



CENTRAL OHIO TECHNICAL COLLEGE

DEPARTMENT OF HEALTH SCIENCES

**SURGICAL
TECHNOLOGY
PROGRAM**

**Policies & Procedures
Student Handbook**

The Program Faculty and College reserve the right to make changes to assure the quality, quantity, and effectiveness of education

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Welcome Surgical Technology Students

You are embarking on an exciting and challenging field of study. Successful completion of our course of studies meets the qualifying standards required to take the National Certification Examination for Surgical Technologies. The certifying exam is written and administered by the NBSTSA and will be administered in your last semester of study for your certificate. This will be scheduled the end of July beginning of August.

This program will prepare you for entry level employment in Hospital operating rooms and delivery rooms, clinics, ambulatory surgical centers, physician and dentist's offices.

The Surgical Technology Faculty Believe:

1. That all people have dignity and worth.
2. That the program should serve people regardless of race, creed, sex, disadvantage, or handicap.
3. That the cognitive base, psychomotor skills, and affective domain are of equal importance in the training of Surgical Technologists.
4. That the graduates of this program should possess competence in the technical phases of Surgical Technology and a sound understanding of the scientific principles of Surgical Technology.
5. That graduates should develop the ability to make independent clinical judgments within the limits of the Surgical Technologist's responsibilities.
6. That graduates should exhibit strong ethical behaviors and attitudes.
7. That competent Surgical Technologists are significant participants on the health care team.

Mission:

The mission of this program is to provide didactic and clinical instruction that will enable individuals to perform as competent, entry-level Surgical Technologists ready to sit for certification; and to help satisfy the need for Surgical Technologists in local and regional communities.

Nondiscrimination:

In compliance with the Americans with Disabilities Act (ADA) and College policy (The Civil Rights Act and Internal Standards), the College and Division do not discriminate on the basis of race, gender, ethnicity, religion, sexual orientation or handicapping conditions. Inasmuch as surgical technology is a practice discipline, the Division requires all successful applicants to possess the psychomotor skills necessary to safely and effectively perform Cardio-pulmonary Resuscitation (CPR), the most standard of required nursing skills. Once admitted to a Division Program, it is the individual student's responsibility to self-identify to the Office for Disability Services staff and course instructors regarding any special learning needs.

PROGRAM OVERVIEW

Accreditation:

The Program is accredited by the Commission on Accreditation for Allied Health Education Programs (CAAHEP) through the Accreditation Review Committee on Education in Surgical Technology (ARC/STSA). Information on accredited Surgical Technology programs may be obtained from the ARC/STSA at 6 West Dry Creek Circle Suite 210, Littleton, Colorado 80120, or phone 303-694-9262.

The Curriculum:

This program is one of the most rigorous programs in the College, demanding determination, stamina, personal planning and time devoted to study. Preparation for theory, laboratory and clinical activities requires full-time concentration. Therefore, students are encouraged to reduce employment to a minimum in order to maintain their education focus. Clinical days vary each semester. Flexibility of time and personal transportation remains the responsibility of the student.

This curriculum is structured as a full-time program; you should plan to be involved in surgical technology program courses Monday through Friday. The core courses are offered on-line in the evening after clinical. You will be responsible for providing your own transportation to lab and clinical sites. There is no guarantee of clinical placement; if you want to trade with each other after assignments are complete you must notify the program director in writing before the start of the semester.

This is not guaranteed that it will be approved because different facilities have different orientation requirements.

The Central Ohio Technical College Surgical Technology Program prepares you for an associate degree. The associate prepares you for the National Certifying Examination and employment as a surgical technologist.

The associate degree program is 3 consecutive semesters with 1 summer session between the second and third semester and successful completion results in the award of an associate in applied science (A.A.S.) degree. This degree prepares you for employment as a surgical technologist and the possibility of continuing on for a bachelor degree.

Policies of the Programs are guidelines, to promote students' successful completion of a program, to meet requirements of external review agencies and affiliate institutions, and to ensure equitable treatment of students.

Change is a component of a continuous improvement philosophy. Planned change occurs regarding courses, policies, operations, etc. based upon needs, evaluation data and/or additional input. Also, change is rapidly occurring within the healthcare field, which may impact the programs, necessitating adjustments of a planned or unplanned nature. Communication and flexibility are central to managing such events.

COTC Surgical Technology Faculty takes pride in assisting students in developing talents, aptitude and overall ability to be an effective member of the healthcare team. The COTC faculty is genuinely interested in individual student welfare as well as the overall effectiveness of the program in producing sound, well-prepared graduates. Student contact, inquiry, and education are welcome and viewed as important in the success of students, faculty, and the programs.

A variety of personnel and material resources are available to aid student learning. Students are urged to adopt a habit of library use in student education. This practice of maintaining awareness of current literature and research in clinical problem solving will be valuable in endeavors in professional life.

Time management is a key to student success. Each student is responsible for meeting program requirements, including availability for assigned clinical experience. Therefore, flexible work scheduling and childcare arrangements are required.

Clinical courses, (i.e., those involving clinical experience), require additional study time beyond the actual scheduled classroom and clinical hours. An approximation of study time is three hours additional time needed weekly for each college semester credit hour. Example: A five-hour nursing course could require fifteen hours of weekly study in addition to class attendance to meet course requirements.

You are required to maintain a C (2.0) grade point average overall a C (2.0) grade point average in technical courses.

Evaluation of the Program:

The quality of the program is continually assessed using a variety of approaches. Each course and faculty member is evaluated by students who complete evaluation forms at completion of a course and/or clinical experience rotation. Feedback/communications are also sought concerning organizational systems and planning. Such data is instrumental in evaluating need for changes and effectiveness of plans/actions.

Key "outcome measures" are used to evaluate the overall quality and effectiveness of surgical technology programs, among them:

1. CST examination results (% pass/fail)
2. Post-graduation student surveys
3. Surveys of employers of new graduates
4. Student retention rate

The programs are rigorously evaluated by external agencies utilizing specific professional criteria in order to achieve/maintain accreditation status. Moreover, faculty and administration constantly assess/identify trends and consider/plan potential advances for the programs and their enhancement. An Advisory Committee of community health care and education leaders offer input on the quality, effectiveness and development of the programs. Student data from courses is a vital component in the assessment process.

Interdepartmental faculty communications are also important in assuring operations and successful program outcomes.

Program Outcomes:

This curriculum is designed to prepare you to be surgical technologists who can be a member of the health care delivery team. As a surgical technologist you are an integral member of the surgical team and will work closely with the surgeons, anesthesiologists, registered nurses, and other surgical personnel. Before, during, and after surgery, you will deliver patient care and perform tasks that help ensure a safe surgical environment, contributing to and supporting the operating team's efficiency.

Surgical technologists are employed in the hospital operating rooms, delivery rooms, cast rooms, emergency departments, ambulatory care areas, central supply department and medical device manufacturers. You may also be employed in clinics and ambulatory surgical centers.

The purpose of this program is to provide students with the general and technical education to function as safe, competent surgical technologist in entry level positions and give the community knowledgeable, competent and ethical professionals who can fulfill the community's health needs.

Learning Outcomes

At the completion of the plan of study the student will be able to:

1. To apply a basic understanding of human physiology and surgical anatomy and use of appropriate medical terminology in the perioperative setting.
2. To demonstrate a basic understanding of the concepts of pharmacology.
3. To demonstrate theoretical and practical proficiency in surgical aseptic technique, surgical procedures and patient care.
4. Demonstrates respect for the dignity and worth of the patient.
5. To work cooperatively and become an integral member of the health care team.
6. Assume a sense of responsibility, self-discipline, pride, teamwork, and enthusiasm.
7. Demonstrate effective communication skills.
8. Demonstrate ability to practice independent clinical judgments under the supervision of the surgeon or Registered nurse.
9. Demonstrate knowledge of instrumentation and use in surgical procedures during perioperative care.
10. To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
11. Write and pass the certification examination of the Association of Surgical Technologists.

Employment Outlook:

Employment of surgical technologist is expected to *grow faster than the average* for all occupations through the year 2013 as the volume of surgery increases. The number of surgical procedures is expected to rise as the population grows and ages. As the "Baby boom" generation enters retirement age, the over 50 population will account for a larger portion of the general population. Older people require more surgical procedures.

Technological advances, such as fiber optics and laser technology, will also permit new surgical procedures to be performed.

Hospitals will continue to be the primary employer of surgical technologists, although much faster growth is expected in offices and clinics of physicians, including ambulatory surgical centers.

PROGRAM REQUIREMENTS

Books:

All required textbooks are available at the Central Ohio Technical College bookstore. You may also order books online. Please remember that the Bookstore on campus is prepared to match lower book prices. The books for each class are listed in your syllabi. These books are used throughout the program and are often used as reference after graduation. All costs are subject to change.

Uniforms and Equipment:

You will be required to purchase a set of scrubs and a name badge for all clinical assignments and lab. These cost approximately \$50.00. The name badge will be obtained from the school Public Safety office. The first name badge is free and there will be a cost if a replacement is needed. You are to wear your name badge whenever you are in the Operating Room so that you are identified as a student. It is a requirement of all facilities that you wear your name badge at all times. You will also need a clean new pair of closed toe shoes dedicated to the operating room use only. The color of scrub you will need for lab is Royal Blue. These are available in the Bookstore or wherever you purchase scrubs.

CPR Certification:

Clinical sites require the certification provided specifically by **The American Heart Association—Health Care Provider course**.

CPR certification is a pre-requisite for all clinical courses. It includes adult, child, infant and the automated external defibrillator.

If you currently have a CPR card it **MUST** be current through the remainder of the program or you will be required to obtain re-certification.

In order for students to attend clinical experiences, CPR certification **must be current** at all times. **It is the responsibility of the student to keep CPR certification up to date.** It must be current according to The American Heart Association standards. If a student is unable to attend clinical experience because of expired CPR certification, the student may not make-up the clinical experience and must withdraw from the course if there is sufficient time to do so or fail the course.

A copy of the CPR certification is placed with the student's health information in the program director's office. The student is required to provide a copy of CPR updates to the program director, as well.

Students may contact The American Heart Association for more information at:

614-848-6676

1-800-242-8721

www.americanheart.org

www.cpr-ecc.org

Functional Abilities Essential for Surgical Technology Practice:

With job duties that can change minute to minute, surgical technologists need to be ready to perform a variety of tasks. The following are examples of essential functional abilities needed to be successful in the surgical technology programs at Central Ohio Technical College. All students are required to meet these essential functions with or without accommodations for disability. Allowing for individual differences, and encouraging program completion for students with a documented disability, the surgical technology programs will work with the student and the Office for Students with Disabilities to provide reasonable accommodation to meet these essential functions.

Gross Motor Skills:

- Move within confined spaces
- Sit and maintain balance
- Stand and maintain balance
- Reach above shoulders (e.g., IV poles)
- Reach below waist (e.g., plug electrical appliance into wall outlets)

Fine Motor Skills:

- Pick up objects with hands
- Grasp small objects with hands (e.g., IV tubing, pencil)
- Write with pen or pencil
- Key/type (e.g., use a computer)
- Pinch/pick or otherwise work with fingers (e.g., manipulate a syringe)
- Twist (e.g., turn objects/knobs using hands)
- Squeeze with finger (e.g., eye dropper)

Physical Endurance:

- Stand (e.g., at client side during surgical or therapeutic procedure)
- Sustain repetitive movements (e.g., CPR)
- Maintain physical tolerance (e.g., work entire shift)

Physical Strength:

- Push and pull 25 pounds (e.g., position clients)
- Lift and support 25 pounds (e.g., pick up a child, transfer client)
- Move light objects weighing up to 10 pounds (e.g., IV poles)
- Move heavy objects weighing from 11 to 50 pounds (e.g. patient, bed, heavy instrument trays)
- Defend self against combative client
- Carry equipment/supplies
- Use upper body strength (e.g., perform CPR, physically restrain a client)
- Squeeze with hands (e.g., operate fire extinguisher)

Mobility:

- Twist
- Bend
- Stoop/squat
- Move quickly (e.g., response to an emergency)
- Climb (e.g., ladders/stools/stairs)
- Walk

Hearing:

- Hear normal speaking level sounds (e.g., person-to-person report)
- Hear faint voices
- Hear faint body sounds (e.g., blood pressure sounds, assess placement of tubes)
- Hear in situations when not able to see lips (e.g., when masks are used)
- Hear auditory alarms (e.g., monitors, fire alarms, call bells)

Visual:

- See objects up to 20 inches away (e.g., information on a computer screen, skin conditions)
- See objects up to 20 feet away (e.g., client in a room)
- See objects more than 20 feet away (e.g., client at end of hall)
- Use depth perception
- Use peripheral vision
- Distinguish color (e.g., color codes on supplies, charts, bed)
- Distinguish color intensity (e.g., flushed skin, skin paleness)

Tactile:

- Feel vibrations (e.g., palpate pulses)
- Detect temperature (e.g., skin, solutions)
- Feel differences in surface characteristics (e.g., skin turgor, rashes)
- Feel differences in sizes, shapes (e.g., palpate vein, identify body landmarks)
- Detect environmental temperature (e.g., check for drafts)

Smell:

- Detect odors from client (e.g., foul smelling drainage, alcohol breath, etc.)
- Detect smoke
- Detect gases or noxious smells

Reading:

- Read and understand written documents (e.g., policies, protocols)

Arithmetic Competence:

- Read and understand columns of writing (flow sheet, charts)
- Read digital displays
- Read graphic printouts (e.g., EKG)
- Calibrate equipment
- Convert numbers to and/or from Metric System
- Read graphs (e.g., vital sign sheets)
- Tell time
- Measure time (e.g., count duration of contractions, etc.)
- Use measuring tools (e.g. thermometer)
- Read measurement marks (e.g. measurement tapes, scales, etc.)
- Add, subtract, multiply, and/or divide whole numbers
- Compute fractions (e.g., medication dosages)
- Use a calculator
- Write numbers in records

Emotional Stability:

- Establish therapeutic boundaries
- Provide client with emotional support
- Adapt to changing environment/stress
- Deal with the unexpected (e.g., client going bad, crisis)
- Focus attention on task
- Monitor own emotions
- Perform multiple responsibilities concurrently
- Handle strong emotions (e.g., grief)

Analytical Thinking:

- Transfer knowledge from one situation to another
- Process information
- Evaluate outcomes
- Problem solve
- Prioritize tasks
- Use long term memory
- Use short term memory

Critical Thinking:

- Identify cause-effect relationships
- Plan/control activities for others
- Synthesize knowledge and skills
- Sequence information

Interpersonal Skills:

- Negotiate interpersonal conflict
- Respect differences in clients
- Establish rapport with clients
- Establish rapport with co-workers

Communication Skills:

- Teach (e.g., client/family about health care)
- Explain procedures
- Give oral reports (e.g., report on client’s condition to others)
- Interact with others (e.g., health care workers)
- Speak on the telephone
- Influence people
- Direct activities of others
- Convey information through writing (e.g., progress notes)

STUDENT HEALTH REQUIREMENTS.....

General Requirements:

COTC is contractually obligated to affiliated healthcare agencies regarding assured healthcare status of students. Each student is responsible for verifying his/her healthcare status as required by the surgical technology program and our affiliated clinical agencies. Each student is responsible for any needed emergency care, medical supervision of chronic conditions, and costs involved. When questions or symptoms exist, the faculty may request that a student obtain written verification of his/her health status from their healthcare provider. If a student has experienced a health alteration which has the potential to negatively impact the student’s clinical performance, the faculty may request a medical release from the student’s physician verifying they may perform without limitations.

Students admitted into the surgical technology program must comply with immunization and other health requirements before the first day of spring semester. Students are expected to remain in compliance as long as they are actively enrolled in surgical technology courses.

The student must inform Program Director of any disability, change in health status and/or therapy which may affect ability to safely perform the role of student surgical technologist. The student may be required to provide a written release from their physician, verifying that they may perform without limitations.

- The physical exam and immunization form must be completed by a physician or nurse practitioner designee. A physical exam must be completed within the last 12 months. All documentation must be complete BEFORE the first day of the spring semester.
- All required immunizations should be current. See Immunization Policy.
- The lab staff will collect and review the documentation for the student health folder.
- Students must keep a set of all personal health information. The Surgical Technology Department retains student health files for one term after graduation. After that date, all health files are destroyed.
- Students who are identified as having possible latex allergy must be medically evaluated about potential risk, and are strongly urged to consider another field since latex is prevalent in the healthcare environment. Students with confirmed latex allergy continue in the program at their

own risk. The College assumes no responsibility for exposures and possible resulting student health problems.

Important notice: Students are not permitted to go to their clinical experience until all required health information is provided and all required immunization and other health requirements are complete. Failure to comply will result in an unexcused absence. Unexcused absences cannot be made up and the student must withdraw from the course or will receive a failing grade in the course.

Immunizations:

COTC is contractually obligated to comply with the policies of our partner clinical affiliates. Therefore, to protect students, patients, and colleagues, students are required to provide evidence of adequate immunity to the following diseases. This list is subject to change – students will be promptly notified of any changes. **Failure to comply with this policy will result in the student not being able to attend the required clinical or practicum portion of their program.**

TB: this test is required by the State of Ohio (3701-17-07)

- If the student has **never** received a TB skin test, or it has been longer than 12 months since the last test, a 2-step Mantoux test is required.
- If the student has participated in annual TB testing, the most recent results must be within 12 months of admission – otherwise, a 2-step Mantoux is required.
- The student will comply with annual TB testing during the time they are enrolled in surgical technology courses. The test shall be repeated annually within thirty days of the anniversary date of the last testing.
- Written evidence must be provided. Negative results should be written in mm (e.g. 0mm)
- If there is a history of a positive TB skin test (conversion), a chest x-ray report showing no evidence of active disease is required. This student will also complete a TB screening questionnaire upon admission, and annually during the time they are enrolled in surgical technology courses. The student is to report promptly any symptoms suggesting tuberculosis.

Tetanus:

- A tetanus/diphtheria (Td) booster is required if 10 years have elapsed since the last booster.
- The *CDC Advisory Committee on Immunization Practices* recommends that all healthcare personnel (HCP), regardless of age, should receive a single dose of Tdap as soon as feasible if they have not previously received Tdap and regardless of the time since last Td dose. Tdap is required for the COTC Surgical Technology Program.

Reference: **ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine (Tdap) and use of Postexposure Antimicrobial Prophylaxis, posted April 4, 2011**
<http://www.cdc.gov/vaccines/recs/provisional/downloads/use-of-Tdap-in-hcp.pdf>

Measles, Mumps and Rubella:

- Student must provide written evidence of the required two vaccines; OR
- Provide written documentation of titer results (verbal history of disease is not reliable).

- NOTE: students should review *Recommended Adult Immunization Schedule – United States, 2009*.

Varicella:

- Student must provide self-report of history of varicella disease (chickenpox); OR
- If unknown or no history of disease, student must provide results of varicella titer; OR
- Provide written documentation of two (2) varicella vaccines given no less than one month apart.

Hepatitis B:

- Provide written evidence from the healthcare provider indicating the three dates you have received the vaccine series; OR
- Provide evidence the student has started the series and has had at least the first injection in the series by the first day of class; OR
- Provide written documentation of titer results.

Flu:

- Student must provide written evidence of having received the seasonal flu vaccine within the past month October and on of current year, AND
- Student will maintain compliance with annual seasonal flu vaccine requirement during the time they are enrolled in surgical technology courses.
- Student must provide written evidence of having received the H1N1 flu vaccine once it becomes available.
- If you refuse to obtain this vaccine then you are required to wear a mask **AT ALL TIMES** when in the clinical facility.

Covid:

- Student must provide written proof of obtaining COVID vaccine.
- Student will maintain compliance with facility that they are assigned clinical.
- If you refuse this vaccine you will likely be unable to attend clinical at any healthcare facility.

Waivers:

A student may receive a waiver on health grounds if he or she presents a written statement from a licensed physician indicating that immunization against any or all of the diseases for which immunization is required is medically contraindicated, detrimental to, or not in the best interest of the student. Specific reasons should be noted, such as allergy to components of the vaccine. The physician's statement shall document whether the contraindication is permanent or temporary, and if temporary, provide assurance that the student will receive immunization(s) at the first reasonable opportunity. (For example, rubella vaccine should not be given to pregnant women.) If the student fails to complete the immunizations and provide evidence of same, the student will not be permitted to enter or remain in the program.

If the student objects to any immunization due to religious beliefs, he or she must submit a signed written statement stating that they have chosen not to be immunized because he or she is an adherent to a religion the teachings of which are opposed to such immunizations.

Students who are unwilling or unable to comply with the immunization policy of the Surgical Technology Program must understand that some clinical agencies prohibit the presence of unvaccinated students at their facility. While COTC will make reasonable efforts to find appropriate alternate clinical rotations for these students, there is always the risk the student will not be permitted to complete clinical or practicum rotations which are a required part of the surgical technology curriculum.

Injury/Illness during Class, Lab, or Clinical:

1. In the event of a medical emergency, needle-stick, or other acute injury, the student should be evaluated immediately by the charge nurse in the OR and the policy per facility is followed. You will be financially responsible for any lab that is required.
2. In the classroom or laboratory: If the student appears to be in a medical crisis, call for assistance and call 9-1-1. Notify Security as soon as feasible.
3. If at the clinical site: Follow agency policy particularly regarding needle stick or blood/body fluid exposure.
4. The student will be solely responsible for any resulting charges.
5. In non-emergency situations, the student may verbally tell the instructor that they elect to seek care from their personal physician. Any costs incurred will be the responsibility of the student.
6. The student shall cooperate with the supervising faculty member in providing information necessary for the faculty member to make a report of the injury.

Pregnancy:

1. The college does not wish to unfairly prejudice the interests of students who are or may become pregnant. A student may choose to continue with her program during pregnancy with the understanding that she is expected to satisfactorily meet the same standards of clinical and classroom performance as are all other students enrolled in the program.
2. If the student's ability to meet expected performance standards is questioned at any time during pregnancy, the student may be required to submit a statement from her personal physician. Such statement must indicate that the student is able to satisfactorily perform in the clinical or classroom area without undue detriment to herself and/or the unborn fetus or baby.
3. Without such medical assurances, the student may be required to discontinue her program until said medical assurances have been received and accepted.
4. The above policies do not mitigate the student's responsibility for maintaining her own well-being as well as that of responsible behavior with respect to the fetus or unborn child. If at any time the student believes she is medically unable to continue with class/clinical responsibilities, the student should notify the Program Director.
5. The student may always access her academic advisor for questions or concerns about this policy.

Drug Screening Policy:

Applicants to the Surgical Technology Program are required to test negative for drug and/or alcohol abuse before entering the clinical portion of the Program. All test results, positive or negative, will be sent to the Dean for Health and Human Services. **All costs for testing are the student's responsibility.**

Any applicant who tests positive for drugs not medically prescribed for that applicant will lose their admission seat and will not be permitted to reapply to the Surgical Technology Program.

Any student seeking admission to the surgical technology program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen will lose their admission seat and will not be permitted to reapply to the program.

Surgical technology students already in the sequence of courses: Any surgical technology instructor may request a drug screen given reasonable cause. "Reasonable cause" exists when a student exhibits behavior that suggest impairment from drug or alcohol use or when clinical performance or safety is affected. These behaviors include but are not limited to: poor judgment, mood swings, over-reaction, poor or inappropriate patient care, etc. In the clinical setting, the clinical instructors will follow that institution's policy. Students testing positive will be required to withdraw from the current quarter, will **not be** permitted to return to the sequence of surgical technology courses, and will not be permitted to reapply the program.

Any student currently enrolled in the surgical technology program who knowingly and intentionally attempts to provide a substitute or adulterated urine specimen is subject to immediate dismissal from the program.

CLINICAL EDUCATION

Clinical Affiliations

The college has developed contractual affiliations with a variety of clinical healthcare agencies. Clinical experiences are planned for clinical courses in order to develop professional practice insight and skills in the operating room, according to course objectives. Orientation to each assigned clinical setting is mandatory. While in the clinical setting, each student is responsible to meet the policies, procedures, and standards of the clinical agency, as well as COTC education policies and adherence to the Student Surgical Technology Handbook guidelines. Each student needs to be available for clinical assignment i.e. days of the week, and locations. Each student is responsible for dependable transportation to/from clinical sites throughout Central Ohio. Punctuality is an expectation for all clinical experiences including orientation. Students are responsible for knowing where to go for clinical and orientations. (This information will be given out in class. If unsure, it is the student's responsibility to seek clarification.)

Clinical affiliations are vital and valuable to the college and its students. As the healthcare field continues to change, COTC surgical technology leadership alters clinical experiences in order to meet arising changes, trends, and to maximize the quality of health care education. Student assignments to clinical settings involve multiple variables. These variables include: availability of skills and clients for learning, the availability of qualified faculty. COTC is deeply grateful to its affiliate healthcare agencies for their commitment to COTC education and students. Due to the nature and complexity of clinical assignment plans for technical classes, individual requests for change may be disruptive to the whole process.

Surgical technology faculty and students are expected to demonstrate professional behaviors at all times in the clinical settings. Violations of agency policy or COTC policy will result in disciplinary action.

Attendance Policy:

Each student is expected to attend all scheduled learning experiences. Continued enrollment in the Surgical Technology program depends, in part, on consistent attendance. In academic courses, grades are earned on the basis of the student's attainment of the course objectives; but regular and punctual attendance is expected. In lab and clinical courses, attendance is **mandatory** and is one of the factors that will be evaluated weekly. Guidelines for missed clinical days are established and failure to comply may result in withdrawal from the program. Attendance at all class/course sessions is expected in order to promote success. Students who miss class for any reason are responsible to get materials, information or alternative assignments. Faculty members are responsible to present information in scheduled class teaching sessions. However, **Faculty is not responsible to provide material/information to those who miss learning opportunities.** Patterns of repeated absences will be addressed.

Attendance at all labs is mandatory

Attendance at all clinical experiences is mandatory

All absences must be made up.

1. The student must notify the instructor AND the hospital of a clinical absence no less than thirty minutes in advance of the scheduled start time.
2. The student must notify the instructor when she/he is absent. You must CALL the instructors cell phone or home phone and also leave a message on the instructor's office phone if appropriate. This MUST be done prior to scheduled time expected to be in clinical. If you are absent more than two days in a row then you MUST meet with your instructor and the Program Director before you return to Lab or Clinical.
3. Medical or other documentation may be required for verification.
4. **No "banking" of clinical days is permitted.** That is, students are not permitted to plan ahead to miss clinical for elective (non-emergency) reasons. If a student expects to miss more than one clinical day for any reason (e.g. pregnancy, delivery, elective surgery, etc.), that student should discuss this with the Program Director.

If a student fails to notify an instructor before a clinical absence – this includes if the student is tardy – there will be no makeup opportunity and the student will receive an immediate grade of unsatisfactory for the clinical which will result in a failing grade for the course.

Instructor initiated withdrawal will result if these procedures are not followed.

Clinical Work Policy:

Each student will be expected to attend clinical twice a week from 0700-1530. The only deviation to this time is if the facility starts earlier than 0700, some do start at 0600 or 0630. This time allows for a ½ hour lunch period and a 15-minute break. Clinical days for COTC are Monday thru Friday. All activities must be educational in nature. At no time during the clinical can a student be substituted as staff position. Additional clinical time may be necessary to achieve required 120 case count.

Dress Code:

A professional, well-groomed, neat appearance is expected in the clinical setting and at professional functions. If a student does not meet the specified attire and hygiene standards, the instructor may send the student home and request immediate compliance.

- Good personal hygiene is expected at all times. ALL clinical agencies have very strong standards regarding smoking and the smell of smoke on uniforms. Students may be sent home if offensive odor is noted - this will be considered an unexcused absence. All clinical agencies are smoke free.
- The COTC student identification badge is part of the required uniform and is to be worn at all times in the clinical setting. Name badges are to be worn above the waist. Affiliating agencies may require additional specific identification.
- Each student must wear appropriate (per hospital policy) and professional dress to and from the clinical site. Please no cut off shorts or short shorts. Professionalism is the key here.
- Cosmetics may be worn with discretion. No perfume, scented after-shave, cologne or scented hand cream or products are permitted.
- Facial hair should be neatly trimmed and maintained. Students should be aware that some clinical agencies may prohibit facial hair due to improper fit of facial masks. Some facilities may ask you to wear a special mask due to facial hair.
- Small, non-dangling earrings may be worn for pierced ears – in the ear lobe only, and limited to one pair. “Non-dangling” is defined as a post or stud only. Gauges are not permitted. Items worn on a chain around the neck must be concealed. A plain wedding band may be worn. No further jewelry is permitted. It is recommended that you leave your rings at home as you will be required to remove when scrubbing into the sterile field and the chance of losing it is greater.
- A pair of shoes should be purchased for use in the OR only. White shoes or an athletic cut are appropriate and provide the most comfort.
- Protective eyewear must be worn on all surgical procedures. If you wish to purchase some that are comfortable then it is recommended. Some facilities require you purchase your own and some provide for you.
- Fingernails must be of reasonable length (not visible when looking at palms). Nail polish is not permitted. Acrylic nails or artificial nails of any kind (such as overlays, tips, etc.) are not permitted.
- Hair should be cut or secured in such a manner that prohibits extension beyond surgical headgear.

- Good personal hygiene is mandatory for the surgical technologist.
- No visible body piercings are permitted. This includes tongue piercings. A clear “spacer” may be worn in a pierced nostril.
- No visible tattoos. (Must be covered.)

Clinical Case Requirement:

SURGICAL ROTATION CASE REQUIREMENTS

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can be Applied Towards 120 Cases
General Surgery	30	20	10
Surgical Specialties <ul style="list-style-type: none"> • Cardiothoracic • ENT • Eye • GU • Neuro • Ob-GYN • Oral/Maxillofacial • Orthopedics • Peripheral Vascular • Plastics • Procurement/Transplant 	90	60	30
Diagnostic Endoscopy <ul style="list-style-type: none"> • Brochoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy 			10 diagnostic endoscopy cases may be applied toward the second scrub cases
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases
Totals	120	80	40

1. The total number of cases the student must complete is 120
2. Students are required to complete 30 cases in General Surgery. Twenty of the cases must be in the First Scrub Role.
3. Students are required to complete 80 cases in various surgical specialties. Sixty of the cases must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties. However, 15 is the maximum number of cases that can be counted in any one surgical specialty.

4. The surgical technology program is required to verify through the surgical rotation documentation the students' progression in First and Second Scrubbing surgical procedures of increases complexity as he/she moves towards entry-level graduate abilities.
5. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.
6. Observation cases must be **documented**, but do not count towards the 120 required cases.
7. Counting Cases
 - Cases will be counted according to surgical specialty. Examples:
 - Trauma patient requires a splenectomy and repair of a Lefort I fracture. Two cases can be counted and documented since the splenectomy is general and repair of Lefort I is oral-maxillofacial surgical specialty.
 - 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. However, if the patient is also scheduled to have a breast reconstruction that is plastics so two procedures are counted.

First and Second Scrub Role 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.

- 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 the counts with the circulator prior to the procedure and before the incision is closed.
- Pass instruments and supplies to the sterile surgical team 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 in its entirety by completing any 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 by the program on the case log.

Clinical Case Log:

The clinical case log is considered a requirement of the accreditation review committee and is considered a legal document. The case log that is required is in your book list and must never be altered in any way i.e., use of white out, forging of signatures, etc. If you are found to have altered your log in any way it will result in unsatisfactory grade for that clinical and immediate dismissal from the program. There will be no reentry allowed for this offense.

General Surgery

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Anal sphincterotomy 2. Anoplasty 3. Brachial cleft cystectomy 4. Breast biopsy with needle localization 5. Breast lumpectomy with sentinel node biopsy 6. Excision of gynecomastia 7. Excision of lipoma 8. Femoral herniorrhaphy 9. Fissure/fistula repair 10. Incision and drainage of abscess 11. Incisional herniorrhaphy 12. Inguinal herniorrhaphy 13. Insertion of infusion catheters/ports 14. Liver biopsy 15. Muscle biopsy 16. Open appendectomy 17. Pilonidal cystectomy 18. Rectal polypectomy 19. Spigelian herniorrhaphy 20. Thyroglossal duct cystectomy 21. Umbilical herniorrhaphy 22. Ventral herniorrhaphy 23. Billroth I 24. Billroth II 25. Cholecystoduodenostomy 26. Cholecystojejunostomy 27. Choledochoduodenostomy 28. Choledochojejunostomy | <ol style="list-style-type: none"> 29. Colectomy 30. Colon resection for Hirschsprung's disease-pediatric 31. Common bile duct exploration
 32. Derotation of volvulus- pediatric 33. Endoscopic inguinal herniorrhaphy 34. Excision of Zenker's diverticulum 35. Exploratory laparotomy 36. Gastrectomy 37. Gastroschisis repair-pediatric 38. Gastrostomy 39. Ileostomy 40. Laparoscopic appendectomy 41. Laparoscopic cholecystectomy 42. Laparoscopic Nissen fundoplication 43. Liver resection 44. Mastectomy with axillary node dissection 45. Omphalocele repair-pediatric 46. Open cholecystectomy with cholangiogram 47. Organ procurement 48. Pylomyotomy-pediatric 49. Reduction of intussusceptions- pediatric 50. Roux-en-Y 51. Small bowel resection 52. Splenectomy 53. Vagotomy/pyloroplasty 54. Abdominoperineal resection 55. Esophagectomy 56. Imperforate anus repair |
|---|--|

57. Liver transplant
58. Tracheoesophageal fistula repair
59. Whipple procedure

9. Dacryocystorhinostomy
10. Evisceration
11. Exenteration
12. Iridectomy
13. Iridotomy
14. Keratoplasty
15. Sclera buckle
16. Trabeculoplasty/placement of drainage shunt
17. Vitrectomy

Ob-Gyn

1. Ablation of condylomata
2. Anterior and posterior colporrhaphy
3. Bartholin cystectomy
4. Cerclage
5. Cervical cone biopsy
6. Diagnostic laparoscopy
7. Dilatation and curettage
8. Episiotomy repair
9. Hysteroscopy
10. Loop electrosurgical excision procedure
11. Placement of radiation therapy device
12. Uterine balloon therapy
13. Vaginoplasty
14. Cesarean section
15. Ectopic pregnancy resolution
16. Endometrial ablation
17. Myomectomy
18. Oophorectomy
19. Operative laparoscopy
20. Ovarian cystectomy
21. Salpingectomy
22. Total abdominal hysterectomy
23. Vaginal hysterectomy
24. Laparoscopic assisted vaginal hysterectomy
25. Micro-tubal reanastomosis
26. Vulvectomy
27. Wertheim procedure

Ophthalmic

1. Chalazion excision
2. Entropion/ectropion repair
3. Enucleation
4. Lacrimal duct probing
5. Pterygium excision
6. Recession and resection
7. Anterior vitrectomy
8. Cataract extraction

ENT

1. Glossectomy
2. Myringotomy
3. Nasal anastomosis
4. Nasal polypectomy
5. Salivary duct stone excision/sialolithotomy
6. Septoplasty
7. Tonsillectomy and adenoidectomy
8. Turbinectomy
9. Uvulopalatopharyngoplasty
10. Caldwell-Luc
11. Choanal atresia
12. Mandibulectomy
13. Mastoidectomy
14. Operative sinuscopy
15. Parathyroidectomy
16. Shenoidectomy
17. Temporomandibular joint (TMJ) arthroscopy
18. Thyroidectomy
19. Tracheotomy/tracheostomy
20. Tympanoplasty I
21. Tympanoplasty II
22. Laryngectomy
23. Radical neck dissection
24. Stapedectomy

Oral/Maxillofacial

1. Arch bar application
2. Dental extraction
3. Dental implants
4. Odontectomy
5. Cleft lip/palate repair
6. LeFort I
7. LeFort II
8. ORIF orbital fracture

9. ORIF maxillary/mandibular fracture
10. Zygomatic fracture management
11. Craniofacial reconstruction
12. LeFort III
13. Orthognathic procedure

Plastic/Reconstructive

1. Blepharoplasty
2. Breast augmentation
3. Cheiloplasty
4. Dermabrasion
5. Excision nevus/basal cell carcinoma/squamous cell carcinoma
6. Mastopexy
7. Mentoplasty
8. Otoplasty
9. Rhinoplasty
10. Scar revision
11. Suction lipectomy
12. Abdominoplasty
13. Breast reconstruction
14. Breast reduction
15. Palatoplasty
16. Rhytidectomy
17. Skin graft (full thickness/split thickness)
18. Microvascular pedicle graft
19. Syndactyly repair release
20. Transverse rectus abdomino musculocutaneous (TRAM) flap

Genitourinary

1. Circumcision
2. Cystectomy
3. Hydrocelectomy
4. Marshall Marchetti Krantz procedure
5. Meatoplasty
6. Orchidectomy
7. Orchiopexy/orchidopexy
8. Transurethral resection of the prostate (TURP)
9. Urethral meatotomy
10. Varicocelectomy
11. Vasectomy

12. Chordee repair
13. Epispadias repair
14. Extrophy of the bladder repair
15. Hypospadias repair
16. Insertion of penile implants
17. Nephroscopy
18. Ureteral reimplantation
19. Ureteropyelolithotomy
20. Ureteroscopy
21. Urethrovesical angle repositioning
22. Vasovasotomy
23. Adrenalectomy
24. Cysectomy with creation of ileal conduit
25. Kidney transplantation
26. Nephrectomy
27. Perineal prostatectomy
28. Suprapubic prostatectomy
29. Wilm's tumor resection

Peripheral Vascular

1. Vein ligation/stripping
2. Angioplasty
3. Angioscopy
4. Arteriovenous (AV) fistula/shunt creation/insertion
5. Axillofemoral bypass
6. Carotid endarterectomy
7. Embolectomy
8. Femorofemoral bypass
9. Femoropopliteal bypass
10. Greenfield filter insertion
11. Popliteal in-situ graft
12. Venous access device implantation

Orthopedic

1. Achilles tendon repair
2. Acromioplasty
3. De Quervain's contracture release
4. Dupuytren's contracture release
5. Lower extremity amputation
6. Tenorrhaphy
7. Ulnar nerve transposition
8. Bankart procedure
9. Bipolar hip replacement
10. Bristow procedure
11. Bunionectomy with hammer toe correction
12. Femoral nailing

13. Knee arthroscopy
14. Lumbar laminectomy
15. Metacarpal phalangeal joint (MPJ) arthroplasty
16. ORIF
17. Putti Platte procedure
18. Shoulder arthroscopy
19. Triple arthrodesis
20. Anterior cruciate ligament (ACL) reconstruction
21. Limb reattachment
22. ORIF pelvic fracture
23. Total ankle arthroplasty
24. Total elbow arthroplasty
25. Total hip arthroplasty
26. Total knee arthroplasty
27. Total shoulder arthroplasty
20. Aortic arch aneurysm repair
21. Aortic/mitral valve replacement
22. Batista procedure
23. Coronary artery bypass (CABG)
24. Heart transplantation
25. Lung transplantation
26. MID-CABG
27. Mitral valve commissurotomy
28. Pneumonectomy
29. Repair of coarctation of the aorta
30. Tetralogy of Fallot repair
31. Transmyocardial revascularization
32. Ventricular aneurysm repair
33. Ventricular assistive device (VAD) insertion

Cardiothoracic

1. Scalene node biopsy
2. Thoracostomy
3. Cervical rib resection
4. Closure of patent ductus arteriosus
5. Coronary angioplasty
6. Decortication of the lung
7. Diaphragmatic herniorrhaphy-pediatric
8. Lobectomy
9. Lung biopsy
10. Lung volume reduction procedure
11. Mediastinoscopy
12. Pacemaker insertion
13. Pectus excavatum repair
14. Pericardectomy
15. Thoracoplasty
16. Thoracoscopy
17. Thoracotomy-pulmonary wedge resection
18. Tymectomy
19. Annuloplasty

Neurosurgery

1. Carpel tunnel release
2. Ulnar nerve transposition
3. Chordotomy
4. Cranioplasty
5. Lumbar laminectomy
6. Rhizotomy
7. Ventriculoperitoneal (V/P) shunt placement
8. Acoustic neuroma resection
9. Anterior thoracic/lumbar discectomy
10. Arteriovenous malformation (AVM) repair
11. Cervical discectomy
12. Craniostomy
13. Craniotomy- hematoma evacuation
14. Craniotomy- tumor excision
15. Craniotomy- aneurysm repair
16. Lumbar discoscopy
17. Myelomeningocele
18. Posterior fossa craniotomy
19. Spinal fixation
20. Spinal tumor excision
21. Stereotactic procedures
22. Transphenoidal hypophysectomy
23. Ventriculoscopy

Clinical Evaluation and Attendance:

The student must competently and responsibly meet legal, ethical, safety and professional standards in providing basic scrub tech skills as well as participating in academic activities. These standards include but are not limited to privacy, consent, confidentiality, and safety. The student must adhere to the policies of the program as well as to the policies and procedures of affiliated clinical institutions.

Students must demonstrate professional accountability in the clinical area, including but not limited to:

1. Be prepared for clinical experience. (Appropriate uniform and equipment, knowledge of procedure and adequate sleep).
2. Report on time for clinical experience as assigned.
3. Notify instructor prior to clinical if unable to attend because of illness or if tardy.
4. All clinical experiences, including orientation(s) are mandatory (see Attendance Policy).
5. Submit acceptable written assignments on time and in a comprehensive manner.
6. Demonstrate appropriate professional appearance and behavior consistently.
7. Refrain from illegal possession or illegal use of drugs and/or alcohol beverages.
8. ALL CLINICAL FACILITIES ARE SMOKE FREE. If you are caught violating this policy you will be removed from the program immediately.
9. Call for information regarding school closure for safety, weather reasons.
10. Meet the clinical objectives specified in the clinical evaluation document for each clinical course.
11. Maintain required documentation of health status annually. If required health, behavior or attire standards are not met, the student is ineligible for clinical experience, which will interfere with successful course completion.
12. Follow facilities policies and procedures during your clinical experience.
13. Students are not permitted to leave the premises at clinical facilities without specific permission from the instructor. Permission may be granted after a written request by the student.
14. Students are required to complete all clinical hours and are expected to advise their course instructor of any variation from assigned hours. Even though there is a case number requirement for accreditation you must complete the hours in order to obtain college credit. If you have met your case requirement you must still attend clinical for the entire semester.

Clinical Course and Success:

COTC Surgical Technology clinical experiences are designed to enable the student to become a clinically safe and competent surgical technologist. When a student is having difficulty performing in a satisfactory manner the Success Policy is utilized to help ensure the student has the opportunity to demonstrate improvement to an acceptable level.

To remain in the surgical technology program, students must meet academic requirements and must maintain client/patient safety during all clinical laboratory experiences. Violation of safety may result in an immediate clinical failure and administrative withdrawal. Violations may include a single serious event or a pattern of deficiency. All “single serious events” will be reviewed by the Program Director as a part of the decision-making process.

A pattern of deficiency is a repeated performance of an undesirable clinical or professional behavior(s) as identified by the instructor(s). The behavior can occur during one or more clinical experiences to be defined as a pattern. (Examples include but are not limited to the following: chronic tardiness, disruptive clinical behavior, safety issues, and skill deficiencies). The student will be given written documentation of the undesirable behaviors and criteria describing the methods to correct the deficiency, as well as future expectations. Failure to demonstrate satisfactory improvement will result in an unsatisfactory clinical grade which will result in a failing grade for the course in which the student is currently enrolled.

In the clinical or laboratory setting, a student who demonstrates unsafe behavior(s) which may endanger self or others may be dismissed and failed in the clinical or laboratory component of a course regardless of the course theory grade. Faculty have the right to dismiss the student from the clinical area if, in consultation with the

Program Director, the behavior is a critical issue of patient safety. This student will not be permitted to return to the clinical setting for the remainder of the semester and would receive a failing grade for the course regardless of the theory grade.

Procedure:

1. The instructor will document the undesirable clinical or professional behavior(s) performed by the student and observed by the instructor.
In addition,
2. The instructor will verbally and in a timely manner advise the student of the inappropriate behavior(s) and the consequences of clinical failure if the behavior(s) persists. Written documentation will be provided to the student on the course clinical evaluation tool.
3. If the inappropriate behavior(s) does not improve within the specified timeframe, a conference with the student and the clinical instructor will be scheduled to develop a corrective action plan. The written Performance Improvement Plan (PIP) will include, but not be limited to:
 - Expected behaviors, and
 - Appropriate time frames to achieve specific and safe clinical/college laboratory performance objectives, and consequences if a student fails to comply.
4. Copies of the Performance Improvement Plan will be attached to the Clinical Evaluation Tool and given to the student, clinical instructor, course instructor, and/or Program Director.
5. All Performance Improvement Plans must be complete by the end of the semester in which the plan was written. If the Performance Improvement Plan is unsuccessful, at the end of the plan's specified time the instructor will assign a clinical grade of U and the student will fail the course regardless of the course theory grade.
6. In the event of course failure, the student has the right to use the College Grade Appeal Process – see COTC Information, Policies and Procedures manual.

Note: In the event of a single serious issue which after timely review appears to be egregious, the decision may be made to immediately remove the student from the clinical experience for the semester without following the above stated process. Examples may include but are not limited to patient injury, unprofessional conduct, etc.

CODE OF CONDUCT.....

Conduct Unprofessional:

Unprofessional conduct impacts the academic performance of students and can have a direct impact on patient safety.

Students exhibiting unprofessional conduct **will** be dismissed from the Surgical Technology program.

If at any time a student exhibits ANY student behavior/technical issues that results in the clinical site requesting student removal. If a clinical facility requests a student to be removed, the student will be dismissed from the program.

Conduct Professional:

The Association of Surgical Technologists has the following position statement on Code of Ethics;

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

The faculty of the Surgical Technology program embraces this code of ethics, and implements facets of the Code in classroom, college lab, and clinical situations. As future surgical technologists, it is essential that students understand the Code of Ethics, and abide by the principles in the same manner. Therefore, to preserve respect for all individuals engaged in the surgical technology program, disruptive or offensive behavior is deemed unacceptable.

Disruptive or offensive behavior is speech or action that is disrespectful or rude and ranges from insulting remarks and verbal abuse to explosive, violent behavior. This includes any speech or action that disrupts the harmony of the teaching-learning environment. This behavior can be spoken, written, communicated electronically, visual, and/or physical and is directed toward an individual or a particular group.

Disruptive or offensive behavior that is reprehensible and threatening to the careers, educational experience and well-being of students, staff or faculty will not be tolerated.

Possible sanctions for the person(s) found to exhibit disruptive or offensive behavior include but are not limited to the following:

- Oral or written warning (documented)
- Oral or written reprimand (documented)
- Required attendance in sensitivity program and/or documented counseling experience
- Apology and/or restitution to the victim
- Suspension or dismissal from the program
- Suspension or dismissal from the College

Use of Social Networking Sites:

The Surgical Technology Program recognizes that social networking websites and applications, including but not limited to Facebook, MySpace, Twitter, or individual blogs are an important means of communication. The use of technology can be a valuable search tool for surgical technology students and faculty when used appropriately. The expectation is that these resources will not be used in patient care areas, but will be utilized in classrooms or conference rooms under the supervision and guidance of the course and clinical instructors. Unfortunately, the use of technology has been shown to create potential liability for the student, faculty, and the college. Posting certain information is illegal, and violation of existing statutes and administrative regulations may expose the offender to criminal and civil liability.

The following actions are strictly forbidden:

- You may not post or communicate any patient-related information or information which may potentially identify a particular patient. Removal of the patient's name does not solve this problem – inclusion of gender, age, race, diagnosis, etc. may still allow the reader to recognize the identity of a specific individual. Violation of this requirement may result in disciplinary action up to and including dismissal from the program, as well as other liability for violation of HIPPA (the Health Insurance Privacy and Portability Act of 1996).

- You may not post or communicate private academic information about another surgical technology student, including but not limited to grades, narrative evaluations, or adverse academic actions.

In addition to the absolute prohibitions listed above, the actions listed below are **strongly discouraged**. Violations of these guidelines are considered unprofessional behavior and may be the basis for disciplinary action:

- Display of vulgar language
- Display of language or photographs that imply disrespect for any individual or group because of age, race, gender, ethnicity, or sexual orientation.
- Posting of potentially inflammatory or unflattering material regarding a fellow student, faculty member, or administration.

Any surgical technology student or surgical technology faculty member who is aware of the use of social networking sites for any of the above prohibited purposes is required to report the misuse. Failure to report is a violation of the college's Code of Student Conduct, item O and may result in disciplinary action up to and including dismissal from the program.

Surgical Technology faculty are discouraged from "friending" students while the student is actively enrolled in a COTC nursing program. Faculty should maintain professional boundaries at all times.

When using social networking websites, students and faculty are strongly encouraged to use a personal e-mail address as their primary means of communication, rather than their cotc.edu address. Students and faculty are expected to maintain professional standards of behavior at all times.

The surgical technology faculty and administration support and concur with the NCSBN's White paper: A Nurse's Guide to the Use of Social Media, available at https://www.ncsbn.org/Social_Media.pdf

PROGRAM COMPLETION.....

Each student must fulfill all courses and terms/conditions as specified in the respective plan of study. This includes achievement of designated outcome competencies if applicable. To qualify for an Associate of Applied Science Degree in Surgical Technology, students must achieve a minimum 2.0 grade point average.

All fees must be paid in full, including library fee, in order to graduate. In accordance with COTC academic policies, a student must petition for graduation prior to the semester in which he/she intends to graduate. Refer to the COTC academic policy "Graduation" for complete details see the policy in your myCOTC website for forms. This petition will have to be done twice, once, for the Certificate and again, for the Associate degree. You must pay the fee both times.

If a student has a documented disability defined by the "American Disabilities Act" (ADA), accommodations are authorized only by the National Board of Surgical Technologists and Surgical Assistants. You must work closely with Connie Zang to obtain documentation in order to allow accommodations for the Certifying Surgical Technologist Exam. This will be the student's responsibility.

Promotion through the Surgical Technology Program:

It is important for the student to focus on coursework in order to be successful in the program.

Requirements for advancement in the surgical technology programs are as follows:

1. All course prerequisites must be met before admission to a course. Waivers will not be granted.
2. All surgical technology programs require a grade of "C" (2.0) or better in all surgical technology courses, as well as all support courses (non-technical course) such as sciences., A&P and microbiology. This does not include Math, but you will have to have a passing grade in the MATH 140.
3. Students who do not successfully complete their first semester surgical technology course will need to apply as a new admission if they wish to pursue an associate degree in surgical technology at COTC.
4. Once the student has successfully completed the first semester surgical technology class, progression through the program is dependent upon successful completion of the surgical technology courses as well as pre-requisites and co-requisites. The first time a student is unsuccessful (fails) in any surgical technology course, the student must meet with and make a

written request to the Program Administrator to repeat the surgical technology course. The second time a student is unsuccessful (fails) in any surgical technology course, the student becomes ineligible to continue in the surgical technology program and ineligible to reapply.

5. The surgical technology faculty realizes that students often face personal challenges throughout the course of the surgical technology program, sometimes resulting in a need for the student to alter their progress. After successful completion of the first semester surgical technology course, the student is permitted a limited number of withdrawals.

6. A 2.0 grade point average is required for promotion within the surgical technology program. Failure to maintain a 2.0 GPA will result in the student being unable to enroll in surgical technology courses until the GPA is increased to 2.0 or above.

7. A satisfactory grade is required in clinical experience and/or laboratory skill demonstrations. Students must meet the clinical and laboratory requirements in all surgical technology courses.

8. A student must adhere to all college/program policies/procedures and have no outstanding fees or unreturned borrowed equipment in order to be eligible for graduation.

9. It is important for the student to remain aware of their progress through each course. Early recognition of difficulties is important for the student's success. The student should immediately discuss any concerns with the course instructor, and should utilize other campus resources such as the student's advisor or Learning Skills Services as early as possible. Faculty support is also available.

Readmission to the Surgical Technology Program:

For consideration of readmission into a surgical technology course, a student must submit a written request and meet with the Surgical Technology Program Director. The decision for readmission depends on space availability, changes in the curriculum, and individual qualifications including grade point average and any other factors that may be related to the student's ability to succeed. The following policies/procedures apply:

1. The student will adhere to the college requirements for readmission (see COTC Information, Policies and Procedures Manual).
2. Students who do not successfully complete the first semester surgical technology course must apply as new applicant.
3. The student will submit a written request to the Program Director including desired semester of return, course(s) desired, and any specific supportive information about reason for the break in education, and student plans for ongoing success.
4. The student will arrange to meet with the Program Director.

5. A student seeking readmission to surgical technology courses must have a minimum 2.0 cumulative grade point average.
6. If the student is being readmitted to a Clinical course there must be an available clinical site assignment for that student. This will be determined after all current students' assignments are confirmed.
7. Surgical technology students who enroll in a surgical technology course but do not follow the procedure for requesting readmission will be dropped from the class in which they enrolled.
8. If a student withdrew or received a grade of "Unsatisfactory" in a clinical course and wish to return that student will meet as described above with the Program Director and Clinical coordinator. The student will be placed on probation upon return to the clinical setting. A work improvement plan will be agreed upon before reseating the student.

MISC.....

Closing, Delay or Cancellation of Classes:

Classes are rarely cancelled on the Newark Campus; however, if an emergency occurs, the guidelines published in the COTC Information, Policies and Procedures Manual are followed.

The following guidelines apply to Surgical Technology, clinical, and laboratory experiences:

1. If the college announces that all COTC campuses are closed, all class, clinical and laboratory experiences are cancelled.
2. Clinical instructors, after personally assessing road and weather conditions, may call a delay in the start of clinical or may cancel clinical after consultation with the Program Director. In this instance, students should be notified by the clinical instructor. Public announcement will not occur.
 - The clinical instructor may initiate a two hour delay the evening before the scheduled clinical; however, the instructor must wait until the day of the scheduled clinical to determine if a cancellation is justified. (That is, it is not permissible to cancel the clinical the night before.)
 - The clinical instructor must notify their clinical site/unit of the delay or cancellation.
3. Students are responsible at all times to provide current telephone/address information to the college Registrar and to the faculty. Closing, delay, or cancellations of COTC classes are announced via radio, television, and by logging onto the COTC web site or calling the main campus number.

Additional Resources:

Contact:

Lora Smith
Central Ohio Technical College
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For information on becoming a Certified Surgical Technologist contact:

NBSTSA

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