all times when using cell phones, iPads, iPods, mobile devices, laptops, or other electronic devices in both the classroom and clinical sites. Students must adhere to the following:

1. Cell phones and mobile devices must be turned off completely during clinical experiences and are not to be brought into the operating room.

- Mobile devices may only be used in designated areas, and only when on a designated break/lunch. Any violation will result in the student being dismissed from the clinical site, and will be marked absent for that day. A second violation will result in disciplinary action which can result in dismissal from the program.

2. Absolutely NO photos of patients or patient information may be taken by students.

- You must ALWAYS protect the confidentiality of patient information at all times in accordance with federal HIPAA laws.
- Students who violate patient privacy will be in direct violation of HIPAA. In the event the student is found to be in direct violation of HIPAA laws, this will result in immediate dismissal from the program.

3. Use of facility computers for personal use is prohibited.

4. Use of Social Media during classroom and lab time, and during your clinical rotation is strictly prohibited.

- Students are not to post confidential or proprietary information about City Colleges of Chicago or any of its students, faculty, and staff.

- Students are prohibited from posting, publishing, or distributing any class or course material (including exams, quizzes, notes, PowerPoint presentations, handouts, or recordings) without expressed written permission from the instructor of record.
- It is never appropriate to post photos or information about a patient. This includes but is not limited to pictures and/or live streaming from anywhere inside or in or around the facility to include the parking garage. Social media/network postings will be considered a violation of HIPAA, and will be subject to disciplinary action which can include dismissal from the Surgical Technology Program.

Social Media

Students are not to post confidential or proprietary information about City Colleges of Chicago or its students, faculty, and staff. Students are prohibited from posting, publishing, or distributing any class or course material (including exams, quizzes, notes, PowerPoint presentations, handouts, or recordings) without written permission from the instructor. It is never appropriate to post photos or information about a patient. Social network postings may be subject to disciplinary action up to and including dismissal from the Surgical Technology Program.

Attendance Policies

Students are expected to attend all classes in which they are enrolled. Absence and tardiness contribute to academic failure, and interfere with the instructional process. Absences and late arrivals will be recorded on a daily and weekly basis via City Colleges of Chicago learning management system. The course instructor can best judge the effect of any absence and its impact on the student's progress. It is the instructor's prerogative to report excessive absences, to recommend withdrawal or to drop a student from the course when, in the instructor's judgment, such problems, seriously interfere with learning. Absences due to illness or participation in a college sponsored activity are extenuating circumstances and may affect the instructor's decision. (College Catalog) All personal appointments and obligations must be met during unassigned class hours.

No *children* are allowed *in classroom*. This is against CCC Student and Academic policy. This can be found on page 78 of *the Student Policy and Academic*

Manual.

http://www.ccc.edu/menu/Documents/Academic_Student_Policy/POLICY_PROCEDURES_NOVEMBER_2018_FINAL_11.19.18.pdf

Clinical Guidelines and Policies

Students must be able to provide direct patient care without restrictions. Students will be required to lift patients, stand in one place continuously for period of time from three to five hours, and to stay on task without taking breaks for several continuous hours. Additionally, the clinical experience may place the student in stressful situations as they

undertake responsibilities and duties that have a major impact on patients and their family lives. Students must be able to demonstrate rational and appropriate professional behavior under these potential stressful situations.

First, second, or third shift clinical assignments may be available. Clinical assignments are designated by the Clinical Coordinator in consultation with faculty and the Program Director. Students must be available to accept clinical assignments at any location within the city of Chicago and surrounding suburbs. Transportation, to and from clinical sites, are the responsibility of the student. Students can be placed up to 50 miles from the school. Students cannot be utilized as staff or paid by their clinical site during clinical rotations. **Refusal to accept a clinical rotation assignment for any reason will result in dismissal from the program.**

Health Requirement and Verification

Failure to comply with providing required and updated medical requirements as informed will result in a clinical absence. If a clinical absence occurs as a result of medical noncompliance the clinical absence no 12 make-up opportunity will be provided. Please see "Clinical Attendance Policy". Each student is required to submit an up-to-date health record anytime throughout the course of the program. The health requirements are necessary to meet the expectations of each clinical agency. Changes in student health status warrant medical clearance to ensure safety in the clinical setting.

The list of health requirements may not be inclusive due to varying agency requirements so a student may have to submit requested documentation, which may not be listed. It is the responsibility of the student to ensure that the college receives all information. Students are required to keep copies of all information submitted.

Health Requirements

All students entering the surgical technology program must continuously meet all health and safety requirements to maintain enrollment. Requirements, though not limited to, are as follows:

1. Students will meet these requirements by providing a completed and signed Medical Compliance Form with required documentation.
2. If students do not provide documentation of health compliance the students will not be registered and/or allowed to continue with surgical technology courses.
3. A physician's note or other documentation will not negate the health and safety documentation requirements as patient safety is paramount.
4. If a student incurs an illness, injury, or other health limitations, both the clinical agency and the Surgical Technology Program policies must be upheld.

a. The Surgical Technology Program Director or faculty member and/or clinical representatives will determine a student's ability to perform required functions regardless of a physician's approval for return.

5. Students who are not physically fit to perform their student surgical technologist duties in a safe manner or require utilization of assistive devices, such as crutches, braces or boots, and casts of any type that would prevent them from adhering to the principles of asepsis or in being able to scrub in will not be allowed to participate in clinical experiences; therefore, the student will have to withdraw from the course.

6. Upon the student's clearance from their medical doctor, the student can be reinstated into the surgical technology program and can be allowed to retake the course by following the procedures for readmission. Note: Surgical Technology courses are only offered once a year.

Vaccinations/Titers

ALL Surgical Technology and Sterile Processing students are required to have and maintain a CURRENT record of immunization (vaccines) and vaccinations. Titers are NOT the same as immunization (vaccines). Titers are test (blood draws) that determine if your body is producing sufficient antibodies to immunizations given in the past. (Most of the required immunizations are given in childhood). If the levels of antibodies against a certain illness are found to be insufficient, you will likely require a booster immunization from your healthcare provider. This booster immunization alone does not guarantee immunity however. Follow-up titers will be drawn again at a later date after your health care provider determines that your body would have had enough time to produce sufficient antibodies.

Titers are required to verify immunity

- Measles
- Mumps
- Rubella
- Varicella
- Hepatitis B
- Two-step PPD skin test or QuantiFERON Gold, or chest x-ray is required to verify student tested negative for tuberculosis (TB).
- Tetanus diphtheria vaccination/booster received within previous nine years.
- Current season's Influenza vaccination (usually released in late August, early September)

10-Panel Drug Screen

All clinical affiliates and the Surgical Technology program are drug free environments. The Surgical Technology program enforces a zero tolerance policy with regards to student impairment from drugs or alcohol at the clinical site or any City Colleges of Chicago/ST facility and institution. Students who fail to comply or are tested positive for drugs will be immediately dismissed from the program. Students are required to obtain a 10-Panel substance abuse drug screening, at their own expense, as indicated:

1. During the admission process and
2. As required by clinical facilities

Healthcare Provider Basic Life Support (BLS)

A student must possess a valid Healthcare Provider Basic Life Support (BLS) certification from the American Heart Association prior to enrollment in clinical courses. No lapse in certification is allowed; therefore, renewal of Healthcare Provider BLS certification must be completed prior to the expiration date on the BLS card. If a student fails to comply with this requirement they will not be allowed to report to clinical. If clinical is missed due to an expired BLS card the student will not be provided a clinical make-up opportunity. Please review clinical attendance policy.

Clinical Dress Code

1. No tank tops, very short skirts, shorts, or other clothing and /or attire that may be construed as unethical, immoral or unprofessional, may be worn when reporting to clinical sites.
2. Scrubs will be provided by the clinical site. The student must follow the facility procedures for obtaining and returning scrubs. No scrubs may be taken home or worn in transit to and from the clinical site. Removing scrubs from a clinical site is considered theft and will result in dismissal from the program.
3. No visible undergarments or undershirts may show while wearing the scrubs. Only closed heel and closed toe shoes are to be worn. You may also have hospital designated shoes which can be kept at the clinical site and will be in accordance with clinical site policy.
4. Hair must be neat and tied back and makeup should be moderate (no extreme colors)
5. No jewelry of any kind may be worn.
6. No nail polish, nail wraps or artificial nails of any kind may be worn. Nails cannot be longer than 1/8 inch above fingertips.
7. No false eyelashes are to be worn.
8. Caps and masks are to be worn as required.
9. A hooded covering must be worn over facial hair on the neck and sides of face including beards, goatees, or long stubble. A knee length lab coat or cover gown must be worn over scrubs outside of the operating room.

10. No food or drink, not even water, may be brought into the operating room. Check with your clinical site regarding an appropriate place to store a packed lunch. 14
11. All valuable items should be left at home. The City Colleges of Chicago is not responsible for any goods lost or stolen from clinical sites.

Personal Protective Equipment Policy

Personal protective equipment (PPE) must be worn at ALL times to be considered compliant with Standard Precautions. All blood and bodily fluids are to be treated as if infectious. All students must wear protective eyewear while scrubbing. Lead vests, gowns and/or aprons and a thyroid shield must be worn during cases involving radiography or radiation exposure. Any student found not in compliance with PPE policies will be dismissed from clinical for the day, which will count as an absence. Absences are recorded, and excessive absences will result in disciplinary action, and can lead to dismissal of the program.

Clinical Attendance Policy

Students are required to call 60 minutes prior to their assigned start time when absent or late for any reason. No call, no shows are unacceptable, and can be grounds for dismissal from clinical rotation and/or the program. Even though consideration may be given to extenuating circumstances, *there are no excused absences*.

As covered earlier, excessive instances of leaving early, tardiness, and absences that exceed two occurrences while completing clinical rotation may result in dismissal from the program. Disciplinary actions will be as follows:

- An absence is defined by not being physically present, no matter the reason.
- Students are only allowed to miss two (2) clinical days per semester
- If you were present and left the premise for any reason you must notify your clinical site educator, MXC clinical coordinator, and/or MXC program director no later than one (1) hour prior to your scheduled start time. If for any reason a student will miss more than the allotted time, there must be documentation to that fact.
- All clinical time missed will be made up at the discretion/convenience of the clinical site and faculty instructor. *The student will not be allowed to miss class, laboratory or another clinical rotation in order to make up this day.* The missed day must be coordinated with the clinical site educator and MXC clinical coordinator.

****Students unable to achieve the student learning objectives of the clinical course due to absences will not successfully complete the rotation or the clinical course.**

Student Removed from Clinical Site

If for ANY reason a student is removed or dismissed from the clinical site by any of the clinical site staff (which includes but is not limited to; site clinical educator, OR staff and/or personnel) depending on the circumstance, the student may be terminated from the program or required to complete remediation on campus in the lab for a period of 2-4 weeks before accepting or continuing another assignment. However, the college or program is not required to find additional clinical sites for a student that demonstrates poor performance (attendance, skills, poor attitude or lack of professionalism, and poor performance). The student may be terminated from the program for failure to perform or demonstrate acceptable clinical performance. If the student is offered a second rotation site after completing lab remediation, the next occurrence will result in immediate dismissal from the program. Each student is required to meet with the Clinical Coordinator or Program Director on a weekly basis while on rotation. This meeting will be held on campus; the day and time is to be determined.

Clinical Site Visits

Any and all clinical site visits will take place a minimum of once every two (2) weeks. Visitation at clinical sites will be conducted by the Clinical Coordinator and/or Program Director. At that time they will be observing the student in the OR/Sterile Processing departments. In addition, MXC staff and faculty will be speaking with any OR staff involved in the training of the Surgical Technology/Sterile Processing student(s).

SURGICAL ROTATION CASE REQUIREMENTS - 2014 REVISED CORE CURRICULUM FOR SURGICAL TECHNOLOGY, 6th edition

Goal Statement: 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 in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains."

OBJECTIVES:

- 1) 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.
 - a) While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.
 - b) No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.
- 2) Students must complete a minimum of 120 cases as delineated below.
 - a) General Surgery cases
 - i) 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
 - i) 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.
 - (1) A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of four surgical specialties.
 - (a) 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).
 - (b) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.
 - (2) The remaining 30 surgical specialty cases may be performed in any surgical specialty in either the First or Second Scrub Role.
 - c) Optional surgical specialties
 - i) 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.
 - (1) Diagnostic endoscopy cases must be documented in the category of "Diagnostic Endoscopy", rather than by specialty.

- (2) 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.
- f) Counting cases
- i) Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to 2. c. i. 1. above).
 - ii) Examples of counting cases
 - (1) Trauma patient requires a splenectomy and repair of a LeFort I fracture. Two cases can be counted and documented since the splenectomy is general surgery specialty and repair of LeFort I is oral-maxillofacial surgical specialty.
 - (2) Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure - one case.
 - (3) Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and document as 1 procedure – one case.

Designated Roles of 1st Scrub, 2nd Scrub, and Observation

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 solutions 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 technique 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 by performing one or more of the following:

- Sponging
- Suctioning
- Cutting suture
- Holding retractors
- 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 on the clinical case log.

Program Progress and Completion

Evaluations

Students are expected to complete a program and clinical site evaluation at the end of the program. This information will be used to improve the quality of education.

Evaluation of student performance will include, but is not limited to the following:

- Quizzes, Exams, Mid-Term, Final.
- Completion of assignments.
- Didactic and clinical absences, tardiness.
- Successful completion of laboratory competency objectives.
- Successful completion of clinical performance objectives.
- Successful completion of clinical case requirements.
- Exit Exam and National Certification Exam

Unsatisfactory Performance

If a student's performance in any didactic or clinical course is below the acceptable competence level, the faculty and the Program Director will counsel the student. Written evaluation of academic progress is done at midterm and final. All students must maintain a grade of "C" or better in Surgical Technology classes and must pass Biology 227 with a grade of "C" or better the fall semester of their first year, if they have not done so already. If a student's performance in any given area at the clinical site is below the acceptable competence level, the clinical instructor and the Program Director will counsel the student. Every attempt is made to resolve all violations of program and/or clinical agency rules. If the clinical instructor or a clinical agency representative terminates the student from the clinical site, the program does not have any responsibility for reassigning a student to another site during that rotation.

Termination from the clinical site is tantamount to failure of the current clinical course. Subsequently, the student cannot enroll in the next semester's course and must withdraw from the program.

Program Completion

The program consists of two full years, including a summer semester. Each Surgical Technology course is only offered once a year. Students are considered as having completed all program requirements when they have achieved a grade of “C” or better in all courses listed in the Surgical Technology curriculum (both program core courses and general education courses), have completed clinical case requirements according to current ARC/STSA standards, have completed a program exit exam and have taken the national certification exam.

National Certification Exam Eligibility

ARC/STSA standards require a 100% participation rate in certification exams therefore, all Surgical Technology students who have passed the program exit exam and completed clinical case requirements must sit for the national certification exam administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA) as part of program completion. The program will arrange for On-Campus Web Based Testing (WBT) and submit student qualifications to NBSTSA. The student is responsible for payment of exam fees and providing items required for the exam application.

Program Termination Process

The violation of any previously mentioned program policies or an occurrence that falls under the CCC Standards of Conduct (see college Catalogue) may result in an administrative withdrawal of the student from Surgical Technology classes and the program. Unsatisfactory performance, or a grade below “C”, in any Surgical Technology course or Biology 227 will also result in program termination.

STEP 1

Meeting with the student, faculty member or clinical instructor, and Program Director

STEP 2 (If Necessary)

Meeting with the student, faculty member or clinical instructor, Program Director and Associate Dean and/or the Dean of Careers Program

Student Grievance Procedure

The program's policy covers Academic, Non Academic and Clinical Education complaints, grievances and any and all misconduct while in didactic or laboratory classes and in clinical rotations.

- Academic Complaints
- Grades
- Honesty/Integrity
- Plagiarism/Cheating, etc
- Non-Academic Complaints
- Stealing
- Intent to Defraud
- Unprofessional conduct with MXC faculty/staff
- Insubordination
- Physical/Verbal abuse (student-student or student-CCC District employee)
- Possession of Weapons, etc.
- Clinical Complaints
- Excessive absenteeism, tardiness
- Unprofessional conduct with patients
- Unprofessional conduct with clinical agency staff, etc.
- Any act that puts the patient or staff in any danger
- Insubordination

STEP 1

Any student having a complaint with an instructor, fellow student, clinical instructor or clinical supervisor may file for conference time with the program director within three business days of the initial occurrence.

STEP 2

If, after the conference with the program director, the student does not feel that there is an appropriate resolution to his/her oral complaint he/she may file a written complaint with the Associate Dean of Career Programs within fourteen business days of the oral conference.

STEP 3

Within three business days of the submission of the written complaint a meeting will be scheduled with the faculty member, clinical instructor, etc., to hear the student's grievance. A response to the written complaint will be given to all parties involved within fourteen business days of the meeting.

STEP 4

If the student remains dissatisfied with the response from the program director, he/she may file a subsequent complaint within three business days with the Dean of Career Programs or Dean of Student