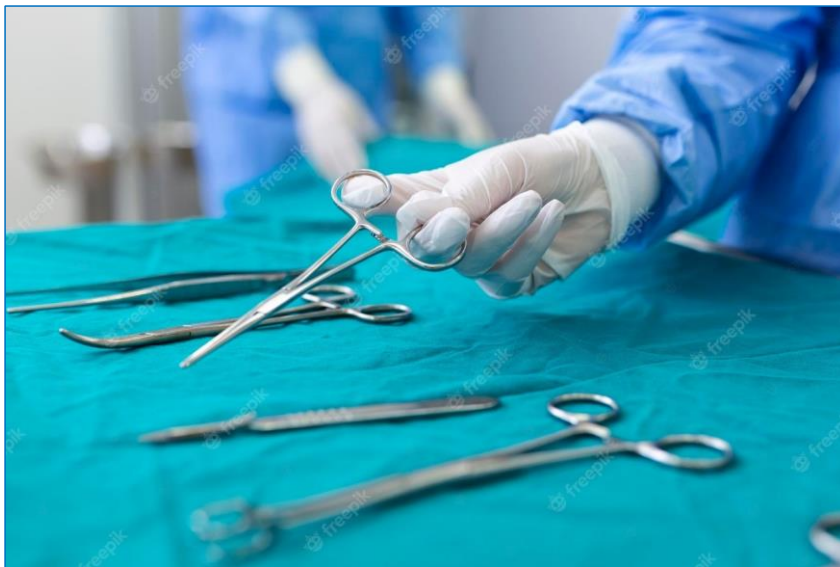


Southwestern Illinois College  
Medical Surgical Technology Program



Policies & Guidelines for Student  
Performance

## **Preface**

These guidelines have been prepared to assist you in successfully completing the program in Surgical Technology at Southwestern Illinois College (SWIC) with an Associates of Applied Science (AAS) degree. A thorough understanding of the curriculum policies and standards within the program is essential for your success.

The following guidelines are subject to renewal and revision by the Surgical Technology faculty and approval of the Dean of Health Sciences & Homeland Security programs.

The student is reminded that the College Catalog contains other policies and procedures for which the student is also responsible and may be accessed on the Southwestern Illinois College website at [www.swic.edu](http://www.swic.edu). Any questions concerning these policies or procedures should be discussed with the Program Coordinator.

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# **SOUTHWESTERN ILLINOIS COLLEGE SURGICAL TECHNOLOGY PROGRAM'S**

## **MISSION STATEMENT AND GOALS**

### **The Mission**

The mission of Southwestern Illinois College's Medical Surgical Technology program is to prepare entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains through high quality didactic and clinical educational experiences to function as an essential member of the healthcare system.

The curriculum instills and enhances the intellectual, psychomotor, and affective qualities of students giving them the basics skills necessary to successfully complete the program and graduate with an Associate of Applied Science degree, pass the certification exam, and obtain employment in the profession as an entry-level Surgical Technologist. Through a system that assesses the performance and progress of each student during the pursuit of his/her professional development, the program ensures that its students learn what the profession requires of Surgical Technologist as it relates to clinical competency, communication, problem solving and professional development.

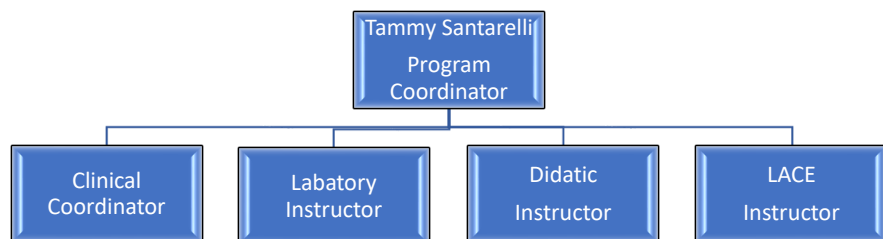
### **The Goals**

Programs goals related to students:

1. Communicate professionally, empathically, and in a culturally-competent manner to enhance the healthcare setting via oral, written, and electronic means.
2. Demonstrate critical thinking competency in appropriate, safe application of perioperative and emergency processes and procedures.
3. Administer surgical technology care in an ethical, legal, safe, and effective manner in a variety of healthcare settings.
4. Demonstrate responsibility for professional self-development and lifelong learning within the healthcare profession.



### Surgical Technology Organization Chart



\*LACE=Learning Assistance Center for Excellence

## **SURGICAL TECHNOLOGY STUDENT PERFORMANCE ESSENTIALS**

Recognized as a “description of the profession” the following statement is taken from the Accrediting Bureau of Health Education Schools: “The Surgical Technologist is an operating room specialist who performs specific duties for pre-, intra-, and postoperative case management. Surgical technologists must be knowledgeable in asepsis and sterile technique, and must be able to properly care for instrumentation, equipment, and supplies. Education includes the following: basic sciences: microbiology, anatomy and physiology, pathophysiology, and surgical pharmacology.” The requirements for certification focus on three areas: ethics, education and examination. The Surgical Technologist certification requires manual renewal and compliance with continuing education requirements.

Performance essentials or essential functions are defined as those physical, mental, and psychosocial characteristics that are necessary to meet the demands of the Surgical Technology educational process and in the clinical facilities.

Becoming a surgical technologist requires the completion of a technical educational program that is both intellectually and physically challenging. The purpose of this policy is to articulate the demands of the program in a way that will allow students to compare their own capabilities against these demands.

There are times when reasonable accommodations (i.e. hearing devices to improve communication) will be necessary in order to assist a student in performing the essential functions. Reasonable accommodation does not mean students are exempt from performing any of these tasks, but that students are allowed an opportunity to complete the task in a fashion that may be different than what is considered the typical way to achieve the outcome. Students seeking accommodation are required to make formal declaration of special needs with the SWIC Disability & Access Center. If admitted, a student requesting an accommodation must also make the program coordinator of the Surgical Technology Program aware. An offer of admission may be withdrawn if no reasonable accommodation can be made to allow the student to safely and effectively participate in the program.

Performance Expectations for the Classroom/Lab/Clinical Experience

Students must:

- Meet class standards for course completion throughout the curriculum.
- Complete readings, assignments and other activities outside of class hours.
- Be able to read, write, speak, and understand English at a level consistent with successful completion and development of appropriate relationships with peers, instructors, patients, and other allied health professionals.
- Apply critical thinking to their work, exercise sound judgment and follow safety procedures established in the classroom and the clinical facility.

- Maintain personal appearance and hygiene conducive to classroom and clinical settings. (Refer to student dress code regarding appropriate/inappropriate attire, body piercing (s), tattoos, etc.).
- Demonstrate appropriate health status prior to class enrollment per medical examination, including documentation of required immunizations.
- Follow standards and policies specified in the Student Handbook.
- Demonstrate ability to perform typical physical and mental functions (listed on the following pages) required of the role of surgical technologist. They typical functions of a surgical technologist are listed next.

### **Typical Functions required of working as a Surgical Technologist**

#### Core Performance Standards

- Able to stand, bend, and/or sit for long periods of time in one location with minimum/no breaks.
- Able to lift a minimum of 20 pounds.
- Able to refrain from nourishment or restroom for periods of six hours.
- Demonstrate sufficient visual ability to load a fine (10-0) suture onto needle holders with/without corrective lenses and while wearing eye protection.
- Demonstrate sufficient peripheral vision to anticipate and function while in the sterile surgical environment.
- Hear and understand muffled communication without visualization of the communicator's mouth/lips and within 20 feet.
- Able to detect odors sufficient to maintain environmental safety and patient needs.
- Manipulate instruments, supplies, and equipment with speed, dexterity, and good eye-hand coordination.
- Ambulate/move around without assistive devices.
- Able to assist with and/or lift, move, position, and manipulate the patient who is unconscious with or without assistive devices.
- Able to effectively communicate with others, both verbally and in writing.
- Possess short- and long-term memory sufficient to perform tasks such as, but not limited to, mentally tracking surgical supplies and performance anticipation skills intraoperatively.
- Able to make appropriate judgment decisions.
- Demonstrate the use of positive coping skills under stress.
- Demonstrate calm and effective responses, especially in emergency situations.
- Exhibit positive interpersonal skills during patient, staff, and faculty interactions.
- Perform all laboratory and clinical skills within a pre-established timeframe that ensures safe patient care.

#### Mental functions

- Controls verbal and nonverbal behaviors when communicating with others.
- Accurately self-assess own strengths and weaknesses.
- Modifies behaviors after receiving corrective feedback.
- Takes responsibility for own actions-does not blame others for situations or behaviors.
- Behaves honestly and truthfully.
- Concentrates on tasks at hand for extended periods of time.
- Utilizes problem-solving skills to meet needs of situation.
- Handles stress of an intensive training program in preparation for clinical situations-
  - Heavy academic demands
  - Fast paced clinical situations.

#### Code of Ethics

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

**Surgical Technology Curriculum - Associate in Applied Science Degree**

(For pre-requisite coursework, see the ST application planning guide at <https://www.swic.edu/academics/career-degrees/health-sciences/Surgical-technology/applicants/>)

<b>Spring Semester</b>		
<b>Course Number</b>	<b>Course Description</b>	<b>Credits</b>
HRO 100	Medical Terminology	1
BIOL 105	Human Biology	4
ENG 101	Rhetoric & Composition	3
MST 100	Ethical & Moral Concepts	1
MST 102	Healthcare Facility Management	3
MST 104	Sterile Processing Fundamentals	2
Total Semester Credits:		<b>14</b>

<b>Summer Semester</b>		
<b>Course Number</b>	<b>Course Description</b>	<b>Credits</b>
BIOL 250	Microbiology	4
HES 152	First Aid-Medical Self Help	2
COMM 151	Fundamentals of Public Speaking	3
SOC 153	Introductory Sociology	3
Total Semester Credits:		<b>12</b>

**Beginning 2<sup>nd</sup> Year**

<b>Fall Semester</b>		
<b>Course Number</b>	<b>Course Description</b>	<b>Credits</b>
MST 106	Surgical Technology	4
MST 108	Pre-operative Case Management	5
Total Semester Credits:		<b>9</b>

**Commented [WM1]:** If we don't have a webpage created for this, please work with Tylour to develop one. We can't officially put it out there until HLC approves but we can work on it behind the scenes until then.

**Commented [ST2R1]:** Started this process on 6.1.23 with Tylour.

**Commented [ST3R1]:**

<b>Fall Semester</b>		
<b>Course Number</b>	<b>Course Description</b>	<b>Credits</b>
MST 200	Perioperative Pharmacology	3
MST 202	Intra-operative Case Management	5
MST 204	Clinical Internship I	4
Total Semester Credits:		<b>12</b>

<b>Spring Semester</b>		
<b>Course Number</b>	<b>Course Description</b>	<b>Credits</b>
OMST 206	Post-operative Case Management	5
MST 208	Specialty Surgical Procedures	2
MST 210	Clinical Internship II	6
Total Semester Credits:		13
Total Credits:		<b>60</b>

Per ICCB: 50 min of course contact is equivalent to 1 credit hour; for clinicals 30-60 contact hours equates to 1 credit hour.

<b>Program Distribution of Credit Hours (60 total credits) and %</b>		
College General Education Requirements	20	33%
Surg Tech Lecture	14	23%
Surg Tech Lab	16	26%
Surg Tech Clinical Experience	10	16%

**PROGRAM CURRICULUM**

Program/Discipline  
Student Learning  
Outcomes (SLOs)

**COURSE PREFIX AND NUMBER**

The student enrolled in this program shall be able to:

	MST 100	MST 102	MST 104	MST 106	MST 108	MST 200	MST 202	MST 204	MST 206	MST 208	MST 210
1. Communicate professionally, empathically, and in a culturally-competent manner to enhance the healthcare setting via oral, written, and electronic means (Affective domain)	I		I		E		E	E	E		R
2. Demonstrate critical thinking competency in appropriate, safe application of perioperative and emergency processes and procedures (Cognitive domain)		I	I	E	E	E	E	R	E	R	R
3. Administer surgical technology care in an ethical, legal, safe, and effective manner in a variety of healthcare settings (Psychomotor domain)		I	I	E	E	E	E	R	E	R	R
4. Demonstrate responsibility for professional self-development and lifelong learning within the healthcare profession (Cognitive domain)	I							E			R

Commented [WM4]: These are the SLOs I was talking about earlier

## Professional Organizations for Surgical Technologist



### ARC/STSA

The ARC/STSA, ACS and AST cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical technology and surgical assisting. Educational programs recognized meet or exceed the Standards outlined in the Standards and Guidelines for Accredited Educational Programs in Surgical Technology and the Standards and Guidelines for Accredited Educational Programs in Surgical Assisting. These Standards are the minimum standards of quality used in accrediting programs that prepare individuals to enter the professions of surgical technology or surgical assisting.

ARC/STSA  
19751 East Mainstreet, Suite #339  
Parker, CO 80138  
[303-694-9262](tel:303-694-9262)  
[info@arcstsa.org](mailto:info@arcstsa.org)



### Commission on Accreditation of Allied Health Education Program

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a programmatic postsecondary accrediting agency. CAAHEP's origin begins with the American Medical Association Council on Medical Education (CME). The CME developed a rating system of medical schools in 1905 and collaborated with the Carnegie Foundation to conduct a study of the quality of medical education that resulted in the Flexner Report in 1910. From 1935 to 1976, the AMA Council on Medical Education was the agency responsible for accrediting health profession programs in the United States. In 1976, the CME delegated the responsibility and authority for health sciences education accreditation to the newly formed Committee on Allied Health Education and Accreditation (CAHEA).

CAAHEP  
9355 - 113th St. N, #7709  
Seminole, FL 33775  
(727) 210-2350  
[mail@caahep.org](mailto:mail@caahep.org)





### Accrediting Bureau of Health Education Schools

The Accrediting Bureau of Health Education Schools (ABHES) conducts both institutional and specialized, programmatic accreditation. Formed in 1964 as the Accrediting Bureau of Medical Laboratory Schools, its present name was assumed in 1974 to identify more properly its activities and expanded scope. ABHES is recognized by the Secretary of Education as a specialized, national accrediting body determined to be a reliable authority as to the quality of training offered by the educational institutions and programs it accredits. The mission of the Accrediting Bureau of Health Education Schools (ABHES) is to serve as a nationally recognized accrediting agency of institutions predominantly providing health education and programmatic accreditation in specific health education disciplines.

ABHES  
6116 Executive Blvd., Suite 730,  
North Bethesda, MD 20852  
[\(301\) 291-7550](tel:3012917550)  
[info@abhes.org](mailto:info@abhes.org)



### National Board of Surgical Technology and Surgical Assisting

The National Board of Surgical Technology and Surgical Assisting (NBSTSA), formerly the LCC-ST was established in 1974 as the certifying agency for surgical technologists. NBSTSA is organized as a 501-C (6) organization, and is solely responsible for all decisions regarding certification; from determining eligibility to maintaining, denying, granting and renewing the designation. The purpose of NBSTSA is to determine, through examination, if an individual has acquired both theoretical and practical knowledge of surgical technology or surgical first assisting.

NBSTSA  
3 West Dry Creek Circle  
Littleton, CO 80120  
(800) 707-0057  
[mail@nbstsa.org](mailto:mail@nbstsa.org)



Association of Surgical Technologist

The Association of Surgical Technologists (AST) was established in 1969 with the mission of ensuring quality patient care. Today, AST is proud to acknowledge more than 40,000 members and represents the interests of more than 80,000 practitioners nationwide. AST actively promotes education for the profession; legislatively advocates for practitioner recognition; supports state-level constituent organizations; and has committed to students as the future of the profession. As the oldest and most widely recognized professional organizations for surgical technologists, AST's primary purpose is to ensure that surgical technologists possess the knowledge and skill sets to administer the highest quality of care for every patient. Aeger primo!

AST

6 West Dry Creek Circle, Suite 200

Littleton CO, 80120

P: 800.637.7433

Member Services - [memserv@ast.org](mailto:memserv@ast.org)

State Assembly - [stateassembly@ast.org](mailto:stateassembly@ast.org)

Government Affairs - [governmentaffairs@ast.org](mailto:governmentaffairs@ast.org)

Publications - [publications@ast.org](mailto:publications@ast.org)

Advertising/Exhibits - [exhibits\\_advertising@ast.org](mailto:exhibits_advertising@ast.org)

Board Of Directors - [board@ast.org](mailto:board@ast.org)

## Requirements for Students to Participate in Clinical Experience for Health Sciences Programs:

### Background Check and Drug Testing Requirements for Health Science Programs

Students accepted into specific Health Science programs must purchase an on-line screening package which includes:

#### 1. Criminal Background Check 2. Government Registry Search 3. Urine Drug Test

**Program acceptance is contingent upon meeting deadlines for completion of the screening and results which allow the student to participate in the clinical portion of the program.**

#### 1. Criminal Background Check

Program acceptance letters will include deadline details and directions for accessing and purchasing the on-line screening for criminal background checks. Background checks are required for the clinical portion of health science programs and may also be required after graduation to take licensure/registry/certification examinations, which are required for employment.

#### Criminal Background Check Details:

\*Background checks are conducted for Illinois, Missouri and every state in which the student has lived or worked since the age of 18.

#### Criminal Convictions:

- Certain criminal convictions are identified as “disqualifying” for working with patients or their personal information. Fines, probation, or conditional discharge are convictions and will appear on a criminal history check. If the student is unsure as to whether an arrest resulted in a conviction, he or she should contact the county in which the arrest occurred and speak to a representative in the Circuit Clerk’s or State’s Attorney’s office, or contact an attorney.
- A complete list of disqualifying convictions is available from the Illinois Department of Public Health (IDPH) at the following website:  
<http://www.idph.state.il.us/nar/disconvictions.htm>
- **Students convicted of a “disqualifying” offense will be asked to produce a waiver from the Illinois Department of Public Health and will be removed from the program if a waiver cannot be produced.**

#### Waiver Process for Disqualifying Convictions:

- Students with disqualifying criminal convictions as listed on the IDPH’s website must obtain a waiver in order to retain their seat in any Health Science program which they have been accepted into.
- Typically, it takes 8-12 weeks to receive a waiver determination from the IDPH, so **students should start the waiver process as soon as possible, before program acceptance.**

**Commented [WM5]:** You will want to reach out to Candice Rodgers. Our health science programs use Castlebranch – a software program that holds all of the student records like vaccines, background check, drug screen.

For the first year, we may be able to slide you under another program if your enrollment is low. Otherwise we will have to pay for it out of your student fees – which is fine.

Candice can get you set up with Castlebranch.

**Commented [ST6R5]:** I reached out to Candice and it has been changed and updated.

**Commented [ST7R5]:**

- **Applicants should be aware that obtaining a waiver does not guarantee program admission, and that not every clinical facility accepts the IDPH waiver, therefore obtaining the waiver is not a guarantee that the clinical portion of the program can be completed.**
- Applicants should also be aware that less than half of those who apply for an IDPH waiver receive one. Each waiver application is reviewed on an individual basis. **In general, a waiver is not granted in the following circumstances:**
- The crime committed involved an elderly or disabled person.
- There are more than 2 similar crimes.
- The crime involves murder, sexual assault, aggravated battery, armed robbery, exploitation of a child, child pornography or kidnapping.
- The offense occurred less than 2 years ago.

#### **How to Request a Waiver:**

Call the Illinois Department of Public Health at **1-217-785-5133** and ask for a **waiver application**.

#### **2. Government Registry Search**

The on-line screening package also includes a search for the student's name on multiple government registries. Students whose names appear on these registries as offenders will lose their seats in the program.

#### **Government Registry Search Details:**

\*A search will be conducted to confirm that the student is not listed as an offender on any government registry. A standard set of registries will be searched for all programs, while select programs require additional registries to be searched.

#### **Registries for All Programs:**

The following registries will be searched for all students accepted to Health Science programs:

- Disqualification list for the MO Department of Health and Senior Services
- Division of Family Services (DFS)
- The Office of Inspector General (OIG)

**Additional Registries for Select Programs:** *Note: These additional registry checks increase package cost.*

- Certain Health Science programs will use additional registries, based on clinical site requirements. These registries include:
- The Missouri Department of Health and Senior Services Employee Disqualification List
- The Department of Mental Health Employee Disqualification Registry

#### **3. Urine Drug Testing**

Purchase of the on-line screening package also includes a random urine drug test **that will be completed at a time determined by the college. At the time the package is purchased, instructions may be listed on the website to complete the urine drug test. Students should**

**Commented [WM8]:** We strongly suggest that you require the drug screen and background check be done before the student enrolls in the program. That way if they fail either and cannot progress in the program, they don't fail out or take a seat from the program.

Drug tests are mandatory. If you have suspicion after the first negative test, students can be required to test again. All of this gets handled through Castlebranch. We have specific testing sites they go to for the testing.

On the suspicion test, ask me. I will walk you through how we handle that. I am sure one of the programs has language in their handbook about retesting. If I had to guess, I would ask EMT (Curt Schmittling), PTA (Kim Snyder) or RT (Cassie Dugan). They will share their handbooks with you.

**Commented [ST9R8]:** Looked at RT handbook. I used their statement.

**ignore these directions and wait for further instructions from the college regarding the date for their random drug test.**

#### Urine Drug Testing Details

\*A urine drug test will be conducted to ensure that the student has not used illegal drugs or taken a prescription medication that belongs to someone else. If the student's drug test result is positive for any substance, proof of prescription is required or the student will be dropped from the program. The use of prescriptive medication is not a problem as long as the medication is prescribed to the student.

#### When to Take the Test:

- The college will assign each student's drug test at a random time after the on-line package has been purchased.
- When the test is assigned, students **MUST** complete the test within 1 week regardless of schedule conflicts.

#### Where to Take the Test:

- All drug testing will be completed at a Quest Diagnostics Lab.
- Students schedule a drug test appointment with a Quest lab after notification from the college.

#### Communication with Quest Diagnostics:

- If contacted, it is vital that students communicate with Quest Diagnostics and their affiliates during the drug testing process.
- In the event that a drug test is positive, students will be contacted and must provide proof of prescription.

#### 4. Cost

All costs associated with the on-line screening package (Criminal Background Check, Government Registry Search and Urine Drug Test) are the responsibility of the student. **Costs are set by the vendor of the screens and may change at any time.**

#### Cost Details:

\*Students are required to visit the website of the vendor to order an on-line package through the website.

\*The cost of the on-line package varies based on the program applied, resident history and work history:

Requirements of clinical facilities for each program set the base cost for the on-line package. There are currently two categories:

- A. For the **Medical Assistant, Medical Laboratory Technology, Phlebotomy, Respiratory Care, Surgical Technology and Paramedic** programs, the starting cost of the package is **\$87**.
- B. For Surgical Technology program clinical tracker, the starting cost of the package is **\$30.00**.

Commented [WM10]: This may not be accurate based on our contract with Castlebranch

Commented [ST11R10]: I reached out to Candice and updated the information.

Commented [ST12R10]:

B. For the **Nursing Education, Advanced Standing Nursing Education, Physical Therapist Assistant and Radiology Technology** programs, the starting cost of the package is **\$102**, due to additional required registry checks.

**Residence and Work History**

For students who have lived or worked in any state (since the age of 18) other than Illinois or Missouri, an additional fee of **\$13 per state** will be added to the base cost.

**5. Assistance and More Information**

**For assistance with any of these processes or to request more information, contact the Coordinators' Assistant at (618) 235-2700, ext. 5355.**

**Students who are dismissed for a positive criminal background check, drug test or listing on a government registry are not eligible for refund of tuition or lab fees.**

**Additional requirements that students may be asked to provide in order to participate in Clinical Experience for the Surgical Technology Program includes but is not limited to:**

- A completed medical evaluation form with updated vaccinations (MMR, Influenza, COVID, Varicella Tdap, HBV) and Tuberculosis screening.
- Respiratory Fit Testing
- cell phone number
- address
- date of birth
- social security number
- student ID number
- student email
- license plate number

## SAFETY POLICIES

### Health Policy

A surgical technology student on admission is required to have a medical examination (*see Medical form, Appendix 1*) and a statement signed by his/her physician that the applicant is considered to be physically and mentally able to undertake the program in surgical technology. If the physician does not feel that the student is physically or mentally able to fulfill the responsibilities of a surgical technology student, continuation in the program will be withdrawn.

Commented [WM13]: Surg tech

Health requirements must be kept current.

*Please note:* An annual TB test, COVID vaccination and an annual influenza vaccination (flu shot) is required.

Students should keep a copy of their health records.

The medical examination documentation must be provided to the program coordinator prior to the summer semester. Specific dates are shared at the orientation meeting.

### Encountering a Major Health Problem While in the Program

1. **Physical illness** - A statement from the attending physician that the student is physically able to continue the program.
2. **Mental illness** - A statement from the attending psychiatrist that the student is mentally able to continue the program.
3. *It is the responsibility of the instructor to evaluate the physical and mental condition of the student whether in the campus classroom or when the student is practicing in the clinical area. If, in the judgment of the instructor, the safety of the patient, classmates, hospital staff, or the student is at stake, the student will be asked to leave the classroom or clinical area. The student may be advised to see a doctor, to go to the emergency room of the hospital, or to go home. The instructor will report the incident to the program coordinator.*

## **ALLIED HEALTH PROTOCOL FOR EXPOSURE TO THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

### Introduction

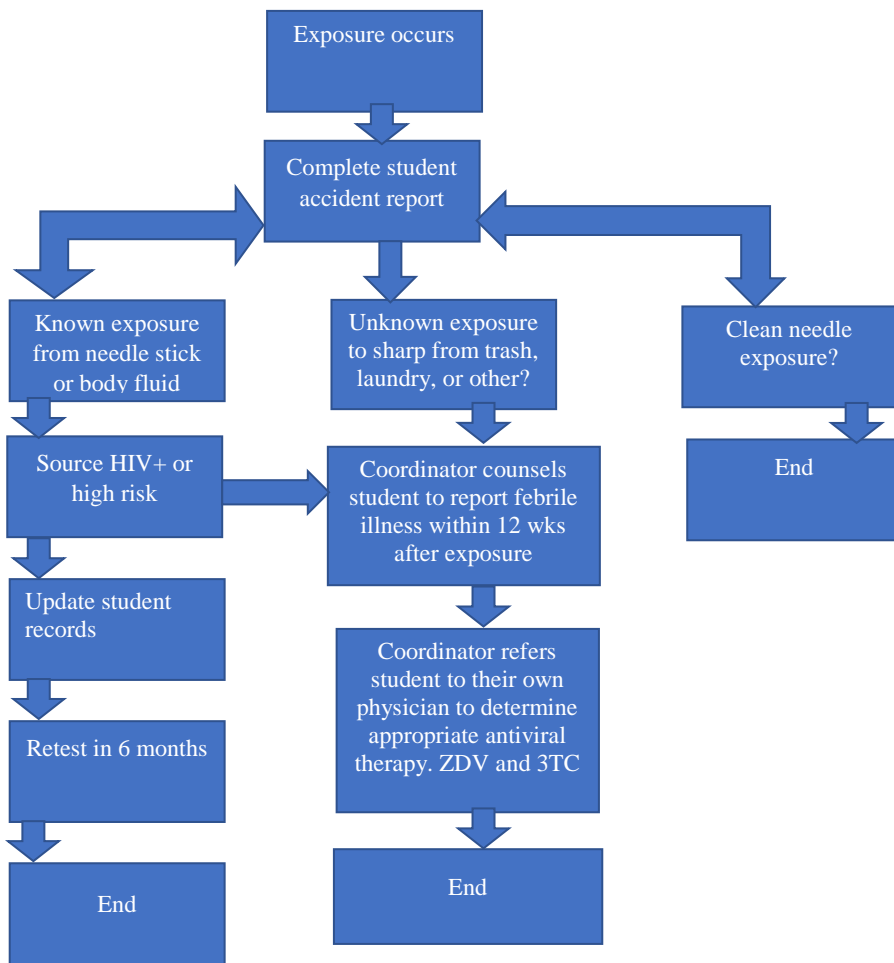
Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS), is transmitted through sexual contact and exposure to infective blood, blood components and/or other body fluids.

### I. Policy

Students exposed to HIV through accidental parenteral or mucous membrane exposure to blood and body fluids will be referred to the student's personal physician to be assessed individually for testing and prophylaxis. Prophylaxis is recommended to be initiated promptly, within 1-2 hours post-exposure. Records associated with student exposure to HIV, or student testing/treatment for HIV exposure, will be treated as confidential and will not be discussed with anyone other than those involved with counseling, providing care or maintaining the student records. A violation of a student's confidence is unethical and will not be tolerated. Any student who suspects that this trust has been violated should report this concern to the program coordinator as soon as is practical.



II. IMPLEMENTATION: DETERMINING EXPOSURE RISK  
IN CLINICAL FACILITIES



### III. Recommended Chemoprophylaxis After Occupational Exposure:

Prescription for prophylactic medication should be given by the student's personal physician or the ER physician based on the following CDC Guidelines (1996):

Type of Exposure	Source Material	Antiretroviral prophylaxis +	Antiretroviral regimen≈
Percutaneous	Blood <sup>^</sup>		
	Highest risk	Recommend	ZDV plus 3TC, plus IDV
	Increased risk	Recommend	ZDV plus 3TC ± IDV
	No increased risk	Offer	ZDV plus 3TC
	Fluid containing visible blood, other potentially infectious fluid <sup>++</sup> , or tissue	Offer	ZDV plus 3TC
	Other body fluid (e.g., urine)	Not offer	
Mucous Membrane	Blood	Offer	ZDV plus 3TC ± IDV
	Fluid containing visible blood, other potentially infectious fluid <sup>++</sup> , or tissue	Offer	ZDV ± 3TC
	Other body fluid (e.g., urine)	Not offer	
Skin, increased risk <sup>^^</sup>	Blood	Offer	ZDV plus 3TC IDV
	Fluid containing visible blood, other potentially infectious fluid <sup>++</sup> , or tissue	Offer	ZDV ± 3TC
	Other body fluid (e.g., urine)	Not offer	

### IV. Responsibilities

#### A. Program coordinator

1. Follow up on all patients involved with HIV exposure to students.
2. Functions as a resource to recommend medical treatment for students exposed to HIV.
3. Is responsible for initial student follow-up and communication of information to student's personal physician or ER physician.

## POLICY ON LATEX SENSITIVITY

### Background

There has been an increase in the number of reported sensitivities to natural rubber latex. Because of the extent of exposure to latex by health care providers and students in those and other related career paths, the potential exists for the development of sensitivity to latex products by students and staff members. This protocol is meant to address incidences of acquired latex sensitivity by individuals exposed in the course of their studies or faculty obligations.

Various health care products including dipped products like gloves, condoms, and balloons, are made from collected sap of rubber trees cultivated for this purpose. Increased exposure to latex has resulted from the institution of universal precautions by health care workers. A rise in IgE-mediated latex allergy has been noted by the American Academy of Allergy and Immunology, the Food and Drug Administration, and the rubber industry. An allergic response to latex can range from a delayed type IV, cutaneous reaction to a Type I, IgE anaphylactic and life-threatening reaction. Now a recognized affliction, the latex allergen is felt to be a proteinaceous product of the rubber tree, *Hevea brasiliensis*. However, the processing of natural latex may result in the formation of neo-antigens.

“Signs and symptoms of an allergic reaction associated with latex include local or systemic urticaria, hay fever-like symptoms, abdominal cramps, difficulty in breathing, a rapid heart rate, a drop-in blood pressure and potential anaphylactic shock”. Foods known to be cross-reactive with latex are bananas, avocados, and chestnuts. The presences of allergic symptoms such as oral itching is “recognized risk factors for latex allergy” (Weiss, 1995, p.4.)

### Individuals at Risk

There are three populations considered at high risk to sensitization: children with myelomeningocele/spina bifida (34-100%); rubber industry workers (11%), and health care workers (4.5-14%), including student nurses, medical laboratory technicians and medical imaging technologists. Increased exposure to the allergen/s over time can result in a diagnosis of latex allergy. Risk factors associated with a latex allergy include:

- \*Previous allergic reaction to latex or latex-containing products
- \*Previous unexplained anaphylaxis
- \*Hand eczema
- \*Allergic reaction such as oral itching from cross-reactive foods
- \*Multiple surgeries in childhood
- \*Spina bifida

## Latex allergy testing

When an allergy to latex is suspected, the individual needs to be assessed regarding the presence of risk factors, and history of latex exposure and immediate reactions such as contact urticaria, pruritus, dermatitis, rhino conjunctivitis or asthma. Confirmatory testing consists of a blood test **AlaSTAT**, which measures specific IgE antibodies against latex. The in vitro test is performed on a blood sample and takes about 3.5 hours. AlaSTAT is intended for diagnosis of patients with suspected latex allergy. It is not intended as a screening tool.

Should an individual test positive for the latex allergy, the following actions must be taken:

- \*The individual must be counseled regarding continued exposure. The list of latex containing health care and other products is long and includes many commonly used items.
- \*The latex-sensitive/allergic person needs to be aware of his or her responsibility to inform instructors, health care providers, supervisors, etc. of the allergy or sensitivity.
- \*Documentation from the person's health care provider regarding diagnosis and treatment must be on file in the person's health record at the Health Center. Precautions recommended by the practitioner, if any, need to be included in the report.
- \*Clinical staff should notify SWIC faculty if latex sensitivity of a student is suspected.
- \*Alternate products for use in the laboratory and clinical area must be provided.

## References

- Weiss, J. (1995). AlaSTAT: Latex allergy. Diagnostics Product Corporation Technical Report.
- Pharmaceutical Information Associates, Ltd. Blood Test for Latex Allergy. Medical Sciences Bulletin, 05/11/97.

**SOUTHWESTERN ILLINOIS COLLEGE  
SURGICAL PROGRAM**

**Hepatitis B Vaccination**

The student is advised to read the following statement concerning the Hepatitis B vaccination.

Hepatitis

Hepatitis means inflammation of the liver, and can be caused by a number of agents or conditions. The most common causes of hepatitis are viruses.

Hepatitis B Virus.

Hepatitis B virus infection is the major infectious blood-borne occupational hazard to health care workers.

Hepatitis B Virus (HBV) is a potentially life-threatening blood borne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract Hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease to others.

Transmission of HBV

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

HBV Vaccination

The Hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other bloodborne pathogens, nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose.

More than 90 percent of those vaccinated will develop immunity to the Hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The U.S. Public Health Service recommends that "High Risk" health care professionals receive Hepatitis B vaccination. Radiologic Technologists are considered to be in the "high risk" category because of the cardiovascular injected examinations and the upper and lower GI tract examinations performed in the Radiology Departments.

Surgical Technology students need to obtain the Hepatitis B vaccine. Future employment may require that you have obtained this vaccine. (*see Hepatitis B Vaccine (HBV) For Student Responsibility, Appendix 2*).

**OSHA Fact Sheet from [www.osha.gov](http://www.osha.gov), May 2023.**

# OSHA<sup>®</sup> FactSheet

## Hepatitis B Vaccination Protection

**Hepatitis B virus (HBV) is a pathogenic microorganism that can cause potentially life-threatening disease in humans. HBV infection is transmitted through exposure to blood and other potentially infectious materials (OPIM), as defined in the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030.**

Any workers who have reasonably anticipated contact with blood or OPIM during performance of their jobs are considered to have occupational exposure and to be at risk of being infected. Workers infected with HBV face a risk for liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer. A small percentage of adults who get hepatitis B never fully recover and remain chronically infected. In addition, infected individuals can spread the virus to others through contact with their blood and other body fluids.

An employer must develop an exposure control plan and implement use of universal precautions and control measures, such as engineering controls, work practice controls, and personal protective equipment to protect all workers with occupational exposure. In addition, employers must make hepatitis B vaccination available to these workers. Hepatitis B vaccination is recognized as an effective defense against HBV infection.

### HBV Vaccination

The standard requires employers to offer the vaccination series to all workers who have occupational exposure. Examples of workers who may have occupational exposure include, but are not limited to, healthcare workers, emergency responders, morticians, first-aid personnel, correctional officers and laundry workers in hospitals and commercial laundries that service healthcare or public safety institutions. The vaccine and vaccination must be offered at no cost to the worker and at a reasonable time and place.

The hepatitis B vaccination is a non-infectious, vaccine prepared from recombinant yeast cultures, rather than human blood or plasma. There is no risk of contamination from other bloodborne

pathogens nor is there any chance of developing HBV from the vaccine.

The vaccine must be administered according to the recommendations of the U.S. Public Health Service (USPHS) current at the time the procedure takes place. To ensure immunity, it is important for individuals to complete the entire course of vaccination contained in the USPHS recommendations.

The great majority of those vaccinated will develop immunity to the hepatitis B virus. The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although workers may desire to have their blood tested for antibodies to see if vaccination is needed, employers cannot make such screening a condition of receiving vaccination and employers are not required to provide prescreening.

Employers must ensure that all occupationally exposed workers are trained about the vaccine and vaccination, including efficacy, safety, method of administration, and the benefits of vaccination. They also must be informed that the vaccine and vaccination are offered at no cost to the worker. The vaccination must be offered after the worker is trained and within 10 days of initial assignment to a job where there is occupational exposure, unless the worker has previously received the vaccine series, antibody testing has revealed that the worker is immune, or the vaccine is contraindicated for medical reasons. The employer must obtain a written opinion from the licensed healthcare professional within 15 days of the completion of the evaluation for vaccination. This written opinion is limited to whether hepatitis B vaccination is indicated for the worker and if the worker has received the vaccination.

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**Declining the Vaccination**

Employers must ensure that workers who decline vaccination sign a declination form. The purpose of this is to encourage greater participation in the vaccination program by stating that a worker declining the vaccination remains at risk of acquiring hepatitis B. The form also states that if a worker initially declines to receive the vaccine, but at a later date decides to accept it, the employer is required to make it available, at no cost, provided the worker is still occupationally exposed.

**Additional Information**

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodborne pathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; teletypewriter (TTY) number: (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



DSG 1/2011



## PROGRAM POLICIES

### Introduction

The Surgical Technology program consists of lecture classes, laboratory classes and clinical experience. The program is academically rigorous and may seem restrictive and demanding at times. The student capacity for the lab is limited, requiring the need for multiple sections. Clinical experience is planned at a variety of healthcare sites which schedule SWIC students as well as many other students. Consequentially, students must be flexible and adjust to these schedules as assigned to ensure that all program objectives are met.

Students will be assigned by faculty to lecture classes, laboratory classes and clinical sites. Students may be assigned to any lab and any clinical site; therefore, students should be prepared to attend any lab session or any clinical site. Students must consider this when arranging work, and childcare. Students will be allowed to identify multiple preferences regarding clinical sites and faculty will take this into consideration when assigning clinical sites.

Note: Clinical hours are never eligible for compensation. The primary objective of clinical education is to demonstrate competency in the performance of surgical technology. Clinical experience is not a job and students are not paid for this time. Sometimes students will work in a surgery department outside of clinical hours; however, no employment time should ever overlap with clinical hours.

Note: Student liability insurance does not cover a student when he or she is employed.

If students have children at home or have other family responsibilities, it is important for the student to make adequate arrangements as the college policy does not allow children in the classroom, lab, or a clinical. Also, childhood illness is rarely an anticipated event, so it is very important to have emergency/alternate plans for care arranged for the children in advance.

Students with a spouse or significant other find it is wise to include these individuals in understanding the demands of their ST schedule. There is a huge time commitment involved in study and preparation for the program.

Working hours outside of the program should be arranged so there will be no conflict with the program schedule. The program must be considered a student's priority as attendance is taken seriously (Attendance Policy/Absences). ST faculty stress that a great deal of time must be devoted to college work and that alertness in the classroom and at clinical sites is imperative to student success in the program. ST faculty encourage students to consider this significant time commitment regarding employment decisions while in the ST program.

Studying takes time. Many times, students will ask how much time will need to be devoted to studying. Some commonly accepted rules of thumb include: For every credit hour of lecture, the student should plan on spending double that amount of time outside of class studying and doing homework. Depending on the learning style; however, many times students require more time for certain classes.

Internet E-mail

During attendance of the ST program, students may authorize ST faculty from Southwestern Illinois College to send information to them electronically, to a student specified e-mail address. (*Permission to E-Mail Information Form, Appendix 4*).

By semester, the following table shows hours per week and an estimate of the study hour per week, needed for ST class/study time (non-ST classes are not included). All ST coursework must be taken as sequenced.

**Example—weekly requirements for ST classes and estimated study time**

(Note-Non-ST classes are not included in this table, only ST classes)

Fall (1 <sup>st</sup> semester)	Hours: week in lecture/lab/clinical			Estimated hours; weekly studying
	lecture	lab	clinical	
MST 100 Ethical & Moral Concepts	1 hour			2 hours
MST 102 Healthcare Facility Management	3 hours			6 hours
MST 104 Sterile Processing Fundamentals	1 hour	2 hours		6 hours

Total 1 hour weekly in lecture/lab/clinical: 7 hours Studying: 14 hours

Spring (2 <sup>nd</sup> semester)	Hours: week in lecture/lab/clinical			Estimated hours; weekly studying
	lecture	lab	clinical	
MST 106 Surgical Technology	3 hours	2 hours		10 hours (or more)

Total 1 hour weekly in lecture/lab/clinical: 5 hours Studying: 10 hours

Summer (3 <sup>rd</sup> semester)	Hours: week in lecture/lab/clinical			Estimated hours; weekly studying
	lecture	lab	clinical	
MST 108 Pre-Operative Case Management	3 hours	4 hours		14 hours

Total 1 hour weekly in lecture/lab/clinical: 7 hours Studying: 14 hours (or more)

Fall (4 <sup>th</sup> semester)	Hours: week in lecture/lab/clinical			Estimated hours; weekly studying
	lecture	lab	clinical	
MST 200 Perioperative Pharmacology	3 hours			6 hours
MST 202 Intra-Operative Case Management	3 hours	4 hours		14 hours
MST 204 Clinical Internship I			8 hours	

Total 1 hour weekly in lecture/lab/clinical: 18 hours Studying: 28 hours (or more)

Spring (5 <sup>th</sup> semester)	Hours: week in lecture/lab/clinical			Estimated hours; weekly studying
	lecture	lab	clinical	
MST 206 Post-Operative	3 hours	4 hours		14 hours
MST 208 Specialty Surgical Procedures	2 hours			4 hours
MST 210 Clinical Internship II			12 hours	

Total 1 hour weekly in lecture/lab/clinical: 21 hours Studying: 18 hours (or more)

## Grading Policies

### Grading Criteria

The student will achieve a final grade based upon the scores of components specific for a course (such as, but not limited to tests, quizzes, assignments, and final). The percentages for the components will be specified in the course syllabus. The grade scale consists of the following distribution:

- A – 92-100
- B – 83-91
- C – 77-82
- D – 65-76
- F – 64 & below

All assignments are due at the beginning of class on the due date, unless otherwise specified by the instructor. Late assignments will be penalized per the specific penalties identified in the course syllabus.

### Test Criteria

In general, there will be a test upon the completion of each section of content and a comprehensive final examination. The sections covered in the final will be specified in the syllabus as some courses span multiple semesters. The retake policy follows:

#### **Below 77** – on any test

If a student receives a score below 77% on ANY test, the student will be required to take a new test within one week of the original exam being returned by the instructor. This re-take test will be scheduled and administered at the testing center. The re-take test will be constructed with approximately 20 questions, testing the same content area as the original test and will consist of multiple choice and short answer/fill in the blank questions. **Note: A retake cannot be administered for the comprehensive final.**

If a student scores less than a 77% on the re-take test (or fails to take the re-take test within the allowed time frame), he/she will be placed on probation status for the remainder of the program. At this time the student will be allowed to continue in the course but the original test score will remain as the one recorded in the grade book.

If a student scores a 77% or above on the re-take test, the student will have passed the exam, be allowed to continue in the course in the same status, and the original test score will be logged as the grade for that unit test.

#### **Note:**

For students passing the re-take, a second occurrence of receiving a score below 77% on any test will result in the student being placed on probation status. For students on probation, failure of a re-take test or failure of two tests will result in dismissal.

## CPR Policy

A current Cardiopulmonary Resuscitation (CPR) certification for American Heart Association Basic Life Support (BLS) must be on file prior to the first clinical experience. CPR will be offered to students as a class during second semester. **Please note: No other level of CPR is accepted other than BLS.**

## Student Insurance (Liability)

Students are covered for liability by a group plan carried by Southwestern Illinois College. The cost of this liability insurance is included in the Surgical Technology lab fees.

## Student Insurance (Personal)

**Students are responsible for all personal injury, medical treatment and expense arising out of their own actions during the course of their clinical affiliations.** Students should maintain their own medical insurance for this purpose.

Students need to purchase insurance prior to clinical experience so the insurance company can process the necessary paperwork needed to show proof of insurance. Proof of insurance will be required each year (*see Medical Insurance Verification form, Appendix 4*).

All accidents must be reported in a timely manner to the program coordinator.

## Student Insurance (Auto)

**Students are responsible for their transportation.** Students should maintain their own automobile insurance.

Students need to purchase insurance 6-8 weeks prior to clinical experience so the insurance company can process the necessary paperwork needed to show proof of insurance.

## Attendance Policy

The Surgical Technology Program consists entirely of college level instruction which requires the student to attend and perform at that level. Attendance for all instruction is required. Students are expected to arrive on time and be prepared for the scheduled class activities at the starting time assigned by the instructor. Students are expected to remain for the duration of all class sessions until dismissed by the instructor.

## Absences

Attendance/ promptness – these two qualities are of the utmost importance. These qualities (being there and being on time) measure responsibility and dependability which are two of the most important personality traits that future surgical technologist should possess.

You are expected to be present (and on time) for all assigned classes – lectures classes, laboratory classes and clinical experience. *If you are absent more times during the semester than the number of times the class meets per week, you may be **DROPPED** from the course at the discretion of the instructor.* For example, a student having lecture twice a week, may be dropped for missing more than two lecture class sessions in a semester. *If you are tardy more than three times during the semester, your course grade will be adjusted down a letter grade. After six late arrivals, you may be **DROPPED** from the course at the discretion of the instructor.*

1. *Please note:* The summer semester compresses the usual 16 weeks into 8 weeks; therefore, any single lecture or laboratory actually counts as two classes. Following the same logic any single absence actually counts as two absences, meaning a student may only have one absence per class in the summer semester. Likewise, a student may only have two tardies per class in the summer semester. (See chart for tardy policy).

Vacations should always be scheduled during the break between semesters or during a scheduled break within the semester. Vacations should NOT be scheduled during the semester while classes are in session.

When a student is dropped by an instructor with an effective date before the midterm date of the class, a “W” will be recorded. When a student is dropped by an instructor with an effective date after midterm, the instructor will have the prerogative to assign a grade of “F” or “W”.

## Lecture and Laboratory Classes Absentee Protocols

**Note: Situations of extenuating circumstances will be addressed on an individual basis.**

1. A student must personally notify the instructor of an absence **prior** to scheduled lecture or laboratory classes. Notify Tammy Santarelli at 618-931-0600 Ext 7326.
2. Absence from examinations must be supported by documentation acceptable to the instructor. It is the responsibility of the student with an excused absence, to contact the

Commented [WM14]: Call only? What about email?

instructor for arranging make-up examination(s) during the first-class session attended following the excused absence. Make-up examinations are administered at the discretion of the instructor.

3. Missed labs may require instructional assistance (LACE) at the discretion of the laboratory instructor. Mandatory LACE sessions will be required of students missing more than two laboratory classes in a semester. A LACE session form for lab make-up (in purple LACE book) needs to be filled out by the student during the first day back from the absence and placed in clinical coordinator's mailbox. The LACE time for missed labs should be made-up as soon as possible, either the same week or the immediate next week. Exceptions to this need to be arranged by the student with the clinical coordinator. **If there is not a LACE instructor, the Clinical Coordinator or Program Coordinator will supervise the mandatory lab sessions.**

#### Clinical Absentee Protocols

1. A student must personally notify the clinical instructor of an absence **prior** to the assigned scheduled clinical.
2. A student **must also** personally notify Tammy Santarelli at 618-931-0600, ext. 7326 **prior** to the assigned scheduled clinical assignment.

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Please note: If a student arrives at the clinical site, but must depart early from the clinical site, the student **must personally** notify the clinical instructor and the college.

3. Absence from scheduled clinicals **must** be made up as assigned by the program coordinator/clinical coordinator in conjunction with the clinical instructor. Failure to make up missed clinical sessions may result in being dismissed from the Program. When an absence from clinicals is known in advance, it is highly recommended that the student make arrangements to make up the clinical time prior to the absence, provided the absence and the make-up time all occur within the same semester. When clinical time is logged prior to the absence, it is typically referred to as banking and can only be done with approval by the program coordinator or the clinical coordinator.
4. The make-up time of missed clinical time should be completed as soon as possible, either the same week or the immediate next week. Exceptions to this, such as performing make-up time later than the immediate next week or during finals week, should be arranged by the student with the clinical coordinator. Make-up time should be performed in increments of a minimum of one hour. Make-up clinical time is clinical time and follows the same clinical absentee protocols as standard clinical time. Consequently, failure to attend a make-up clinical day would be logged as another absence.
5. Clinical assignments and schedules will be prepared by the program coordinator and clinical coordinator in consultation with the assigned clinical instructor. **No** deviation from the schedule is allowed except with the permission of the program coordinator. Students who are **late** for a Clinical assignment (for any reason) two (2) times during a

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semester may be dropped from that course, at the discretion of the program coordinator.

### Tardy Policy for Lecture, Lab & Clinical Courses

#### Arriving Late/Leaving Early (Tardy)

Students who are **late/leave early** for a lecture, lab, or clinical (for any reason) **two times** during a semester may be **dropped** from that course. The final course grade will be reduced proportionately to reflect more than two late arrivals/early departures by a student. (The third late arrival/early departure drops the course grade by one letter grade.)

Just like the Absentee Protocols, for lecture and laboratory classes, a student must personally notify the instructor of an absence **prior** to scheduled **lecture** or **laboratory** classes. Notify the Program Coordinator Tammy Santarelli at 618-931-0600, ext. 7326.

Commented [WM17]: Is this the same language as above?

Commented [ST18R17]: Yes.

#### New Grade Based On # of Times Late/Early Departure

Original Grade	# of Tardy's				
	1	2	3	4	5
A	NA	NA	B	C	D
B	NA	NA	C	D	
C	NA	NA	D		

#### Bereavement Policy

At the beginning of each summer semester, the student will be awarded 2 bereavement days for the program year. Bereavement is the state of sadness, grief, and mourning after the loss of a loved one. The program coordinator grants these days for immediate family (child, spouse, parent, mother in-law, father in-law, grandparent, great-grandparent, sibling, step-parent, step-sibling and child of sibling). Bereavement days do not require make-up time.

### Academic Dishonesty-College Policy

Academic misconduct including, but not limited to, cheating, plagiarism, and forgery; failure or refusal to follow clinical practice standards; and soliciting, aiding, abetting, concealing, or attempting such acts; may result in one of the following being imposed by the Vice President for Student Development: **Disciplinary Reprimand, Probation, Social Probation, Suspension, and Expulsion.**

Cheating: Working on a class assignment with others, including student tutors, when the instructor has not said that such collaboration activity is permitted. (While it is

permissible to have general discussion about course work, unless your instructor tells you otherwise, any work you hand in must be a result of your individual effort and not the result of collaboration or plagiarism.)

Plagiarism: Failing to enclose quotations in quotation marks, failing to cite a source, or incorporating another's work into your own.

Note: Falsification of any student information, such as but not limited to attendance records, competency forms or clinical evaluations, may be subject to immediate dismissal from the program.

#### Probation

A student may be placed on probation for academic or non-academic reasons. Academic reasons may involve not meeting the objectives in a lecture class, lab class, or clinical experience. Non-academic reasons may involve, but are not limited to, disciplinary issues, attendance issues, dismissal from a clinical site, or other misconduct issues. A probation agreement for the specific student with the specific reason for the probation, will be prepared in a fair and just manner. A student placed on probation will remain on probation for the remainder of the program. Failure to adhere to the probation agreement, as well as adhere to the Policies and Guidelines for Student Performance (known as the handbook), will result in dismissal. An event that triggers probation, by a student already on probation, will result in dismissal from the program.

#### **Cell Phones and all other Electronic Devices (such as but not limited to cameras, watches, tablets)**

No phone calls/messages/texting, etc. are allowed in lecture, lab, or clinical. All electronics should be turned off and put away prior to entering the lecture, lab or clinical. Failure to follow this policy will be considered a student disruption under the Student Conduct Code. Electronic device misconduct may result in Disciplinary Reprimand, Probation, Suspension, and Expulsion. For exceptions, inform the instructor prior to the start of lecture, lab or clinical. Any permission for usage of electronic devices will be at the discretion of the instructor.

Note: Public Safety may be contacted at 235-2700, ext. 5221. Courtesy/Emergency message delivery is a service provided by Public Safety. It is the student responsibility to share this phone number with any person/parties that need an emergency contact phone number for the student. (This service is documented in the college catalog under the Department of Public Safety.)

#### **Calculators**

Scientific calculators, graphing or other programmable-calculators are never allowed for quizzes or exams.

**Commented [WM19]:** You will want to "trump" this for your program. We can talk about the why.

**Commented [ST20R19]:** Sounds good.



### **Internet Usage Policy**

Internet usage on the lab computers or on computers in classrooms should be limited to Surgical Technology education purposes. **NO** personal internet usage is allowed. Personal internet usage may be done in the college library. Failure to comply is grounds for dismissal from the program.

### **Disciplinary Action**

Since students in Health Sciences Programs are involved in learning situations which deal with human lives, the responsibility they have to those under their care demands that they adhere to certain rules and regulations. Honesty, integrity, and ethical conduct are essential and failure to adhere has consequences. Therefore, any breach of the above may lead to disciplinary action ranging from reprimand up to and including dismissal from the program. The faculty reserves the right to recommend the disciplinary action, including dismissal of any student, for any of the following types of misconduct:

1. Any adverse disruption of the lecture, laboratory or clinical learning environments.
2. Excessive tardiness and absenteeism.
3. Failure to comply with the rules and regulations of the affiliating health care facility regarding individual conduct including the use of profanity or curse words while in the affiliating health care facility.
4. Failure to comply with the rules and regulations and the code of ethics of the National Board of Surgical Technologist Surgical Assisting (NBSTSA) certification board and the Association of Surgical Technologist professional organization.
5. Abuse or inconsiderate treatment of patients.
6. Divulging any information, including idle conversation, concerning patients, their records, personnel records of employees, or any confidential information belonging to the affiliating health care facility (*See Cooperating Agency Agreement, Appendix 5, Student Confidentiality Agreement, Appendix 6*).
7. Theft or misappropriation of property belonging to the school, health care facility, patient, or co-worker.
8. Use or unauthorized possession of controlled or uncontrolled substances/drugs not specifically prescribed by a physician. Faculty reserves the right to randomly drug screen students at any time during the program, at the student's expense.
9. Use, intoxication, or unauthorized possession of any intoxicating beverage while on the premises of the school or affiliating health care facility.
10. Cheating, plagiarism, copying or allowing others to copy on examinations or

assignments.

11. Knowingly obtaining, using, buying, selling, transporting or soliciting in whole or part the contents of an un-administered test.
12. Furnishing false information to faculty or college officials with the intent to deceive.
13. Dishonorable, unethical, or unprofessional conduct likely to deceive, defraud, or harm the public.

### Student Social Media Policy

Social media is a valuable tool when used wisely. The very nature of this medium, however, can pose a risk as it offers instantaneous posting opportunities that allow little time for reflective thought and carries the added burden that what is posted on the Internet is discoverable by a court of law even when it is long deleted.

While enrolled in the program, students are welcome to use social media in their personal lives, but be aware there is no official SWIC Surgical Technology program Facebook site. Anything posted on social media which purports to being posted on the “SWIC Surgical Technology Program Facebook” site should be discounted immediately. Communication regarding program enrollment/courses adheres to the following:

1. All official college business will utilize students SWIC e-mail.
2. Brightspace is only is to be used for academic and clinical related communication and coursework.
3. Electronic communication outside of these channels are not endorsed by academic programs/courses.

Students should be aware that postings on social media (even in private groups) may be seen by faculty, clinical supervisors, other members of the community. You need to be very careful about anything you post on a social network, and know that limiting access through privacy settings is not sufficient to ensure privacy.

Posts, pictures and videos made by students to social media sites such as Facebook, Twitter, Reddit, Discord, Line, Kik, Facebook Messenger, Instagram, YouTube, TikTok, etc. concerning classroom activities, program personnel, fellow students, hospitals, surgery centers, or ST's as a profession should be avoided during your time in the SWIC Surgical Technology program. Posts that are unprofessional, overtly negative, demeaning, inappropriate, will be subject to disciplinary action up to and including expulsion from the program. Any posts, pictures or videos that violate HIPAA, or patient privacy laws will be subject to immediate expulsion. (*See Social Media Acknowledgement, Appendix 15*).

The ease of posting and the commonplace nature of sharing information via social media may appear to blur the line between one's personal and professional lives. The quick, easy and

**Commented [WM21]:** There will be....

I would ask Curt Schmittling for his online, social media policy.

**Commented [ST22R21]:** I reached out to Curt, still waiting for him to respond.

**Commented [ST23R21]:**

**Commented [ST24R21]:** I received his handbook and implemented the changes.

efficient technology enabling use of social media reduces not only the time it takes to post, but also the time to consider whether the post is appropriate and what ramifications may come from posting inappropriate content. Pause before you Post.

#### **Picture and Video Policy**

The taking of pictures or videos during classroom, lab, or clinicals by students is strictly prohibited and will be subject to disciplinary action up to and including expulsion from the program. (*See Picture and Video Acknowledgement, Appendix 16*).

#### **ADDITIONAL SOCIAL NETWORKING GUIDELINES**

1. Do not reveal too many personal details such as contact details, your date of birth, etc. Such information could put you at risk of identity fraud.
2. Healthcare providers occasionally have to take out restraining orders on obsessive patients – so if you have any concerns, do not put yourself on a public networking site.
3. **Do not upload any images of yourself or any others in a clinical environment, or any images taken of the clinical environment itself.**
4. Before posting images or joining any causes be aware that it is not just your friends and colleagues who may see this but also patients and employers.

#### **Letters of Recommendation/Release of Information (Personal and/or Academic)**

If letters of recommendation need to contain personally identifiable information obtained from a student's education record, the student must provide written consent before the information may be released by the Program Coordinator or Clinical Coordinator. (*See Letters of Recommendation/Release of Information, Personal/Academic, Appendix 7*).

### **Radiation Protection Policy for female students AND Voluntary Declaration of Pregnancy Policy regarding Occupational Exposure of Fertile Women to Ionizing Radiation:**

A number of studies have suggested that the embryo/fetus may be more sensitive to ionizing radiation than an adult, especially during the first three months (trimester) of gestation. The National Council on Radiation Protection and Measurements (NCRP) has recommended that special precautions be taken to limit exposure when an occupationally exposed woman could be pregnant. Specifically, the NCRP has recommended the maximum permissible dose to the fetus from occupational exposure of the mother should not exceed 5 mSv (500 mrem) for the gestational period. Also, the embryo/fetus may not exceed 0.5mSv (0.05 rem) in any one-month period. This fetal dose limit is 1/10th of the dose limit for occupational workers. The embryo/fetal dose is limited to 1/10th of the dose limit because the embryo/fetus is considered a member of the general population who is unwillingly brought into a hazardous environment by virtue of its mother's occupation. With the threshold adjusted for the time spent at clinicals, the program monthly fetal dose limit is 0.3 mSV (30 mrem)/month. Any readings over the M for minimal on a monthly fetal dosimeter report limit will prompt a meeting between the student and the program coordinator.

For protection of the unborn child, the student may discuss any suspected or confirmed pregnancy with the program coordinator. The student will be counseled regarding potential radiation risks and her options regarding voluntary declaration of the pregnancy.

### **Retention Policy**

Any student receiving a final grade below "C" in any ST-prefixed course (or withdraws) will be placed on program probation, and will be required to repeat the course and must earn a grade of "C" or better. Depending upon when this occurs, it will likely extend the time of the two-year program; however, the program must be completed within a contiguous three (3) year period of time. If a student on the Education Accountability Action Plan receives a final grade below "C" in any subsequent ST-prefixed course (or withdraws), he/she will be dismissed from the program. (*See Learning Contract, Appendix 13 and Education Accountability Action Plan, Appendix 14*).

Any student receiving a final grade below "C" in any non-ST-prefixed program required course will be placed on the Education Accountability Action Plan, and will be required to repeat the course and must earn a grade of "C" or better. Depending upon when this occurs, it will likely extend the time of the two-year program; however, the program must be completed within a contiguous three (3) year period of time. If a student on probation receives a final grade below "C" in any subsequent non-ST-prefixed course, he/she will be dismissed from the program.

**Commented [WM25]:** Is this relevant to your program? I know in surgery we have overlap with services...so I am just making sure.

**Commented [ST26R25]:** Yes. Orthopedics and Neurosurgery will use c-arms during the case. If they are pregnant, they will need a Dosimeter.

**Commented [ST27R25]:**

**Commented [WM28]:** Our programs use a learning contract, accountability plan. I will email you a version of it when I reply back with my feedback. Feel free to amend it.

Basically, student earns a grade lower than desired, on a learning contract.

Fails – on a learning contract

Re-entry – on a learning contract

### **Re-entry into the Program**

Commented [WM29]: I would highlight and make it's own heading, centered like the rest

Students who fail or withdraw from two or more surgical technology courses, not within the same semester, will not be eligible for re-entry.

Students leaving the program with other scenarios will be given recommendations regarding re-entry admission potential into the program via an exit interview. It is the student's responsibility to schedule the appointment with the program coordinator for the exit interview. It is highly advisable to complete the exit interview as soon after leaving the program as possible, and the exit interview must be completed within the semester of departure. For re-entry, the exit interview must be completed and be on file.

If a student leaves after acceptance into the program but prior to the program start date without scheduling an exit interview, the student will need to complete an application for the following program year and would follow the application process current at that time. However, if the recommendation in an exit interview includes re-entry in the following program year, submission of the application would automatically place the student on the acceptance list.

If a student leaves after the program start date, and if the recommendation in the exit interview included re-entry in the following year, stipulations of re-entry will be identified in a probation letter, at the discretion of the program coordinator, with due dates appropriate to the stipulations. Stipulations may include, but are not limited to: performing tutoring sessions (LACE) to evaluate clinical competency, taking written examinations to evaluate the knowledge base, taking/auditing radiologic technology courses to refresh the knowledge base, and updating the medical form to re-establish medical information. The cost of taking/auditing surgical technology courses will be the student responsibility. Also, the cost of updating the medical form will be the student responsibility.

If circumstances permit re-entry into the program, all ST classes must be completed within a contiguous three (3) year period of time. The student will adhere to all policies, procedures, and curriculum current at the time of re-entry. Faculty will provide section assignments.

If the program will not be completed within a contiguous three (3) year period, the student may re-apply by the application process for entry into the program.

### **Transfer into the Program**

The program may accept transfer students based on the following criteria:

- there is a seat available in the program which involves availability at both the campus activities and clinical experience, as applicable
- the start time in the program is after the first week of the first semester of a new program class (during the first week of the first semester of a new program class, open seats will be offered first to alternates from that program class acceptance process)
- the student completes all transcript evaluation steps, per the college catalog to ensure the documentation of student attainment of published program requirements and an

evaluation of the equivalency (scope and content) of the courses and clinical competencies, prior to admission

- the students provide documentation of clinical competencies for the student record
- credits for transfer consideration must be from an accredited institution
- the student is in good academic standing (2.5 of 4 GPA overall, same or higher for ST classes)
- the student has not graduated from an educational program in surgical technology but has received some coursework for which the student has received credit/clock hours towards the degree sought and now seeks to enroll into Southwestern Illinois College have the program recognize credits earned through prior education to complete the degree
- the student will need to complete at least 51% of the courses required for the degree from Southwestern Illinois College
- the student, if accepted, upon graduation will be considered as graduate and included in the program effectiveness data
- the student must request and attain a letter of recommendation from the director of the program from which they are transferring which speaks to the student status in the previous program and must include the potential for re-entry to that program

The reference letter must be mailed to:

Tammy Santarelli  
Program Coordinator, Surgical Technology  
Southwestern Illinois College  
4950 Maryville Rd  
Granite City, Illinois 62040

- the student completes all transfer criteria at least one semester PRIOR to the semester that the student will attend the program

Note: If a transfer student is accepted into the program per the criteria under "Transfer into the Program" and persists, the student will be considered a graduate of the program and will be included in the program effectiveness data.

## **Southwestern Illinois College**

### **Surgical Technology Program Clinical Competency Requirements**

There are core clinical competencies that all Surgical Technology Program graduates must demonstrate to establish eligibility for CST certification. This document describes the competency requirements for the Surgical Technologist. The requirements listed are the minimum core clinical competencies necessary for graduation from Southwestern Illinois College with an Associate of Applied Science Degree in Surgical Technology and to establish eligibility for participation in the CST examination. This document will be periodically updated to reflect changes in the requirements of professional practice.

**NOTE: If the student does not complete all competencies he/she will not have met the requirements for graduation. The final competencies required for graduation are included as Clinical Competency Requirements/Additional Competencies required for graduation.**

Clinical Requirements:

Students must demonstrate and pass final competency with 279 points or higher out of 366 points possible to attend clinicals.

1. Performs pre-operative duties
  - a. Assist with room preparation
  - b. Test operational efficiency of equipment prior to case
  - c. Assist circulator as directed
  - d. Sets up case in timely and orderly manner
2. Performs intra-operative duties
  - a. Maintains aseptic technique
  - b. Prepares specimens per policy
  - c. Obtains/gives accurate report to relief person
  - d. Anticipates additional needs of surgeon
  - e. Scrubs specialty procedures independently
  - f. Scrubs procedures outside of specialty
3. Performs post-operative duties
  - a. Assist with room turnover
  - b. Return instruments to SPD
4. Preparation and maintenance of instrumentation
  - a. Clean instruments/scopes thoroughly using appropriate cleaning tools

- b. Operates Steris unit using approved quick connect and leak testing with accuracy.
  - c. Operates autoclave unit with accuracy Documents all required in Steris and autoclave log with 100% accuracy
- 5. Maintains orderliness and cleanliness of assigned area
  - a. Promptly returns supplies/equipment to the correct location
  - b. Checks and restocks assigned surgical suites by end of shift
  - c. Dispose of trash and linen after each case
  - d. Use/replace sharps containers per policy
  - e. Replace suction liners and/or bubble tubing as needed
- 6. Prepares for daily cases
  - a. Assures that cases have complete case cart, supplies and equipment
  - b. Plans ahead for instrumentation needed
- 7. Follows department counts policy
  - a. Inventory and/or cavity counts of instruments and all cases per policy sponge and sharps on all cases per policy

Surgical Technology Program

**Clinical Performance Competency Checklist**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Conference Date: \_\_\_\_\_

Rating Scale: 0 = Not Performed 1 = With Assistance 2 = Independent

**I. Aseptic Technique**

- a. Wears proper O.R. attire with protective eyewear 0 1 2
- b. Infection Control
  - 1. Separates clean from dirty 0 1 2
  - 2. Damp dusts equipment from outside the department 0 1 2
  - 3. Keeps doors closed 0 1 2
  - 4. Keeps movement and conversation to a minimum 0 1 2
  - 5. Cleans organic spills immediately 0 1 2
  - 6. Uses kick buckets for dirty sponges 0 1 2
  - 7. Reports infections identified in the O.R. 0 1 2
  - 8. Faces sterile area when passing 0 1 2
  - 9. Does not walk between two sterile areas 0 1 2



10. Maintains distance of 12" from sterile areas 0 1 2
11. Identifies and corrects breaks in sterile technique 0 1 2
12. Does not shake or beat linens 0 1 2

c. Sterile Supplies

1. Checks package integrity (stains, indicator, holes, exp.) 0 1 2
2. Used folded back tabs for opening 0 1 2
3. Opens away from the body 0 1 2
4. Maintains control of wrapper edges 0 1 2
5. Does not reach over sterile field 0 1 2
6. Does not touch wrapper to sterile area 0 1 2
7. Flips, tosses, hands sterile items 0 1 2
8. Checks solutions for label, seal, clarity, date 0 1 2
9. Does not allow splashing or dripping when pouring 0 1 2

d. Sterilization Processes

1. Differentiates steam, EtO, cold sterilization 0 1 2
2. Identifies items that can be steamed 0 1 2
3. Identifies items that MUST be gassed 0 1 2
4. Identifies items that can be cold sterilized 0 1 2
5. Uses "flash" sterilization appropriately (time, temp., Indicator, removal) 0 1 2
6. Uses cold sterilization appropriately (time, mixing, exp. date, rinsing) 0 1 2
7. Differentiates one-month & six-month exp. Dates (double wrapped, heat sealed, dust cover) 0 1 2
- (a) Not applicable if event-related sterility policy utilized by hospital

e. Comments:

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II. Surgical Shave

- a. Checks with physician or chart for order 0 1 2
- b. Performs shave 0 1 2
- c. Removes loose hair from area 0 1 2
- d. Reports any knicks or cuts 0 1 2
- e. Comments:

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III. Surgical Skin Prep

a. Procedure

1. Identifies outer parameter of prep 0 1 2
2. Selects appropriate tray/solution 0 1 2

3. Preps from incision to periphery 0 1 2
4. Uses circular, scrubbing motion 0 1 2
5. Blots excess moisture 0 1 2
6. Uses stick sponge for paint 0 1 2
7. Paints from incision to periphery 0 1 2
8. Used circular, spiral motion for extremities 0 1 2
9. Preps for 5 minutes or according to hospital policy 0 1 2
10. Does not allow solutions to pool 0 1 2

b. Types of Preps

1. Abdominal or back 0 1 2
2. Vaginal 0 1 2
3. Extremity 0 1 2
4. Hip 0 1 2
5. Ear 0 1 2
6. Head 0 1 2
7. Face 0 1 2
8. Other: 0 1 2

c. Comments:

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IV. Electrical Surgical Unit (ESU)

- a. Checks unit for safety 0 1 2
- b. Selects proper mode (monopolar, bipolar) 0 1 2
- c. Selects proper settings 0 1 2
- d. Places and connects grounding pad 0 1 2
- e. Identifies and connects appropriate active electrode 0 1 2
- f. Determine when to use foot pedals 0 1 2
- g. Inspects area after removal of grounding pad 0 1 2
- h. Comments:

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V. Positioning

a. Procedure

1. Identifies position for surgical procedure 0 1 2
2. Selects and applies table attachments and supplies 0 1 2
3. Confirms with anesthesia before moving patient 0 1 2
4. Moves patient slowly and gently 0 1 2
5. Pads pressure areas 0 1 2
6. Pads bony prominences 0 1 2
7. Assures breasts, scrotum, penis are free from pressure 0 1 2

- 8. Assures feet, toes, ankles, knees are free from pressure 0 1 2
- 9. Assures good anatomical alignment 0 1 2
- 10. Assures good physiological function 0 1 2
- 11. Assures patient safety 0 1 2
- 12. Maintains patient dignity 0 1 2
- 13. Provides accessibility of the operative field 0 1 2

b. Positions

- 1. Supine 0 1 2
- 2. Trendelenburg 0 1 2
- 3. Reverse Trendelenburg 0 1 2
- 4. Fowlers 0 1 2
- 5. Sitting 0 1 2
- 6. Prone 0 1 2
- 7. Jackknife (Kraske) 0 1 2
- 8. Lithotomy 0 1 2
- 9. Lateral 0 1 2
- 10. Modified supine (frog leg) 0 1 2
- 11. Fracture table – supine 0 1 2
- 12. Fracture table – lateral 0 1 2

c. Comments:

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VI. Sponge, Needle, Instrument Counts

- a. Counts on appropriate surgical procedures 0 1 2
- b. Counts out loud with appropriate person 0 1 2
- c. Isolates incorrectly numbered packages 0 1 2
- d. Counts in a timely manner (before incision, before cavity closure, before skin closure completed) 0 1 2
- e. Records counts immediately after being taken 0 1 2
- f. Notifies appropriate person(s) of incorrect counts 0 1 2
- g. Takes appropriate measures to resolve incorrect counts 0 1 2
- h. Signs/initial incident report for unresolved counts 0 1 2
- i. Assures that counted items never leave the operating room 0 1 2

j. Comments:

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VII. Suture and Needles

- a. Differentiates absorbable versus non-absorbable sutures 0 1 2
- b. Differentiates cutting versus taper needles 0 1 2
- c. Differentiates ties versus swaged sutures 0 1 2

- d. Identifies multipack sutures 0 1 2
- e. Identifies control release sutures 0 1 2
- f. Identifies double-armed sutures 0 1 2
  - g. Determines suture and needle sized for intended use 0 1 2
- h. Makes appropriate suture and needle substitutions 0 1 2

i. Comments:

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VIII. Sterile Core

- a. Checks case carts for outdated if applicable (event-related Sterility) 0 1 2
- b. Make appropriate adjustments to complete case carts 0 1 2
- c. Assures case carts are available in a timely manner 0 1 2
- d. Assures sterile supplies are available 0 1 2
- e. Checks crash cart and defibrillator for completeness 0 1 2
- f. Keeps sterile area free of extra supplies 0 1 2

g. Comments:

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IX. In-patient Holding

- a. Makes suggestions concerning preoperative patient assessment to licensed person 0 1 2
- b. Provides emotional support to patients 0 1 2
- c. Reviews chart for completeness 0 1 2
- d. Reconciles differences between O.R. schedule & consent 0 1 2
- e. Stamps appropriate forms 0 1 2
- f. Alerts appropriate person(s) of unusual occurrences 0 1 2
- g. Initiates appropriate QA forms 0 1 2
- h. Assures supplies are available (O2, linen, etc). 0 1 2
- i. Performs surgical shaves 0 1 2

j. Comments:

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X. Circulating Responsibilities

- a. Preoperative
  - 1. Procures equipment and supplies based on patient needs 0 1 2
  - 2. Assures equipment is in good working order 0 1 2
  - 3. Creates and maintains a sterile field 0 1 2
  - 4. Uses resources to prepare for procedures (surgeons preference card,

- preceptor) 0 1 2
- 5. Performs initial count according to policy 0 1 2
- 6. Assesses physiological health status of patient
  - (a) identifies patient 0 1 2
  - (b) introduces self to patient 0 1 2
  - (c) verifies procedure and checks consent 0 1 2
  - (d) transfers patient to O.R. bed with assistance 0 1 2
  - (e) notes allergies 0 1 2
  - (f) notes skin condition 0 1 2
  - (g) notes patient limitations 0 1 2
  - (h) reviews health data for normal ranges 0 1 2
  - (i) communicates pertinent data 0 1 2
  - (j) provides emotional support to patient 0 1 2
  - (k) provides for patient safety 0 1 2
  - (l) maintains patient dignity 0 1 2

b. Intraoperative

- 1. Assists anesthesia 0 1 2
- 2. Prepares patient for procedure (position, ESU, prep) 0 1 2
- 3. Anticipates additional patient needs 0 1 2
- 4. Identifies and corrects breaks in sterile technique 0 1 2
- 5. Documents according to policy 0 1 2
- 6. Sets priorities 0 1 2
- 7. Distributes medications according to policy 0 1 2
- 8. Operates equipment according to policy & mfr's. recommendations 0 1 2
- 9. Uses equipment & supplies in cost effective manner 0 1 2
- 10. Cares for specimens according to policy 0 1 2
- 11. Performs counts according to policy 0 1 2
- 13. Assists in monitoring patient's physiological status (EKG, BP, pulse oximeter) 0 1 2
- 14. Adheres to O.R. sanitation policies 0 1 2
- 15. Prepares for potential emergencies 0 1 2

c. Postoperative

- 1. Secures dressings, tubes, drains 0 1 2
- 2. Assists in determining patient response to surgery 0 1 2
- 3. Assists in transferring patient to stretcher 0 1 2
- 4. Assists in transporting patient to postop area 0 1 2
- 5. Maintains patient confidentiality 0 1 2
- 6. Makes appropriate revisions in care plan 0 1 2
- 7. Removes & reports malfunctioning equipment 0 1 2
- 8. Returns equipment & supplies to appropriate area 0 1 2
- 9. Prepares for the next assignment 0 1 2

D. Comments:

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XI. Scrub Responsibilities

a. Preoperative

1. Assists in procuring equipment and supplies 0 1 2
2. Uses resources to prepare for procedures 0 1 2
3. Assists in creating and maintaining sterile field 0 1 2
4. Scrubs, gowns, gloves self-according to policy 0 1 2
5. Prepares for procedure (instruments, sutures, etc.) 0 1 2
6. Requests additional items based on patient needs 0 1 2
7. Performs initial count according to policy 0 1 2
8. Verifies patient and procedure 0 1 2

b. Intraoperative

1. Gowns, gloves, surgeon(s) 0 1 2
2. Assists with draping 0 1 2
3. Arranges sterile field in appropriate manner 0 1 2
4. Identifies and corrects breaks in sterile technique 0 1 2
5. Stays focused on surgical procedure 0 1 2
6. Anticipates needs 0 1 2
7. Operates equipment according to policy & mfr's. recommendations 0 1 2
8. Passes instruments in correct manner 0 1 2
9. Uses equipment and supplies in cost effective manner 0 1 2
10. Cares for specimens according to policy 0 1 2
11. Performs role of second scrub 0 1 2
12. Adheres to O.R. sanitation policies 0 1 2
13. Prepares for potential emergencies 0 1 2

c. Postoperative

1. Applies dressings, connects drains, tubes 0 1 2
2. Cares for instruments & equipment according to policy 0 1 2
3. Assists with transfer of patient to stretcher 0 1 2
4. Makes appropriate revisions to care plan 0 1 2
5. Removes & reports malfunctioning equipment 0 1 2
6. Returns equipment & supplies to appropriate area 0 1 2
7. Prepares for next assignment 0 1 2

Comments:

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TOTAL POINTS POSSIBLE: 366

REQUIRED POINTS FOR SATISFACTORY RATING: 279

STUDENT SCORE:

GRADE:                Satisfactory                                Unsatisfactory

Student Signature: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Competency Education and Evaluation

The cognitive and psychomotor aspects of Surgical Technology curriculum occur simultaneously. The classroom and laboratory practicum will correlate to assure a meaningful clinical participation.

The student's cognitive abilities will be demonstrated by objective testing based on lecture presentations.

After the instructor demonstrates specific category examinations based on presented lectures and laboratory hands on demonstrations, the student will practice performing these category examinations.

After demonstrating laboratory competency in specific categories, the student will be evaluated for category performance according to laboratory evaluation objectives. Upon successful achievement of category performance, the student will be allowed to go to clinicals under direct supervision of a clinical preceptor or appointed staff member.

Category examination time schedules, according to semester presentations will be closely followed. **(Clinical Competency requirements/Additional Competencies required for graduation).**

### Student Clinical Hours

Students are to report to their clinical assignment at the hour designated by the clinical preceptor/educator. Students are typically assigned 0600-1500 Monday through Friday unless classroom hours are scheduled. Each student is responsible for informing the clinical preceptor/educator of all class days. Each student maintains a class schedule that designates class, and clinical dates and times. Students are not to be assigned to evening or night shift without prior approval from the Program Coordinator.

Students are to be relieved from active participation in the operating room at 1400 each day. The student is to utilize the time between 1430 and 1500 to prepare for the next day. The student is to obtain the surgical schedule for their assigned clinical rotation and research the surgeon's preferences in order to complete the Case Preparation Record. The completion of Case Preparation Records is mandatory.

The Program Coordinator or Clinical Coordinator must be informed if the student has been late for clinical or has been absent. After the student's absent time has exceeded two clinical days, time must be made up. Any time that must be made up should be arranged through the clinical preceptor/educator, Clinical Coordinator and Program Coordinator. Time that must be made up

Commented [WM30]: Love this!!!

Commented [ST31R30]: ;)

Commented [ST32R30]:

Commented [WM33]: Does this align to earlier statements?

Commented [ST34R33]: Yes

Commented [ST35R33]:



will be done at the convenience of the clinical preceptor/educator and not at the convenience of the student

### **BEHAVIOR EXPECTATION**

Behavioral expectations for students while they are at clinicals must adhere to strict policy. If a student does not abide by them, they will be placed on clinical probation or may be dismissed from the program.

The following is a list of possible infractions:

1. Falsification of records (includes hospital, patient or school records).
2. Unauthorized absence from assigned duty station during scheduled hours.
3. Loitering, loafing, or sleeping while in assigned clinical area.
4. Refusal to follow instructions in carrying out the duties assigned you by your clinical instructor, or preceptor, insubordination.
5. Use of abusive or obscene language, or acting in a disrespectful manner to any faculty member, patient, visitor, staff member, supervisor or classmate (hospital or school).
6. Illegal conduct of any nature.
7. Smoking in unauthorized area.
8. Use of, or unauthorized possession of intoxicating beverages on school or hospital premises, or reporting to school or hospital under the influence of intoxicants.
9. Use of, or unauthorized possession of, narcotics or other drugs illegally, except by prescription, or reporting to work or school under the influence of drugs.
10. Threatening, intimidating, or coercing a classmate, co-worker or other employee of school or hospital.
11. Fighting, horseplay, harassment, or other disorderly conduct on school or hospital premises.
12. Possession of a weapon such as a gun, knife (blade in excess of 3 inches), or any other object commonly considered to be a “weapon” on hospital or school premises.
13. Gambling, or conducting games of chance, or possession of gambling devices on hospital or school premises.
14. Creating unsafe or unsanitary conditions.
15. Unauthorized posting or removal of notices in the hospital or school at any time.
16. Unauthorized possession, use, copying or reading of patient hospital records, or disclosure of information contained in such records to unauthorized person.
17. Disregard of one’s appearance, uniforms, dress or personal hygiene.
18. Larceny, misappropriation, or unauthorized possession or use of property including food, books and supplies of all kinds belonging to the school, hospital or to any patient, visitor, co-worker, classmate, etc.
19. Unauthorized solicitation or distribution on hospital premises at any time.
20. Deliberate destruction or misuse of school or hospital property or property of another classmate, co-worker, patient, visitor, etc.
21. Any negligence involving patient care.

**Commented [WM36]:** Thoughts:  
Unprofessional communication  
HIPAA violation

**Commented [ST37R36]:** Added HIPAA and communication.

**Commented [ST38R36]:**

22. Soliciting or accepting gratuities from patients, visitors or staff.
23. Inducing others to commit any breach of the foregoing rules or regulations.
24. Disruptive behavior or intentional creation of distractions, disruptions or interference with the attention of instructors or other students in the classroom, or of staff, families or patients in the clinical sites.
25. Wearing earrings at the clinical site that are not kept under the hat.
26. Wearing nail polish at the clinical site.
27. Wearing jewelry in the clinical setting.
28. Wearing perfume and cologne.
29. Not wearing a lab coat when leaving the department in facilities that require a lab coat is worn when leaving the department.
30. Allowing hair, mustache and/or beard to be exposed in the clinical setting.
31. Not wearing school badge.
32. Parking in unauthorized areas.
33. Any HIPAA (Health Insurance Portability and Accountability Act of 1996) violations.  
Including but not limited to:
  - a. Divulging patient information.
  - b. Mishandling patient records.
  - c. Texting private information
  - d. Passing patient information through Skype or Zoom etc.
  - e. Discussing information over the phone.
  - f. Posting on social media.
  - g. Accessing patient files and charts without authorization.
  - i. Sending private information via email.
  - j. Disposal of any patient records.
34. Communication infractions:
  - a. Not listening or paying attention.
  - b. Not participating.
  - c. Negative attitude/body language.
  - d. No integrity.

Commented [WM39]: Fix spacing – one of the Adm Asst can help you format if needed

### **Clinical Education in Surgical Technology**

#### **General Purpose:**

The purpose of clinical education in Surgical Technology is to allow the student to apply theoretical principles of surgical technology, patient care and departmental procedures to practical experience. Clinical education consists of the student's participation by observing, assisting and performing surgical technology with direct supervision. The student is perfecting and expanding clinical performance.

### **Relationships with Clinical Education Sites**

During the student's assignment at the clinical education site, he/she will observe the regulations and policies imposed by the site. The student's role in the clinical education site is one of a learner and not a staff technologist. As a learner, the student is directly responsible to the appointed clinical supervisor/preceptor or staff member in charge of the room to which the student is assigned. If any operational or personal problem arises, the clinical supervisor or preceptor should be contacted.

### **Clinical Education Site Orientation**

The student will complete, at their assigned clinical education site, a departmental orientation, introduction and facility tour. This may occur on the first day of clinical experience or is sometimes arranged in advance. Personal information will be obtained as required, and time schedules will be arranged according to the course schedules.

### **Clinical Progress**

The program coordinator and faculty will visit the clinical facility on a regular basis to review student's clinical progress. The clinical coordinator may also observe the student(s) during visits to evaluate their clinical progress. Clinical education site clinical preceptors may contact the program coordinator or the clinical coordinator at any time to discuss student(s) progress or student(s) situations or problems that require immediate attention.

### **Clinical Examination Documentation**

In order for the college to certify that the student has fulfilled all the requirements as established by the Accrediting Bureau of Health Education Schools and National Board of Surgical Technology and Surgical Assisting, it is imperative that clinical hours and clinical cases are recorded and maintained for the student's permanent file.

The clinical case logs are designed to keep a well-established record of all cases.

**Failure to keep case logs updated on a timely manner, may result in dismissal from the program.**

Case requirements

Student must complete a minimum of 120 cases as delineated below:

A. General surgery

1. A student must complete a minimum of 30 cases in General Surgery.
  - a) 20 of these cases must be performed in the FS role.
  - b) The remaining 10 cases may be performed in either the FS

or SS role.

#### B. Specialty surgery

1. A student must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.

a) A minimum of 60 cases must be performed in the FS role and distributed amongst a minimum of four surgical specialties.

1) A minimum of ten cases in four different specialties must be completed in the FS role (40 cases total).

2) The additional 20 cases in the FS role may be distributed amongst any one surgical specialty or multiple surgical specialties.

b) The remaining 30 cases may be performed in any surgical specialty in either the FS or SS role.

2. Surgical specialties (excluding General Surgery)

a) Cardiothoracic

b) Genitourinary

c) Neurologic

d) Obstetric and gynecologic

e) Orthopedic

f) Otorhinolaryngologic

g) Ophthalmologic

h) Oral Maxillofacial

i) Peripheral vascular

j) Plastics and reconstructive

k) Procurement and transplant

#### Role definitions

##### A. First Scrub Role (FS)

1. To document a case in the FS role, the student shall perform the following duties during any given surgical procedure with proficiency:

a) Verify supplies and equipment

b) Set up the sterile field

1) Instruments

2) Medication

3) Supplies

c) Perform required operative counts

1) AST guidelines

2) Facility policy

d) Pass instruments and supplies

1) Anticipate needs

e) Maintain sterile technique

1) Recognize sterility breaks

- 2) Correct sterility breaks
- 3) Document as needed

**B. Second Scrub Role (SS)**

1. The SS role is defined as a student who has not met all criteria for the FS role but actively participates in the surgical procedure in its entirety by completing any of the following:

- a) Assistance with diagnostic endoscopy
- b) Assistance with vaginal delivery
- c) Cutting suture
- d) Providing camera assistance
- e) Retracting
- f) Sponging
- g) Suctioning

**C. Observation Role (O)**

1. The O role is defined as a student who has not met the FS or SS criteria. The student is observing a case in either the sterile or nonsterile role. Observation cases cannot be applied to the required

**120 case count must be documented**

**Clinical site**

Clinical sites are recognized by the Accrediting Bureau of Health Education Schools as meeting appropriate qualifications for delivering clinical education and evaluation of clinical competency.

**Clinical Education Sites (listed by city within state, with phone numbers)  
ILLINOIS**

City-Clinical Site	Address	Main Number	Department Number
Maryville, Illinois-Anderson Hospital	6800 State Route 162	618-288-5711	618-391-6688
O'Fallon, Illinois-HSHS St. Elizabeth's Hospital	1 St. Elizabeth's Blvd	618-234-2120	
Alton, Illinois-Alton Memorial	One Memorial Drive	618-463-7311	618-463-7348
Jerseyville, Illinois-Jerseyville Community Hospital	400 Maple Summit Rd	618498-6402	
Alton, Illinois-OSF Healthcare	1 St. Anthony's Way	618-465-2571	

- Commented [WM40]:** Ask Candice how many of our entities are universal contracts. You may have more options without the work
- Commented [ST41R40]:** Checking with Candice.
- Commented [ST42R40]:**
- Commented [ST43R40]:** Still working on this part.

**MISSOURI**

City-Clinical Site	Address	Main Number	Department Number
Barnes-Jewish Hospital	One Barnes Jewish Plaza, St. Louis Missouri 63310	314-747-3000	314-393-6789

City-Clinical site                      Address                      Main number                      Department number

**Clinical Education Site Assignment and Rotation Schedules**

Clinical education assignments will be arranged by the program coordinator/clinical coordinator in conjunction with the affiliating clinical education sites. The students will receive schedules at the beginning of each semester. The scheduled assignment will be adhered to closely. Only scheduled clinical education in an accredited affiliating facility shall be recognized by the college as meeting the required hours of clinical experience.

**Students who do not report to the assigned clinical education site, as stated in the rotation schedules, are subject to program dismissal.** Changes in the clinical education site assignment will occur only at the discretion of the program coordinator/clinical coordinator and clinical preceptor.

**Clinical Education Site Schedules**

Absences-see Absence Policy

Students will report to the clinical education site during the semesters assigned by the program coordinator/clinical coordinator. Time schedules are prepared by the clinical instructors. Students must record daily attendance on the forms provided (Clinical Attendance Documentation Form, Appendix 8 and Appendix 9)

The clinical education performance contact hours are as follows:

- Second Year                      Fall semester                      40 hours per week/6 weeks
- Second Year                      Spring semester                      40 hours per week/8 weeks

### **Clinical Schedules/College Calendar**

1. The college academic calendar will be followed.
2. School holidays and semester breaks will be observed.
3. Any alteration to the clinical hours (hours, rotations, days, etc.) must be approved by the program coordinator or clinical coordinator in writing prior to the change.

No clinical education should be extended beyond a 10-hour day. Total didactic and clinical involvement never extends beyond 40 hours per week.

### **Student Clinical Education Sites and Clinical Instructor Evaluations**

To assure the continuation of quality student clinical education, clinical education sites and preceptors will be evaluated by the assigned students at the end of each semester. Evaluation forms will be provided and will be reviewed by the program coordinator, clinical coordinator, and the clinical preceptor (Affiliate Clinical Facility Evaluation, Appendix 10 & Student Evaluation of Clinical Instructor, Appendix 11 & Student Clinical Site Evaluation Appendix 12).

### **Uniforms and Appearance**

Appearance in the classroom:

Students are required to wear gray surgical scrub attire to all lab/lecture classes. If student fails to wear appropriate clothing they may be asked to leave the classroom and accept an absence for the class session.

At clinicals, students are required to wear gray surgical scrub attire. If students fail to wear appropriate clothing they may be asked to leave the clinical site and accept an absence for the clinical session.

Uniforms

1. Uniforms for ALL students:

Gray uniform

- scrub top with chest pocket only or no pockets
- scrub pants
- no short or long sleeves should be worn underneath scrub top
- one white lab coat (Optional, typically for warmth). No other lab coat is allowed, only white. No other coat, jacket, or sweater is acceptable, only a

lab coat. When wearing a lab coat, the SWIC school emblem patch and student name badge must be visible.

(Many brands are available, such as White Swan, Cherokee, Crest, Landau, Dickies, etc.)

#### Shoes

- solid colored shoes only (tennis shoes)
- all leather
- No open toe shoe is acceptable
- no clogs or Crocs.

Student uniforms must be clean and neat.

2. The Surgical Technology student is required to wear the Southwestern Illinois College school emblem patch on the LEFT shoulder of the uniform (with the top of the patch starting approximately 2" from the shoulder) and lab coat. These can be purchased at the SWIC Bookstore.
3. The student must wear a SWIC name badge on the uniform or lab coat that depicts their name and the program name, that will be provided to them. If lost or damaged, a name badge replacement must be purchased through the SWIC Print Shop for a small fee to the student (under \$5.00). Name badges must be worn above the waist, on the left side of the uniform and be visible at all times. Clinical facility ID tags must be worn when required by a clinical facility.
4. Hair should be clean, well-groomed, of a natural color and appropriate for the work area. No fashion extremes of style such as cutouts, spikes, Mohawks, etc. Hair color should be of a natural color- i.e. blonde, brunette, etc. The hair should be neat, off the face and off the collar. If the hair is longer than collar length, it should be pulled back with a barrette or rubber band. Beards and mustaches are permitted, providing they are neatly trimmed and well groomed.
5. Heavily scented perfume, cologne, or aftershave lotion should be avoided in the clinical facilities. No scent or only light scents are permitted. Due to close contact with others, deodorant/antiperspirants should be worn. Only light makeup is appropriate.
6. No jewelry is acceptable. Tongue, lip, eyebrow, nose or any other facial piercing is NOT ALLOWED and must be removed. Ear lobe gauge rings are highly discouraged and are not allowed.
7. Any visible or potentially visible tattoos (body art) must be covered.



8. Fingernails should be clean, natural nails and be kept at ¼” long. Fingernail polish and artificial nails are prohibited due to carrying micro-organisms that could cause harm to a patient.
9. Miscellaneous items needed for the clinical site: Pocket-size notebook or notecards, and a pen or pencil.

Please note: As noted under the Cell Phones and all other Electronic Devices section, no phone calls/text messages/pages, etc. are allowed at clinical. All electronics should be turned off and put away prior to entering the clinical site.

### **College Services**

#### **Accommodations:**

Disability & Access Center

Students with disabilities who believe that they may need accommodations are encouraged to contact the Disability & Access Center at 618-222-5368 or 618-234-3347 (TDD) to ensure that such accommodations are implemented in a timely fashion.

Academic Services:

#### **L.A.C.E. (Learning Assistance Center for Excellence) Tutorial Lab**

Learning Assistance Center for Excellence (LACE) – provides instructional assistance to develop occupational skills and to improve academic skills at no cost to the student. LACE tutorial lab assistants provide individual, small group or classroom type assistance to radiologic technology students. Students should contact their instructor. No non-ST students or other individuals should be involved in LACE activities for surgical technology. (LACE is available on a number of academic areas. For more information contact the Success Center.)

SUCCESS Center (services available on most campuses)

Walk-in assistance is available in the Success Center whether you have a quick question or want to meet regularly with a tutor. We have a staff of peer and professional tutors to assist you in over 20 courses. Contact the Success center to find availability of services.

Specialists - The Success Center tutoring students and facilitating workshops on specific academic skills; some also work as adjunct faculty.

Peer Tutors - Student tutors who are recommended by instructors, have at least a 3.0 GPA and have received at least a "B" in the class they tutor.

## Supplemental Information

College Closing or Snow Schedule due to weather conditions. During emergency closures for weather and other unexpected events, the college will notify students through their SWIC email using the e2Campus emergency alert system.

Commented [WM44]: We have a SWIC alert system that alerts students on school closings. I would add that in here.

Students have an option to register to receive these alerts via text messages. To register your cell phone number:

- Log in to your **eSTORM** account.
- Click the SWIC Alert link in the menu.
- Select SWIC Alert Info for details.
- Click SWIC Alert Sign Up and follow the directions.

Closing of the college or use of a “Snow Schedule” will be broadcasted on FOX 2 (KTVI), KMOV-TV 4, KSDK-TV 5, KMOX Radio (AM 1120) and WIL Radio (FM 92.3). In addition, it will also be posted on the home page of the SWIC Website at [www.swic.edu](http://www.swic.edu), [www.ksdk.com](http://www.ksdk.com), and sent as a SWIC alert message (if signed up for SWIC alerts).

If the college chooses to open on a snow schedule, rather than close, the college will open at 10:00am. Students should report to the class they are normally in at 10:00am for that day if the day is a campus day. Students should report to clinical at 10:00am for the day if the day is a clinical day. If the day is a clinical day, the student should contact their clinical instructor about their delayed arrival if there is a snow schedule, or about their absence if the college is closed.

### Advisory Committee

An advisory committee, comprised of persons from the surgical technology community and surgical technology student(s), serve in an advisory capacity to the program. The advisory committee provides an important link to the community’s needs, provide recommendations, and provides assistance to the program. The committee meets one time a year.

### Student Grievance Procedure

All student grievances involving academic matters, administrative matters or discrimination are addressed per the college catalog under the topic heading “Student Grievance Procedures”. The catalog is available on the college website at [www.swic.edu/catalog/](http://www.swic.edu/catalog/).

The Complaint Procedure for Student Claim of Discrimination, Policy Statement Code 4002 adopted on October 16, 1991, states: It is the policy of Southwestern Illinois College to grant equal educational opportunity to all qualified persons without regard to race, creed, color, sex, religion, national origin/ancestry, disability, sexual orientation, veteran status or age.

Surgical Technology student grievances involving allegations that an accredited program may not be in substantial compliance with the relevant accreditation standards or follow accreditation

policies, should initially attempt to resolve the matter on an informal basis by consulting with a program faculty member. If necessary, the student should process a grievance through the Accrediting Bureau of Health Education School, 6116 Executive Blvd., Suite 730, North Bethesda, MD 20852, or 301-291-7550, or [info@abhes.org](mailto:info@abhes.org).

Appendix 1

ST PROGRAM MEDICAL EXAM FORM

**Section 1 – Personal Information** *Student completes this section.*

Student Name (last, first, middle): \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SWIC Student Email Address: \_\_\_\_\_ @swic.edu

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship:  Spouse  Parent  Other: \_\_\_\_\_

Phone: \_\_\_\_\_

**Section 2 – Medical History** *Student completes this section. Medical examiner is encouraged to discuss with student.*

*Check all that apply – use the space below to provide details:*

<input type="checkbox"/> Heart disease or heart attack	<input type="checkbox"/> Head injury
<input type="checkbox"/> Heart murmur or Arrhythmia	<input type="checkbox"/> Stroke or paralysis
<input type="checkbox"/> Fainting/dizziness	<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Diabetes (specify control method)	<input type="checkbox"/> Neurological disorder
<input type="checkbox"/> Thyroid disease	<input type="checkbox"/> Seizure disorder/Epilepsy
<input type="checkbox"/> Eye disorder/vision loss	<input type="checkbox"/> Depression
<input type="checkbox"/> Ear disorder/hearing loss	<input type="checkbox"/> Shortness of breath, asthma, cough or hoarseness
<input type="checkbox"/> GERD, Chron’s disease, IBS, etc	<input type="checkbox"/> Pulmonary disease
<input type="checkbox"/> Any allergic reaction (drug, food, product, latex, etc)	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Skin disease	<input type="checkbox"/> Cancer (specify type)
<input type="checkbox"/> Back injury, scoliosis or chronic lower back pain	<input type="checkbox"/> Abnormal bleeding
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Major Surgery
<input type="checkbox"/> Orthopedic disorder	<input type="checkbox"/> Other _____
<input type="checkbox"/> Mental disorder/emotional instability	<input type="checkbox"/> Other _____

Provide details from all boxes checked above (attach additional sheets if more room is needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any current medications or treatments (attach additional sheets if more room is needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revised Spring 2014

<b>Section 3 – Physical Examination</b>		<i>Medical Examiner (MD, DO, ARNP or PA) completes this section.</i>	
Height: _____	Weight: _____	Blood pressure: _____	Pulse: _____
<b>System:</b>	<b>Normal</b>	<b>Abnormal/Surgery</b>	(explain - attach additional sheets if more room is needed)
Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	_____
Endocrine/Metabolic	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes/Ears/Nose/Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Integumentary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Section 4 – Tests/Immunizations – ALL SECTIONS IN WHITE MUST BE COMPLETED** *Medical Examiner completes this section.*

**A Two Step Tuberculosis Screening:** *Attach chest x-ray if ANY result is positive.*  
 Step 1 date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results:  Neg  Pos | Step 2 date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results:  Neg  Pos

**B Influenza (Flu shot):** Annual flu shot is REQUIRED for RT program students after it becomes available. Due by October 15<sup>th</sup>.

**C Tdap date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Td booster date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Except if Td is less than 2 years old. (Tetanus/Diphtheria) After Tdap, Td booster within 10 years.  
 (Tetanus/Diphtheria & Pertussis) One time dose of Tdap required.

<b>D Measles, Mumps and Rubella:</b>		<i>(Attach lab results for all titers)</i>		Immune:	
MMR Vaccine dose 1: ____/____/____	<b>OR</b>	Measles Titer: ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MMR Vaccine dose 2: ____/____/____		Mumps Titer: ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		Rubella Titer: ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**E Varicella (Chicken Pox):** Indicate disease or vaccine or titer.  
 Disease was contracted. **OR**  Vaccine: Dose 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ **OR**  Titer:  Yes  No  
*(If box checked, MD signature below acts as confirmation.)* Dose 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ *(Attach lab results)*

**F (Optional) Hepatitis B Vaccine Series:** This series is optional with a student waiver. Immune:  
 1: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Dose 1) | 2: \_\_\_\_/\_\_\_\_/\_\_\_\_ (1 month after dose 1) | 3: \_\_\_\_/\_\_\_\_/\_\_\_\_ (5 months after dose 2) **OR**  Titer:  Yes  No  
*(Attach lab results)*

G COVID-19 Vaccine:	Product Name/Manufacturer:	Date:	<b>Attach lab results</b>
1 <sup>st</sup> Dose	_____	____/____/____	
2 <sup>nd</sup> Dose (if applicable)	_____	____/____/____	
Booster	_____	____/____/____	

**Medical Examiner: Please complete**

I verify that I have reviewed this completed form with the student. I consider this student:  
 Mentally and physically able to undertake this program.  Not mentally and physically able to undertake this program.  
 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Office Name/Address/Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Student: Read, Sign and Date**

The information I have provided is complete and accurate to the best of my knowledge and I have attached all laboratory results. I understand that failure to complete this form correctly may jeopardize my participation in the clinical portion of this program.  
 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Appendix 2**

**Hepatitis B Vaccine (HBV) Form**  
For Student Responsibility

**SURGICAL TECHNOLOGY PROGRAM**

I have been advised of the OSHA requirements in my profession of Surgical Technology concerning vaccination to prevent Hepatitis B. I understand that Surgical Technology students need to obtain the Hepatitis B vaccine (HBV).

Three (3) Options for student consideration include:

- Obtain the vaccinations.
- Already have been vaccinated against the Hepatitis B virus.

DATE: \_\_\_\_\_

NAME: (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

My signature confirms: I have obtained the HBV. I understand that my stance is my responsibility. Also, I was informed that more information is available for my review in the Policies & Guidelines for Student Performance handbook under Hepatitis B vaccination (see the on the Table of Contents).

**Appendix 3**

**Permission to E-Mail Information Form**

**Program:** Surgical Technology (ST)

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_  
(or Student ID)

During my attendance of the ST program, I authorize my ST faculty from Southwestern Illinois College to send information to me electronically at the following e-mail address:

E-Mail address: \_\_\_\_\_  
(PLEASE print clearly)

I understand that there is no guarantee of confidentiality via the Internet.

**Please note:** Any college-initiated emails will be sent via the SWIC student email.

\_\_\_\_\_  
Printed Student Name Date

\_\_\_\_\_  
Student Signature Date

**Commented [WM45]:** I would suggest that they sign the following forms:  
Acknowledgement of reading and understanding program student handbook  
Social media policy  
Photography policy  
Statement of understanding (expectations on clinical, performance abilities/essentials, behavior)

**Commented [ST46R45]:** Added all of these forms.

**Appendix 4**

**SOUTHWESTERN ILLINOIS COLLEGE  
SURGICAL TECHNOLOGY PROGRAM**

**MEDICAL INSURANCE VERIFICATION**

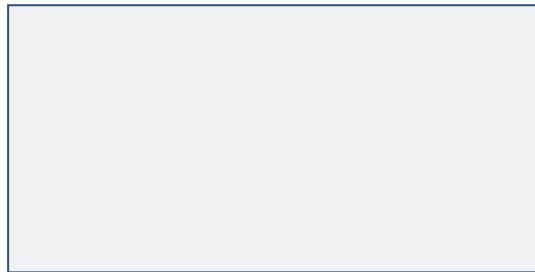
Students are responsible for all personal injury, medical treatment and expense arising out of their own actions during the course of their clinical affiliations. Students should maintain their own medical insurance for this purpose.

Signature on this form verifies the medical insurance card information attached is valid and current for the student

\_\_\_\_\_  
Printed Name                      Date

\_\_\_\_\_  
Signature                              Date

Attach copy of medical insurance card below:





SOUTHWESTERN ILLINOIS COLLEGE  
SURGICAL TECHNOLOGY PROGRAM

**COOPERATING AGENCY AGREEMENT  
STUDENT RESPONSIBILITIES SECTION**

**WHEREAS**

In accordance with the Cooperating Agency Agreement between the authorities of the Community College District No. 522, St. Clair, Washington, Monroe, Madison, Bond, Montgomery, Perry, and Randolph Counties, Illinois, and the affiliating clinical facilities, the student will acknowledge the following responsibilities:

- A. Has liability to both himself/herself, occupant of his/her vehicle and to others in his/her transportation to and from the clinical facility.
- B. Maintains personal health/accident insurance.
- C. Maintains professional personal conduct at the Community College, the clinical facility and in transportation between the two institutions.
- D. Attains academic achievement and skill achievement in all educational situations whether in the classroom, laboratory, or in the clinical facility.
- E. Maintains work standards set by the clinical facility's clinical supervisor.
- F. Adheres to the required attendance at work experiences, classes, seminars, recruitments, and individual conferences with the instructor.
- G. Maintains confidentiality: During the term of this Agreement and thereafter, students shall hold information in the strictest confidence except as otherwise required by this Agreement or federal law.

IN WITNESS WHEREOF, this agreement is effective from program entrance to program exit. The parties hereto have caused this agreement to be duly executed by their proper officers.

SOUTHWESTERN ILLINOIS COLLEGE

Date:

\_\_\_\_\_

By:

\_\_\_\_\_

(Student)

By:

\_\_\_\_\_

(Parent/Legal Guardian, If Applicable)

**SOUTHWESTERN ILLINOIS COLLEGE  
SURGICAL TECHNOLOGY PROGRAM**

**STUDENT CONFIDENTIALITY  
ACKNOWLEDGEMENT AND AGREEMENT**

As a student, I recognize that through my assignment at a clinical healthcare facility, I will have contact with or be responsible for information that the clinical healthcare facility considers confidential. By definition, confidential information includes but is not limited to patient-related records, access to computerized financial, patient or employee-related data, business activities and civil/legal actions involving the clinical healthcare facilities, its patients and its staff. Southwestern Illinois College classifies the following types of actions as a violation of clinical healthcare facilities' confidentiality policies:

1. The sharing or obtaining of specific patient information with anyone or for any reason except as is necessary in observing Surgical Technology procedures.
2. The discussing of criminal, civil and other legal actions involving the clinical healthcare facilities.
3. The releasing of unauthorized business and/or patient-related information to anyone except as authorized by a representative of the clinical healthcare facilities.

I agree to behave professionally and ethically at all times. While at the clinical site, I agree to abide by the facilities policies and procedures. I agree not to directly or indirectly disclose or remove confidential information without proper authority. I understand that if I breach or compromise this agreement, I will subject myself to the immediate termination of my observation assignment at the clinical healthcare facilities and termination from the Surgical Technology Program.

---

Printed Name Date

---

Signature Date

**Appendix 7**

**Letters of Recommendation/Release of Information (Personal and/or Academic)**

This section authorizes the faculty of the Southwestern Illinois College program to furnish any and all information (deemed necessary) on academic and/or clinical performance, disciplinary action, attendance, college credit, SSN, date of birth, address, phone, and any other pertinent information regarding enrollment in the Surgical Technology program to prospective employers.

In the event that I do not wish for a specific piece of information to be furnished to prospective employers, it will be my responsibility to submit a letter to the program coordinator, asking that the specified information not be shared.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 8

**Surgical Technology Student  
Clinical Attendance Documentation Form  
Clinical Rotation I**

Student name: \_\_\_\_\_

Week: 1      2      3      4      5      6

Clinical site: \_\_\_\_\_

FS-First Scrub    SS-Second Scrub      O-Observed

Date	Procedure	Surgeon	FS	SS	O	Preceptor Initials

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X

\_\_\_\_\_  
Preceptor or Charge Nurse Signature/Date

X

\_\_\_\_\_  
Student Signature/Date

**Surgical Technology Student  
Clinical Attendance Documentation Form  
Clinical Rotation II**

Student name: \_\_\_\_\_

Week: 1      2      3      4      5      6      7      8

Clinical site: \_\_\_\_\_

FS-First Scrub    SS-Second Scrub      O-Observed

Date	Procedure	Surgeon	FS	SS	O	Preceptor Initials

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X**  
\_\_\_\_\_  
Preceptor or Charge Nurse Signature/Date

**X**  
\_\_\_\_\_  
Student Signature/Date

**Appendix 10**

**Southwestern Illinois College  
Surgical Technology  
Weekly Clinical Evaluation Form  
Clinical I**

**KEY:**  
S=Satisfactory  
U=Unsatisfactory  
B=Beginning Skill  
NA=Not Observed

Student name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Week: 1      2      3      4      5      6  
 Clinical site: \_\_\_\_\_  
 Preceptor name: \_\_\_\_\_ Case scrubbed: \_\_\_\_\_

<b><u>Behavior and Motivation</u></b>	<b><u>S</u></b>	<b><u>U</u></b>	<b><u>B</u></b>	<b><u>NA</u></b>
1. Was the student prepared for the procedure? (To help open & check the case cart?)	—	—	—	—
2. Did the student check the doctor's preference card?	—	—	—	—
3. Was the student attentive during the procedure?	—	—	—	—
4. Did the student listen to suggestions of team members?	—	—	—	—
5. Did the student wear safety goggles during the procedure?	—	—	—	—
<b><u>Aseptic Technique</u></b>	<b><u>S</u></b>	<b><u>U</u></b>	<b><u>B</u></b>	<b><u>NA</u></b>
1. Did the student gown and glove self-using the correct method?	—	—	—	—
2. Did the student recognize breaks in sterile technique?	—	—	—	—
3. Did the student know how to correct breaks in sterile technique?	—	—	—	—
4. Did the student gown and glove the doctor?	—	—	—	—
5. Did the student help or initiate draping?	—	—	—	—
<b><u>Knowledge of Instrumentation and Equipment</u></b>	<b><u>S</u></b>	<b><u>U</u></b>	<b><u>B</u></b>	<b><u>NA</u></b>
1. Did the student know the basic instruments?	—	—	—	—
2. Did the student pass instruments correctly?	—	—	—	—
3. Did the student keep the Mayo stand neat during the procedure?	—	—	—	—
4. Did the student handle suture correctly?	—	—	—	—
5. Did the student load the blade correctly?	—	—	—	—
6. Did the student pass sharps correctly?	—	—	—	—
<b><u>Patient Safety</u></b>	<b><u>S</u></b>	<b><u>U</u></b>	<b><u>B</u></b>	<b><u>NA</u></b>
1. Did the student Count according to hospital policy?	—	—	—	—
2. Did the student request counts when needed?	—	—	—	—
3. Did the student identify specimens?	—	—	—	—
4. Did the student identify medications correctly?	—	—	—	—

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

**Appendix 11**

**Southwestern Illinois College**  
**Surgical Technology**  
**Weekly Clinical Evaluation Form**  
**Clinical II**

**KEY:**  
 S=Satisfactory  
 U=Unsatisfactory  
 NA=Not Observed

Student name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Week: 1      2      3      4      5      6  
 Clinical site: \_\_\_\_\_  
 Preceptor name: \_\_\_\_\_ Case scrubbed: \_\_\_\_\_

<u>Behavior and Motivation</u>	<u>S</u>	<u>U</u>	<u>NA</u>
6. Was the student prepared for the procedure? (To help open & check the case cart?)	—	—	—
7. Did the student check the doctor's preference card?	—	—	—
8. Was the student attentive during the procedure?	—	—	—
9. Did the student listen to suggestions of team members?	—	—	—
10. Did the student wear safety goggles during the procedure?	—	—	—

<u>Aseptic Technique</u>	<u>S</u>	<u>U</u>	<u>NA</u>
6. Did the student gown and glove self-using the correct method?	—	—	—
7. Did the student recognize breaks in sterile technique?	—	—	—
8. Did the student know how to correct breaks in sterile technique?	—	—	—
9. Did the student gown and glove the doctor?	—	—	—
10. Did the student help or initiate draping?	—	—	—

<u>Knowledge of Instrumentation and Equipment</u>	<u>S</u>	<u>U</u>	<u>NA</u>
7. Did the student know the basic instruments?	—	—	—
8. Did the student pass instruments correctly?	—	—	—
9. Did the student keep the Mayo stand neat during the procedure?	—	—	—
10. Did the student handle suture correctly?	—	—	—
11. Did the student load the blade correctly?	—	—	—
12. Did the student pass sharps correctly?	—	—	—

<u>Patient Safety</u>	<u>S</u>	<u>U</u>	<u>NA</u>
5. Did the student Count according to hospital policy?	—	—	—
6. Did the student request counts when needed?	—	—	—
7. Did the student identify specimens?	—	—	—
8. Did the student identify medications correctly?	—	—	—

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date of evaluation: \_\_\_\_\_

**Southwestern Illinois College  
Surgical Technology  
Student Clinical Site Evaluation**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_  
Clinical Site \_\_\_\_\_

**Please rate the following statements according to this scale: 5=Strongly Agree, 4=Agree, 3=Somewhat Agree, 2=Disagree, 1=Strongly Disagree 1.**

- |   |             |
|---|-------------|
| The clinical site provided me with an adequate orientation to the facility.                             | 1 2 3 4 5 2 |
| Clinical preceptors were knowledgeable and skilled at instructing in the clinical area.                 | 1 2 3 4 5 3 |
| The surgeons at the clinical site offered assistance and guidance when needed.                          | 1 2 3 4 5 4 |
| The staff/preceptor at the clinical site provided clinical evaluations in accordance to program policy. | 1 2 3 4 5 5 |
| I was treated with respect during my clinical rotation.   | 1 2 3 4 5 6 |
| The staff/preceptor at the clinical facility created a non-threatening environment.                     | 1 2 3 4 5 6 |
| Program policies and procedures were enforced and clearly communicated to staff.                        | 1 2 3 4 5 7 |
| I was assigned to surgical procedures/specialties appropriate for my learning needs.                    | 1 2 3 4 5 8 |
| I received consistent, constructive feedback pertaining to my clinical performance.                     | 1 2 3 4 5 9 |

What were the strengths of the clinical site and staff/preceptors?

\_\_\_\_\_

Were there any areas of the clinical site that could be improved?

\_\_\_\_\_

What did you like best about your experiences at the clinical site?

\_\_\_\_\_

What did you like least about your experiences at the clinical site?

\_\_\_\_\_



**Southwestern Illinois College Surgical Technology Program  
Learning Contract**

Learning Contract for

1. Student agrees to attend all classes and be prepared for class by having completed assigned reading, quizzes, and homework prior to the start of each class.
2. In the event the student is ill, or must be absent from class for an approved reason, s/he will contact by email or text his/her instructor and make arrangements to complete any work missed. If possible, s/he will notify his/her instructor in advance of a planned approved absence and turn in any assigned work or take any quiz, test or examination in advance of the absence.
3. Student agrees to attempt to research in his/her textbooks for answers to questions as is directed.
4. Student agrees to seek immediate help from instructors when classroom or laboratory instruction is not understood, and to make arrangements to meet with instructors outside of class or laboratory time, if necessary.
5. Student agrees to maintain a "C" grade or better in all ST quizzes, tests examinations or assignments.
6. Student agrees to demonstrate appropriate participation in all classes and labs. This will be demonstrated by active, voluntary participation, asking and answering questions, staying engaged throughout the laboratory session and taking an active part in his/her learning.
7. Students agrees to attend additional sessions through the Success Center for assistance in test taking strategies, study skills and/or reading comprehension weekly.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Education Accountability Action Plan

This letter is to inform you that you either failed a final practical, final exam, and or earned a low final course grade (77% or below) in one of your prior semester's courses. As a result, it is your responsibility to:

a) **Complete an Education Accountability Action Plan**

Revisions must include specific details of how you will utilize available resources and modify your current study habits to foster success in the future

b) **Schedule and attend meetings with the instructor**

Schedule and attend meetings with the instructor of similar course work that you had difficulties in from the prior semester

c) **Obtain instructor sign-off**

Obtain instructor sign-off on your Education Accountability Action Plan. You must bring your documents to your meetings.

d) **Provide a copy**

Provide a copy of your instructor approved Education Accountability Action Plan to the ST Program Coordinator (be sure to retain a copy for your records).

e) **Complete the steps**

Complete the steps you identified in your Education Accountability Action Plan throughout your next semester.

Failure to complete the above requirements in the time indicated may result in a lack of progression to the next semester.

We want to see you succeed in your pursuit of becoming a Surgical Technologist and are here to assist you with resources and support in achieving that goal. It is your responsibility to use the resources available to you to maximize your potential for success.

Sincerely

Tammy Santarelli  
ST Program Coordinator  
SWIC

**Education Accountability Action Plan**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Course in Jeopardy

\_\_\_\_\_  
Term/Semester

**Opportunities Identified:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Steps/Actions to be taken:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that it is my responsibility to make appointments and arrangements to meet each of the steps outlined above. I further understand that I am responsible for documenting each of these activities on the Education Accountability Tracking Form. Submitting a completed record of the form prior to the final exam in my next course, and that failure to do so will prevent me from registering for future ST courses.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Education Accountability Tracking Form**

\_\_\_\_\_

Print Student Name

\_\_\_\_\_

Unsuccessful Courses

\_\_\_\_\_

Term/Semester

DATE	Step/Action	Approver Signature	Comments

**If the step or action is an independent activity such as homework or quiz preparation, a copy of the completed work must be printed and attached to the Education Accountability Tracking Form.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Social Media Acknowledgement Policy**

Social media is defined as social networking tools and forums such as Facebook, Twitter, Linked-In, You Tube, Tic Tock, Instagram, Snapchat, blogs, wikis, chat rooms, or any other online journals, diaries, or social networks. The purpose of this policy is to explain the use of social media for students in the SWIC Surgical Technology program.

CAAHEP enforces high standards of ethics and professional conduct both among S.T.s and among candidates for CAAHEP credentials, as outlined in the Surgical Technology Program Handbook. This policy strives for high standards of ethics and professional conduct for students in the SWIC Surgical Technology program as it relates to social media for the distribution of information and to protect the rights of the organization and its employees.

When one expresses their views in social media, they are responsible for what they post and should always utilize good judgement and common sense. Sometimes social medial can pose risks and create misunderstandings regarding confidential and proprietary information, reputations, brands, and jeopardize compliance with rules and laws.

With that in mind, students should always consider the following guidelines on all social media:

Students should avoid disclosing confidential, proprietary, or sensitive information.

Students should avoid discussions involving doctors, hospital personnel, other students, faculty, and patients.

Students should avoid all discussions of problems, issues, or experiences encountered that are program-related.

I have read and agree to comply with the terms of this policy outlining my responsibility with regards to social media, which is to utilize good judgement and common sense, as identified in the guidelines.

Print student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Picture and Video Acknowledgement Policy**

Picture is defined as the act of taking and printing photographs.

Video is defined as a stimulated movement created by the displays of a series of images creating the illusion of continuous movement.

Any pictures or videos during classroom, lab, or clinical by students is strictly prohibited and will be subject to disciplinary action up to and including expulsion from the program.

Any pictures or videos that violate HIPAA, or patient privacy laws will be subject to immediate expulsion.

I have read and agree to comply with the terms of this policy outlining my responsibility with regards to pictures and videos.

Print student name: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SURGICAL TECHNOLOGY PROGRAM**

**Acknowledgement and Acceptance  
of Policies & Guidelines for Student Performance  
(the handbook)**

I understand that while I am attending the Southwestern Illinois College Surgical Technology Program, violations of the rules and regulations on my part, may result in disciplinary action up to and including dismissal.

I understand attendance for all classes (lecture and lab) and clinical experience is required. I am expected to arrive on time and be prepared at the starting time. I am expected to remain for the duration of all class sessions and clinical experience sessions.

I understand that any new or changed policies will be made known to me and that the most current policy will apply. Also, I understand that it is my responsibility to ascertain understanding of the current policy.

I have received a copy of the Policies & Guidelines for Student Performance.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



## SURGICAL TECHNOLOGY PROGRAM

### Acknowledgement and Acceptance of Behavioral and Clinical Expectations Policy

Behavioral and Clinical Expectations for

- 1 Student agrees to attend all clinical sites, on time, assigned to them and be prepared for cases prior to the start of each clinical day.
- 2 In the event the student is ill, or must be absent from clinicals for an approved reason, s/he will contact by email or text his/her clinical coordinator and make arrangements to make up missed clinical day. If possible, s/he will notify his/her clinical coordinator in advance of a planned approved absence.
- 3 Student will follow behavioral expectations, in the Surgical Technology Handbook, while they are at clinicals. If a student does not abide by them, they will be placed on clinical probation or maybe dismissed from the program.
- 4 Students will abide by HIPAA rules. Failure to do so will be subject to immediate expulsion.
- 5 Students will keep daily case logs updated on a timely manner. Failure to do so may result in clinical probation or dismissal from the program.

I have read and agree to comply with the terms of this policy outlining my responsibility with regards to Behavioral and Clinical Expectations.

Print Student name: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_