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2013 Student Handbook

Welcome to the Surgical Technology Program!

It is a pleasure to welcome you to Berkeley College. We are glad that you have chosen us to assist you in attaining your educational goals. Everyone at the College wishes you an enjoyable and productive academic year.

This *Surgical Technology Student Handbook Supplement* is intended to clarify policies and procedures specific to the Surgical Technology program. The policies in this *Handbook Supplement* supersede any conflicting statements made by faculty, administrators, the general Berkeley College Student Handbook, and the College Catalog. The *Surgical Technology Student Handbook Supplement* is updated regularly. You are urged to provide us with recommendations and suggestions for future revisions by communicating your ideas to Student Development and Campus Life.

Once again, let me extend my sincerest welcome from the entire Berkeley College community. We look forward to assisting you in reaching your goals!

Joseph Charleman, MS, CST, CRCST, LPN
Department Chair, Surgical Technology Program

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Overview

This Student Handbook Supplement is a valuable resource for surgical technology students and should be referred to throughout their program. The policies and procedures outlined in this Student Handbook Supplement are specific to the Surgical Technology program. By participating in the Surgical Technology program you are agreeing to abide by the policies and procedures outlined in the *Surgical Technology Student Handbook Supplement*. These program-specific policies and procedures supersede any conflicting statements made by faculty, administrators, the general Berkeley College Student Handbook, and the College Catalog. Students should refer to the College Catalog and the general Berkeley College Student Handbook for all other College policies.

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Surgical Technology Program Goals and Objectives

The Surgical Technology (ST) program is designed to prepare students for employment as surgical technologists and to provide supplemental training for persons previously or currently employed in this occupation.

The Surgical Technology program includes classroom instruction, laboratory simulation, and clinical experiences. The curriculum is designed according to the accreditation standards set forth by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), a programmatic accrediting agency, and the Core Curriculum published by the Association of Surgical Technologists (AST).

The main objective of the program is to build practical and functional knowledge of surgical technology through progressive quarters (depending on full-time or part-time status) integrating written work, verbal skill, and demonstrative performance. This program requires strong critical thinking and decision-making skills.

The goal of the Surgical Technology program is to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Cognitive Domain:

- To provide students with a comprehensive background in the basic sciences, with mastery of aseptic technique, with perfection of surgical skills, and with a keenly developed surgical conscience as established in the AST Core Curriculum.
- To educate students as to the scope of their practice as the patient's advocate, as well as to the ethical, legal, and professional principles of surgical technology.
- To prepare students for successful completion of the national certification exam, administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA).

Psychomotor Domain:

- To ensure that students enter the workforce as qualified and technically skilled surgical technologists.
- To educate students with practices of safe patient care and of anticipating the needs of the surgical team in the perioperative setting.
- To instruct students to employ HIPAA, OSHA, Standard Precautions, and other infection control measures in the healthcare setting.

Affective Domain:

- To prepare students to effectively interact with patients, families, and members of the healthcare team in a therapeutic and professional manner.
- To help students achieve respect for the diversity factors of others including but not limited to socio-cultural, socio-economic, spiritual, and lifestyle choices.
- To stimulate and develop within students a pattern of personal growth

and improvement and a commitment to lifelong learning.

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Accreditation and Approvals

The Surgical Technology program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).

Only graduates of a CAAHEP accredited program may take the National Board of Surgical Technology and Surgical Assisting certification examination.

Commission on Accreditation of Allied Health Education Programs (CAAHEP)
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Clearwater, FL 33756
727-210-2350

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Technical Standards

The Surgical Technology program at Berkeley College is designed to prepare and educate students to perform in the role of surgical technologist in the operating room. The profession's scope of practice requires demonstration of responsibilities and accountability within the role and competencies expected of a surgical technologist. It is important to note that the profession of surgical technologist is one that is physically, mentally, and emotionally demanding. Indicated below are several examples of the scope of practice, roles, and competencies that will be encountered.

- 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 breaks for periods up to 6 hours.
- Demonstrate sufficient visual ability to load a fine (10-0) suture onto needles and 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.
- Hear activation/warning signals on equipment.
- 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 performing anticipation skills intraoperatively.
- Able to make appropriate judgment decision.
- 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.

NOTE: Any student who suffers from an injury or has a surgical procedure during the program or course, is required to provide written medical documentation from their own healthcare provider stating that the student is able to meet the technical standards of the surgical technology program in order to return to clinical rotation.

PREGNANCY WARNING: Surgical technology students may be subjected to radiation and anesthesia gases, which are harmful to an unborn fetus. If a pregnant student chooses to request a Leave of Absence (LOA) from the Surgical Technology program, for the safety of herself and the unborn fetus, the Surgical Technology program will hold a space for the student in a subsequent cohort. Because of the increased radiation sensitivity of the

developing fetus, the National Council of Radiation Protection and the U.S. Nuclear Regulatory Commission recommends limiting exposure to radiation. Pregnant students should consult with their physician prior to participating in clinical practicum.

While the surgical technology department encourages students to continue in the program during pregnancy, it is vitally important that the Department Chair and the surgical technology faculty be informed of a pregnancy as soon as the student knows that she is pregnant. Pregnant students are required to obtain and submit a signed medical statement from the student's obstetrician verifying that the student may safely participate in the program and safely meet the relevant technical standards. Any change(s) to the health status of the student during or after a pregnancy must be reported to the Department Chair and current faculty members and further documentation may be required.

A student who is less than six weeks post partum must have written medical documentation from her obstetrician stating she can safely meet the technical standards of the Surgical Technology program in order to return to clinical rotation.

Academic Policies

- **Class Hours**
- **Attendance and Evaluation Methodology**
- **Add/Drop Policy**
- **Transfer Credit Policies**
- **Academic Progression**
- **Graduation**

Class Hours

Generally, classes are in session from 7:00 a.m. to 11:00 p.m. Clinical rotations typically are scheduled from 7:00 a.m. until 11:00 p.m., Monday through Saturday.

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Attendance and Evaluation Methodology

The structure of this program requires regular and prompt attendance in the classroom, on-campus laboratories, and clinical sites. Therefore, students are required to attend every class, on-campus laboratory, and clinical session. Absenteeism and lateness will result in the lowering of the overall course grade.

Excused Absences:
Excused absences can only be granted by the Department Chair or the Clinical Coordinator and may, at the discretion of the Department Chair, require proper documentation (e.g., a physician's letter).

Unexcused Absences:
Unexcused absences will result in a reduction in the student's final course grade, which could lead to course failure.

Punctuality:
Two (2) points will be deducted from the final course grade for each occasion of unexcused lateness.

Make-up Work:
Individual faculty members determine the make-up work policies for the courses that they are teaching. It is the student's responsibility to speak to the faculty member to arrange for any make-up assignments.

Make-up days are not available at clinical sites. Since clinical cases are tallied in accordance to eligibility rules for certification, absences may adversely affect a student's eligibility to take the national certification exam and endanger a student's ability to maintain a C+ average in the program.

Evaluation Methodology:
Individual faculty members determine the evaluation methodology for the courses that they teach.

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Add/Drop Policy

Students interested in adding a course or courses to their schedule must meet with the Advisement Department to obtain approval prior to the start of the second week of the quarter. Requests will be considered only if appropriate arrangements can be made to make up missed class time.

Clinical courses cannot be added after the start of the term.

Transfer Credit Policies

- **Credit by Challenge Examination**

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Credit by Challenge Examination

In order to participate in a challenge examination for a surgical technology (SUR) course, the student must have completed a similar course from a CAAHEP accredited Surgical Technology program.

For courses other than SUR, challenge examinations can only be attempted once for each course and may not be taken for any courses in which the student received a failing grade in a previous quarter. Students may not attempt to test out of courses in which they are currently enrolled.

Academic Progression

Passing Grade:
The minimum passing grade required for a surgical technology (SUR) course is a C+ (75). Any grade below a C+ (75) is a failing grade. In addition, the minimum passing grade required for Anatomy and Physiology I (SCI223), Anatomy and Physiology II (SCI224), Anatomy and Physiology I Lab (SCI225), Anatomy and Physiology II Lab (SCI226), Microbiology (SCI228), and Pathophysiology (SCI234) is a C+ (75).

Repeating a Surgical Technology Course:
Surgical technology students who receive a grade of C or below in any surgical technology (SUR) course must repeat that course. A minimum grade of C+ on the repeated course is required to remain in the program.

Repeating a Science Course:
Surgical technology students who receive a grade of C or below in any of the following science courses must repeat that course: Anatomy and Physiology I (SCI223), Anatomy and Physiology II (SCI224), Anatomy and Physiology I Lab (SCI225), Anatomy and Physiology II Lab (SCI226), Microbiology (SCI228), and Pathophysiology (SCI234). A minimum grade of C+ on the repeated course is required to pass the course.

Automatic Dismissal:
Surgical technology students who receive a grade of C or below for any surgical technology course they are repeating will be dismissed automatically from the Surgical Technology program.

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Graduation

To qualify for graduation, surgical technology students must fulfill the following requirements:

- Pass each surgical technology (SUR) course and required science courses with a minimum grade of C+
- Successfully complete the prescribed clinical case requirement
- Successfully complete the prescribed course of study with a minimum cumulative grade point average of 2.0
- Meet the credit-hour requirements for the major
- Discharge all financial obligations to the College
- Participate in the NBSTSA certification examination for surgical technologists (CST)

Students are required to meet all graduation requirements prior to participating in the formal graduation ceremony.

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Clinical Requirements and Responsibilities

- **Clinical Practicum**
- **Basic Cardiac Life Support/Automatic External Defibrillator (BCLS-AED) Certification**
- **Health Requirements**
- **Malpractice Insurance**
- **Communicable Disease**
- **Latex Sensitivity**
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- **Summary of Surgical Rotation Case Requirements**
- **Counting Cases**
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Clinical Practicum

Throughout their education, students are exposed to a variety of surgical procedures utilizing the most current technology available in the field. The high volume of surgical cases performed provides students with the opportunity to assist with a wide variety of surgical procedures prior to achieving competency.

The off-campus clinical component of the program is supervised by a comprehensive team of professionals, including Berkeley College's Surgical Technology Clinical Coordinator, a hospital liaison, Certified Surgical Technologists, and perioperative staff nurses.

Policies and guidelines for each clinical facility must be followed without exception. Failure to comply with these policies and guidelines will result in disciplinary action up to and including dismissal from the program. Any conduct that is detrimental to a patient or a co-worker will lead to removal from the clinical site.

Illness or injury incurred at the clinical site must be reported to the Clinical Coordinator and the Department Chair. Sharps injuries and on-the-job injuries will be treated according to hospital policy. Expenses incurred for treatment related to such injuries are the student's responsibility.

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Basic Cardiac Life Support/Automatic External Defibrillator (BCLS-AED) Certification

All students must be certified in Basic Cardiac Life Support/Automatic External Defibrillator (BCLS-AED) by the American Heart Association prior to participating in Clinical Practicum I (SUR280). BCLS-AED certification must be valid from the start of Clinical Practicum I (SUR280) through the end of Clinical Practicum II (SUR290). Students will be scheduled for the BCLS-AED Healthcare Provider course as part of their program of courses. Any student who fails to attend or pass this course will not be permitted to enroll in Clinical Practicum I. If a student already possesses this certification, a copy of the certification card must be presented to the Department Chair in lieu of participation in the BCLS-AED training.

Any student who fails to submit the documentation outlined above or to pass the in-house BCLS-AED training will not be permitted to enroll in Clinical Practicum I (SUR 280).

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Surgical Technology Supplement

Welcome

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Health Requirements

In addition to meeting the **immunization requirements** (http://berkeleycollege.edu/student_handbook/student_handbook_3049.htm) of Berkeley College, Surgical Technology students must submit the following documentation at least ten (10) weeks prior to the start of Clinical Practicum I (SUR 280):

- A complete physical assessment by a licensed physician, advanced practice registered nurse, or physician assistant.
- Immunization against varicella, a two-step TB skin test within the last year or a negative chest x-ray within three months, and a tetanus shot administered within the past ten years. An influenza vaccine may be required for some facilities.
- A negative ten-panel, pre-employment urine toxicology screening, which includes screening for:

  - Amphetamines
  - Barbituates
  - Cannabinoids
  - Cocaine
  - Opiate
  - Oxycodone
  - Phencyclidine
  - Methadone
  - Meperidine
  - Methaqualone

- Immunization and communicable disease history that meets the requirements of the affiliating agencies.

Note: Blood titers (if necessary) against measles, mumps, rubella, and the Hepatitis B vaccine series must be current and administered within one year of enrolling and participating in clinical practicum and remain current during the entire clinical practicum experience.

Any student who fails to submit the documentation outlined above will not be permitted to enroll in Clinical Practicum I (SUR 280).

Upon returning from a Leave of Absence, students must repeat the drug screening outlined above prior to participating in any clinical rotations. If during the course of study students are suspected of drug use, they may be asked to provide an updated urine toxicology screening.

By submitting the results of a urine toxicology screening to the College, the student thereby authorizes the College to share those results with any individual clinical facilities that request such information.

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Malpractice Insurance

Surgical technology students are required to purchase their own individual malpractice insurance and must provide the clinical coordinator with evidence of coverage prior to enrolling in clinical courses. Any student who fails to submit this documentation will not be permitted to enroll in Clinical Practicum I (SUR 280).

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Communicable Disease

A student who has a communicable disease, or who is a carrier of a communicable disease, may attend and participate in clinical experience courses whenever, through reasonable accommodation, there is no significant risk of transmission of the disease to others and to the patients.

A student who believes he/she has contracted a communicable disease must present the Berkley College Clinical Coordinator with a written statement from the appropriate hospital/clinical site's Employee Health Department which indicates the site's approval of participation in all clinical practicums.

Patients With Communicable Diseases:
Due to increasing concern about the care of patients with infectious diseases (Hepatitis B, Acquired Immune Deficiency Syndrome, Tuberculosis, etc.) students are required to comply with the exact procedures established by the clinical sites when caring for these patients.

Safety Procedures Relating To HIV, AIDS, and Hepatitis B:
This procedure has been considered and adopted in accordance with the current consensus of the scientific community that blood-borne diseases cannot be transmitted by casual body contact typical of the workplace. Should it ever appear that the implementation of this procedure presents a danger to the student and patient, Berkeley College reserves the right to make appropriate revisions. The risk of contracting Hepatitis B is greater than the risk of contracting AIDS. Recommendations for the control of Hepatitis B infection are, therefore, incorporated herein.

Berkeley College strongly recommends that students enrolled in the Surgical Technology program obtain adequate medical insurance coverage.

Students are encouraged to be vaccinated for Hepatitis B prior to contact with blood or other potentially infectious substances. If, after consultation, a student refuses to obtain a Hepatitis B vaccination, a form entitled "Hepatitis B Vaccination Declination" must be signed prior to enrolling in any clinical practicum course.

Sharp items (needles, scalpel blades, and other sharp instruments) are considered potentially infective and should be handled with extraordinary care to prevent accidental injuries. Unsafe behavior with sharp items may result in expulsion from the program.

Disposable syringes and needles, scalpel blades, and other sharp items should be placed in puncture-resistant containers located as close as practical to the area in which they are used. To prevent needle stick injuries, needles should not be recapped by hand, purposely broken, removed from disposable syringes, or otherwise manipulated unless a one-handed technique is employed.

When the possibility of exposure to blood or body fluids exists, standard precautions must be followed as outlined by the CDC. The anticipated exposure may require gloves alone, as in handling items soiled with blood or other body fluids, or may also require gowns, gloves, masks, and eye covering when performing procedures or post-mortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood. Any occupational exposure must be reported to the preceptor and Clinical Coordinator and an incident report must be filed as soon as reasonably possible.

Pregnant students engaged in health care are not known to be at greater risk than students who are not pregnant. However, if a student develops infection with the HIV virus during pregnancy, an infant has an increased risk of infection by prenatal or perinatal transmission. Because of this risk, pregnant students should be especially familiar with precautions for preventing the transmission or acquisition of the HIV virus.

Students who have been diagnosed as having HIV or AIDS may take the didactic portion of the program but should be aware that not all hospitals allow students with these diagnoses to complete the clinical portion of the program. It is required that such a student fully explore the ramifications of this policy with the Department Chair before committing to the program and perhaps also consider other paths to follow. Berkeley College wants to ensure that each student enters the appropriate field of study.

In addition, for students engaged in health care who have AIDS, there is an increased danger from infection due to diseases they may come in contact with, either in class or at the clinical site. Students with immune deficiency are at high risk of serious complications from any exposure to infectious diseases. Students with immune deficiency should consult with their physician regarding potential risks.

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Latex Sensitivity

The operating room has numerous items that have a natural latex rubber component. An unforeseen exposure and sensitivity may result from repeated exposure to the protein associated with natural latex rubber (commonly found in powdered gloves). True allergies are rare, but latex sensitivities can be seen in 8-17% of health care workers. If a student has a suspected reaction, he or she must report it to Berkeley College's Surgical Technology Department Chair. Berkeley College cannot be held responsible for any latex sensitivity.

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Clinical Case Requirements

During the clinical practicum portion of the program, students must achieve a minimum of 120 scrubs in either the First Scrub with Assist or the First Scrub Solo role in order to be awarded a degree:

- At least 80 of these 120 scrubs must be in the First Scrub Solo role.

    Of these 80 First Scrub Solo cases:

    - 20 should be General Surgery
    - 60 should be Specialty Surgery, including cardiothoracic, ENT, eye, GU, neuro, ob-gyn, oral/maxillo facial, orthopedics, peripheral vascular, plastics, and procurement/transplant.

The difference between Core and Specialty Surgical Interventions is defined by the Association of Surgical Technologists in the Core Curriculum for Surgical Technology, 6th edition.

The following Surgical Interventions are considered Core Areas:

1. Endoscopic
    - General
    - OB/GYN
    - Otorhinolaryngologic
    - Genitourinary
2. General/GI/Breast/Hernia (Level 1, Level 2, Level 3)
3. OB/GYN (Level 1, Level 2, Level 3)
4. Otorhinolaryngologic (Level 1, Level 2, Level 3)
5. Genitourinary (Level 1, Level 2, Level 3)
6. Orthopedic (Level 1, Level 2, Level 3)

The following Surgical Interventions are considered Specialty Areas:

1. Endoscopic
    - Cardiothoracic
    - Neurosurgical
2. Ophthalmic (Level 1, Level 2, Level 3)
3. Oral and Maxillofacial (Level 1, Level 2, Level 3)
4. Plastic and Reconstruction (Level 1, Level 2, Level 3)
5. Cardiothoracic (Level 1, Level 2, Level 3)
6. Peripheral Vascular (Level 1, Level 2, Level 3)
7. Neurosurgical (Level 1, Level 2, Level 3)

In addition to the above requirements:

- Students are required to complete thirty (30) cases in General Surgery. Twenty (20) of the cases must be in the First Scrub Role.
- Students are required to complete ninety (90) cases in various surgical specialties. Sixty (60) of the cases must be in the First Scrub Role and evenly distributed between a minimum of five (5) surgical specialties. However, fifteen (15) is the maximum number of cases that can be counted in any one surgical specialty.
- Students are required to provide documentation illustrating their progress throughout the clinical program. This documentation must illustrate their

participation in First Scrub and Second Scrub surgical roles.

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Summary of Surgical Rotation Case Requirements

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can Be Applied Towards 120 Cases
General Surgery	30	20	10

Surgical Specialties: • Cardiothoracic • ENT • Eye • GU • Ob-Gyn • Oral/Maxillofacial • Orthopedics • Peripheral Vascular • Plastics • Procurement/Transplant	90	60	30
Diagnostic Endoscopy: • Bronchoscopy • Colonoscopy • Cystoscopy • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy			10 diagnostic endoscopy cases may be applied toward the second scrub cases.
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases
Totals:	**120**	**80**	**40**

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Counting Cases

Cases will be counted according to surgical specialty. For example:

1. Trauma patient requires a splenectomy and repair of a LeFort I fracture. Two cases can be counted and documented since the splenectomy is general surgery specialty and repair of LeFort I is oral-maxillofacial surgical specialty.
2. Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure- one case.

Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.

Observation cases must be **documented**, but do not count towards the 120 required cases.

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Definition of Surgical Case Roles

First Scrub Role:
The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the first scrub role. A student not meeting the five criteria below cannot count the case in the first scrub role and the case must be documented in the second scrub role or observation role.

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

Second Scrub Role:
The second scrub role is defined as the student who is at the sterile field who has not met all criteria for the first scrub role, but actively participates in the surgical procedure in its entirety by completing any of the following:

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

Observation Role:
The observation role is defined as the student who is in the operating room performing roles that do not meet the criteria for the first scrub or second scrub role. These observation cases are not to be included in the required case count, but must be documented by the program.

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Evaluation by Clinical Instructors

Clinical instructors will evaluate students on their performance, attitude, interest, patient care delivery, knowledge of the skills performed, and attendance. Monthly attendance and evaluation sheets will be used for each student. Additional performance data is maintained as necessary, and this data becomes part of the final course grade.

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Site Visit by the Department Chair

The Department Chair will visit each site a minimum of once per quarter. Additional visits may be scheduled as deemed necessary by the Department Chair. Unannounced visits may also be made, as needed. Each site visit will be documented.

Record of Clinical Attendance Time

Attendance sheets are used at all clinical sites and become part of the student's record. Each student must sign in and out daily. Note that attendance at the clinical site is part of the student's overall grade.

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Transportation

Students are responsible for transportation to and from clinical sites. Any parking or transportation fees are the responsibility of the student. Carpooling is suggested.

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Clinical Time Schedule

The clinical time schedule will be assigned at the beginning of each quarter at the discretion of the clinical coordinator, based on site availability.

Clinical Paperwork

Students are responsible for having adequate copies of all blank forms for use at the clinical site.

Clinical Case Logs

Students must maintain a written log (record) of all skills or procedures performed while at the clinical site. This log helps to maintain a record of the number of scrubs, the level of complexity, and the student's role during each case throughout the clinical rotation. This log is the responsibility of the student and must be made available for inspection by the Clinical Coordinator.

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Patient Confidentiality

ALL RECORDS AND PERSONAL PATIENT INFORMATION ARE ABSOLUTELY
CONFIDENTIAL. It is imperative that patient information is not revealed to
anyone, including the patient. If a patient asks about his/her procedural test or
records, the question is to be referred to the registered nurse in charge or to
the surgeon. Only during case presentations, conferences, department reports,
or other controlled professional situations is patient information allowed to be
discussed. No other recording devices may be on at this time. Failure to comply
with the policy for confidentiality may lead to dismissal from the program.

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Student Work Policy

Hours worked as a hospital employee cannot be substituted for required clinical experience hours. A student in Berkeley College's Surgical Technology program may work as a part-time employee only beyond the clinical practicum schedule. These hours must not interfere with the student's required clinical hours as it is the student's responsibility to complete the regularly scheduled rotations in order to obtain satisfactory clinical experience and develop surgical skills to an acceptable level for completion of the program.

Berkeley College students are not permitted to be substituted for hospital staff. In addition, Berkeley College students may not receive compensation from the clinical facility for their clinical practicum services.

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Student Rights and Responsibilities

- **Dress Code**
- **Emergency Care**
- **Criminal Background Check**
- **Change in Name, Address, or Telephone Number**

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Dress Code

All students are required to follow the professional appearance code while on campus as well as when at a clinical site. A neat, clean, and professional appearance is expected at all times.

Working closely with patients requires that students maintain strict personal hygiene standards. Students will be working on making a lasting impression at the clinical site and maintaining a professional appearance is an important part of making a good impression.

Failure to adhere to the professional appearance code will result in a warning and, if not corrected, may result in dismissal from a clinical site and possibly the program.

The following are the guidelines of the professional appearance code:

- Hair must be clean. Long hair must be secured within a surgical cap to avoid contact with equipment and patients. Facial hair should be kept trimmed and neat. Avoid highly-colored sprays and maintain only natural-looking hair color.
- Fingernails must be kept short, clean, and filed. Artificial nails, nail polish, and added stick-on jewels are not permitted as they harbor microorganisms.
- Earrings are not permitted. Dangles or other visible body jewelry (nose rings, lip rings, tongue piercing, bracelets, necklaces which can become entangled in equipment) are not permitted.
- Cosmetics should be worn in moderation. Avoid strong perfumes as they may bother the patient or other staff. Wedding rings may be worn when not scrubbed. Avoid large stone rings.
- Consumption of food, candy, and gum is prohibited while working with patients.
- Students are required to wear their Berkeley College IDs. If a student is employed at the same facility where they are completing their practicum, the employment name badge may not be worn during clinical practicum hours.
- The green Berkeley College surgical technology student scrub uniform must be worn with OR clogs or solid white sneakers. Scrubs must be clean and pressed.

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Emergency Care

If emergency medical treatment is required while on campus or while participating in the clinical experience, the cost of treatment will be the responsibility of the student receiving medical attention/treatment.

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Criminal Background Check

A criminal history background check is required for all surgical technology students. If the results are positive, the student will not be permitted to progress in the program. If a conviction or arrest occurs while a student is enrolled in the Surgical Technology program, it is the student's responsibility to inform the Department Chair. This notification must be in writing and must occur promptly after the event occurs. The required notification must include a description of the circumstances surrounding the conviction. Subsequent to this notification, the student should make an appointment with the Department Chair to discuss options.

Upon returning from a Leave of Absence, students must undergo a criminal background check. If the results are positive, the student will not be permitted to return to the Surgical Technolgoy program. Any fees involved with the repeat background check will be the responsibility of the student.

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Change in Name, Address, or Telephone Number

Any change in a student's name, address, and/or telephone number should be reported to the Advisement Department as soon as possible.

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Surgical Technologist Industry Information

- **Career Outlook**
- **Certification**
- **What Does a Surgical Technologist Do in the Operating Room?**

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Career Outlook

According to the US Bureau of Labor Statistics, Occupational Outlook
Handbook 2012-2013, employment of surgical technologists is expected to
increase 19 percent from 2010 to 2020, about as fast as the average for all
occupations.

Advances in medical technology have made surgery safer, and more operations
are being done to treat a variety of illnesses and injuries. The aging of the
large number of baby boomers also is expected to increase the need for
surgical technologists because older people usually require more operations,
including joint replacements and heart-related procedures. Hospitals will
continue to be the primary employer of surgical technologists, reducing costs
by employing technologists, instead of higher paid registered nurses, in
operating rooms. Job prospects should be best for surgical technologists who
have completed an accredited education program and who maintain their
professional certification. (Bureau of Labor Statistics, U.S. Department of
Labor, Occupational Outlook Handbook, 2012-13 Edition, Surgical
Technologists, on the Internet at http://www.bls.gov/ooh/healthcare/surgical-
technologists.htm. Visited December 7, 2012)

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Certification

NBSTSA certification as a surgical technologist provides evidence to employers, health care professionals, and colleagues that the student has been educated and trained to provide safe and competent care in the operating room and also demonstrates mastery of knowledge in the field of surgical technology. The designation "CST" is used after the technologist's name during all periods of valid certification.

Only graduates of a CAAHEP accredited program may take the National Board of Surgical Technology and Surgical Assisting certification examination. After passing the examination, the surgical technologist is certified for a period of four years and may recertify through continuing education or by sitting for the exam.

To qualify for graduation, surgical technology students must participate in the National Board of Surgical Technology and Surgical Assistant (NBSTSA) certification exam. Certification is administered on campus 30 days prior to graduation (specific guidelines apply).

Membership in the Association for Surgical Technologists (AST) is encouraged. AST provides continuing education credits that are valid for the CST re-certification process. These CE credits are available through the AST website (www.ast.org) and monthly official journal, The Surgical Technologist, which also offers literature on current technological advances in surgery.

Each September, AST sponsors National Surgical Technologist Week to recognize surgical technologists in all fields and to educate the public. More information is available on the AST website, **www.ast.org**.

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What Does a Surgical Technologist Do in the Operating Room?

Preoperatively, the surgical technologist prepares the operating room by providing the appropriate supplies and instruments, as well as by adjusting and testing select equipment. The surgical technologist is the first member of the sterile team to scrub, gown, and glove. Duties include preparation of the sterile field for the surgical procedure and helping other members of the team with gowning and gloving all while adhering to aseptic technique.

Intra-operatively, the surgical technologist anticipates the needs of the surgeon and sterile team members, passing instruments and providing sterile items in a safe and efficient manner. The surgical technologist shares accountability for all instruments, equipment, and supplies used in direct patient care, particularly in the sterile field. The surgical technologist is responsible for accurate counts of sponges, instruments, and sharps; preparing suture materials; dispensing appropriate fluids and drugs; and preparing specimens or cultures for analysis.

Post-operatively, surgical technologists help to apply dressings, splints, or casting material. They assist in moving the patient to the stretcher and also break down the back table and prepare the room for the next case.

Surgical technologists may also assist in the non-sterile role of circulator under the direction of the registered perioperative nurse. This can involve assisting the anesthesiologist, helping to count items used during the procedure, positioning and prepping the patient's skin for surgery, and helping to connect surgical equipment and monitoring devices. With additional specialized education, training, and additional certification, the certified surgical technologist (CST) may function as a Certified First Assistant using the designation of CST/CFA.