



**South Central Career Center
SURGICAL TECHNOLOGY PROGRAM**

Course Syllabus

COURSE TITLE: Surgical Procedures I & II **SEMESTER:** Summer 2022

COURSE NUMBER: Sur 7050.01

INSTRUCTORS: Misty Hathcock CST/CFA

OFFICE: TH212

PHONE: 417 256-6152 ext. 4654

OFFICE HOURS: Monday 12:00 p.m. to 5:00 p.m. by appointment

PREREQUISITES: A&P I and II, Microbiology, Intro to Surgical Technology

CONTACT HOURS: 169

COURSE MATERIALS:

Surgical Technology Principles and Practice 7e, Elsevier, 2020
Pocket Guide to the Operating Room, Goldman, 2020
Surgical Technologist Certifying Exam Study Guide, AST, 2013

COURSE RATIONALE:

To instruct students about the various steps of surgical procedures, the needed instruments, equipment and supplies, and to allow students to practice their skills in surgery, in both first scrub (backtabling case) and second scrub (assisting doctor) roles - beginning with less complicated cases and progressing in difficulty. Full description of First and Second Scrub Roles defined on page 7 and 8.

CATALOG DESCRIPTION:

This course is designed to instruct the learner to identify the operative sequence for surgical procedures. Emphasis is placed on surgical anatomy, equipment, and supplies

needed for each procedure and surgical sequence. Areas studied include general surgery, gastrointestinal surgery, hernia repair, surgery of liver, biliary tract, pancreas and spleen, obstetrics and gynecology, genitourinary, thyroid, breast, orthopedics, otologic, rhinology, sinus, plastic and reconstructive, ophthalmic, cardiothoracic, peripheral bascule, and neurosurgical surgeries. Students will be assigned to cases in the operating room, where they will learn to become proficient in their skills. Sterile technique will be practiced.

COURSE OBJECTIVES:

When students successfully complete this course, they will be able to:

1. Discuss steps of the various surgical procedures.
2. Identify instruments and supplies for each type of case.
3. Name anatomical structures as they relate to each case.
4. Describe conditions which might require each procedure.
5. Pass instruments, sutures, and supplies to surgeon in a safe manner.
6. Discuss positioning as it relates to the various cases.
7. Discuss medications that might be related to the various cases.
8. Gown and glove the surgeon and assistants in a sterile manner.
9. Maintain an orderly surgical field so that he/she can be efficient and quick in handing supplies and instruments.
10. Remove sharp and heavy instruments from operative field as soon as surgeon finishes with them in order to prevent injury to patient or staff.
11. Use standard precautions to prevent contamination by bloodborne pathogens to team members, to patient, and to self.
12. Practice strict sterile technique to prevent contamination.
13. Watch for hazards that would affect the patient intraoperative.
14. Receive and properly identify any medications or solutions with circulating nurse.
15. Identify and preserve specimens received during surgery.
16. Count with the circulating nurse all sponges, needles, blades, and instruments as needed; counts are done prior, during, and after surgery.
17. Watch the progress of the surgery in order to anticipate the needs of the surgeon.
18. Assist the surgeon by sponging, cutting suture, suctioning fluids, and retracting tissue.
19. Prepare instruments and supplies for decontamination and sterilization at the end of procedures; assist in safe room clean up using standard precautions.
20. Assist the surgeon and OR team in the types of cases listed in content outline.

EXPANDED COURSE OUTLINES DIDACTIC COMPONENT:

Section I	Laparotomy, incisions, gastrointestinal surgery
Section II	Surgery of the liver, biliary tract, pancreas and spleen
Section III	Repair of hernias
Section IV	Obstetrics and gynecologic surgery
Section V	Genitourinary surgery
Section VI	Thyroid surgery
Section VII	Breast surgery
Section VIII	Orthopedics
Section IX	Otologic surgery
Section X	Rhinologic & sinus surgery

Section XI	Plastic and Reconstruction
Section XII	Ophthalmic
Section XIII	Cardiothoracic
Section XIV	Peripheral Vascular
Section XV	Neurosurgical

A specific listing of surgical procedures each student is expected to recognize and identify in respect to a surgical technologist role is as follows:

General Surgery

Appendectomy - Open
 Appendectomy - Laparoscopic
 Breast Biopsy - Sentinel Node Biopsy
 Breast biopsy - Needle Localization
 Modified Radical Mastectomy w/ Axillary Node Dissection
 Cholecystectomy -Open
 Cholecystectomy - Laparoscopic
 Cholecystectomy w/ Cholangiogram
 Colon Resection w/ Colostomy
 Colon Resection w/o Colostomy
 Gastrectomy w/ Gastrostomy
 Gastrectomy w/o Gastrostomy
 Hemorrhoidectomy
 Herniorrhaphy - Open - Incisional
 Herniorrhaphy - Laparoscopic - Incisional
 Herniorrhaphy - Open - Inguinal
 Herniorrhaphy - Laparoscopic - Inguinal
 Herniorrhaphy - Open - Umbilical
 Herniorrhaphy - Laparoscopic - Umbilical
 Laparoscopic Nissen Fundoplication
 Liver Resection
 Splenectomy - Open
 Splenectomy – Laparoscopic
 Thyroidectomy
 Pancreaticoduodenectomy. (Whipple Procedure)

Obstetrics and Gynecologic Procedures

Cervical Biopsy
 Cervical Cerclage (Shirodkar's Procedure)
 Dilation and Curettage (D&C)
 Hysteroscopy
 Cesarean Section
 Endometrial Ablation
 Hysterectomy - Laparoscopic
 Hysterectomy - Robotic-Assisted
 Hysterectomy - Total Abdominal

Hysterectomy - Vaginal
 Myomectomy
 Uterine Radiation Seeding
 Oophorectomy
 Ectopic Pregnancy
 Salpingectomy
 Sterilization Procedures
 Tuboplasty
 Labioplasty
 Perineal Laceration
 Vulvectomy
 Ablation of Condylomas
 Marsupialization of Bartholin's Gland (Cystectomy)
 Anterior and Posterior Repair (Colporrhaphy)
 Diagnostic Laparoscopy
 Total Pelvic Exenteration
 Wertheim Procedure

Genitourinary

Nephrectomy
 Kidney Transplant
 Wilm's Tumor Excision (Adrenalectomy)
 Ureteroscopy
 Ureteropyelithotomy
 TUR-BT
 Cystectomy w/ Creation of Ileal Conduit
 Suspension (TVT/Sling)
 TURP
 Prostatectomy - Laparoscopic w/ Robot
 Prostatectomy - Suprapubic
 Prostate Seeding
 Circumcision
 Epispadias Repair
 Hypospadias Repair
 Penile Implant Insertion
 Penectomy
 Hydrocelectomy
 Orchiopexy

Orchiectomy

Otorhinolaryngologic

Cochlear Implant

Mastoidectomy

Myringotomy

Stapedectomy

Tympanoplasty

Choanal Atresia

Endoscopic Sinus Surgery (FESS)

Nasal Antrostomy

Nasal Polypectomy

Septoplasty

Turbinectomy

Laryngectomy

Parotidectomy

Radical Neck Dissection - Glossectomy

Radical neck Dissection - Mandibulectomy

Temporomandibular Joint Arthroplasty (TMJ)

Tonsillectomy and Adenoidectomy

Tracheotomy and Tracheostomy

Uvulopalatopharyngoplasty

Orthopedic

Acromioplasty - Open

Acromioplasty - Arthroscopic

Shoulder - Arthroscopy

Bankart Procedure - Open

Bankart Procedure - Arthroscopic

Shoulder - Total Arthroplasty

Radius ORIF

Radius - External Fixator

Hip - Total Arthroplasty

Hip - ORIF

Femur - Femoral Shaft Fracture

Knee - Arthroscopy

Anterior Cruciate Ligament Repair (ACL)

Amputation - Above-the-Knee

Amputation - Below the-Knee

Knee - Total Arthroplasty

Achilles Tendon Repair

Triple Arthrodesis

Bunionectomy

Oral and Maxillofacial

Maxillary and Mandibular Fractures-ORIF

Arch Bar Application

Cleft Repair-Lip

Cleft Repair-Palate

Odontectomy/Tooth Extraction

LeForte I

LeForte II

LeForte III

Orbital Fractures-ORIF

Plastic and Reconstruction

Blepharoplasty

Brow Lift

Cheiloplasty

Malar Implants

Mentoplasty

Otoplasty

Rhinoplasty

Rytidectomy

Breast Augmentation

Mastopexy

Mammoplasty

Nipple Reconstruction

Mammoplasty-TRAM Flap

Abdominoplasty

Suction Lipectomy

Superficial Lesion/Neoplasm

Skin Graft - Full-Thickness (FTSG),

Skin Graft - Split-Thickness (STSG)

Microvascular Pedicle Graft, Scar

Revision, Dupuytren's Contracture

Traumatic Injury Repairs

Radial Dysplasia

Release of Polydactyly

Release of Syndactyly

Ophthalmic

Chalazion Excision

Dacryocystorhinostomy

Entropion/Ectropion Repair

Enucleation

Extracapsular Cataract

Excision

Iridectomy

Keratoplasty

Laceration Repairs

Scleral Buckle

Strabismus Correction - Recession &

Resection

Vitreectomy

Cardiothoracic

Bronchoscopy

Mediastinoscopy - Lymph Node Biopsy

Thoracoscopy – Video-Assisted

Thoracoscopy,

Thoracotomy – Lobectomy

Thoracotomy – Pneumonectomy
 Thoracotomy - Decortication of the Lung
 Thoracotomy - Lung Transplant
 Thoracotomy - Pectus Excavatum Repair
 Thoracotomy - Pulmonary Embolism
 Aortic/Mitral Valve Replacement
 Atrial/Ventricular Septal Defect Repair
 Closure of Patent Ductus Arteriosus
 Coronary Artery Bypass Graft - Intraaortic
 Balloon Pump
 Coronary Artery Bypass Graft - Minimally
 Invasive Direct (MID-CABG)
 Coronary Artery Bypass Graft - Off-Pump
 CABG
 Coronary Artery Bypass Graft - Ventricular
 Assistive Device (VAD) Insertion
 Heart Transplant
 Repair of Coarctation of the Aorta
 Tetralogy of Fallot Repair
 Ventricular Aneurysm Repair

Peripheral Vascular

Abdominal Aortic Aneurysm w/ Graft
 Insertion
 Angioplasty - Endograft Placement
 Angioplasty - Endostent Insertion
 Angioscopy
 AV Shunts and Bypass - Aortofemoral
 Bypass
 AV Shunts and Bypass - Arteriovenous
 Fistula and Shunt
 AV Shunts and Bypass - Femoropopliteal
 Bypass
 Carotid Endarterectomy
 Embolectomy
 Vena Cava Device
 Vein Ligation and Stripping
 Venous Access Device

Neurosurgical

Carpal Tunnel Release,
 Laminectomy - Cervical – Anterior
 Laminectomy - Cervical – Posterior
 Laminectomy – Thoracic
 Laminectomy - Lumbar - Minimally Invasive
 Laminectomy - Lumbar - Spinal Fusion
 Craniotomy - Aneurysm Repair
 Craniotomy – Cranioplasty
 Craniotomy - Craniosynostosis Repair
 Rhizotomy
 Stereotactic Procedures
 Transphenoidal Hypophysectomy
 Ulnar Nerve Transposition
 Ventriculoperitoneal Shunt Placement
 Ventriculoscopy

GRADING SCALE:

Grades are based on using assessment tools such as exams, assignments, and final exams at the end of each quarter. Each exam question is worth one point unless noted otherwise. The number of points earned divided by the number of points possible will determine the student's grade. Graded materials will be returned in a timely manner. Grade percentages are as follows:

A	90-100	4
B	80-89	3
C	70-79	2

*Students must maintain a grade of 'C' or better to remain in the program. A grade of 85% or higher is required on each lab final and instrument final exam to progress to the next course. Clinical components of SUR 7050.01 are graded on a Pass/Fail basis, and must be passed in order to continue in the program. *60 cases need to be verified by the end of Clinical Practicum I, as well as all clinical time made up. If this benchmark is not met it will result in disciplinary actions.

PROFESSIONAL CONDUCT

All participants in this program are expected to conduct themselves appropriately. People are to be treated with respect and dignity at all times. Rude remarks, humor at the expense of others, or any form of mean spiritedness, are inappropriate regardless of intent. When choosing behavior, consider what would be acceptable in the work environment to which one aspires. For example, talking while others have the floor is not any more appropriate here than it would be in a staff meeting conducted by a supervisor. One of the anticipated learning outcomes of this program is to know what it is to conduct oneself properly. Students pay for the opportunity to learn. This opportunity should not be diminished by others. The instructor is responsible for maintaining the appropriate behavior in the class. Individuals who do not comply with behavioral expectations risk being required to withdraw from the class. Questions regarding the behavioral expectations for this program should be addressed with the Program Coordinator. See *Surgical Technology Program Student Handbook* for additional information.

MAKE UP POLICY

Whether or not the instructor is contacted, students who miss class are responsible for checking with another student in regard to material covered or assignments made. If a video was shown during the missed period, the student should contact the Program Coordinator to check out the video for viewing either at home or in the classroom after class. A one-page report on the video may be required to be turned in within three days of the student's return to class.

Any assignment or exam missed—regardless of reason—will result in zero points for that assignment or exam unless the instructor is notified **in advance** of absence and arrangements are made for completing work due. It is the student's responsibility to plan with the instructor **before class** on the day the student returns to school. If the makeup assignment or exam is not completed as initially arranged, zero points will be recorded with no further opportunity for completion.

If tardy, it is up to the instructor whether the student will be allowed to turn in an assignment or take an exam with the class. There will be a 10% reduction in grade if the student arrives after the exam has started, or for any exam taken or assignment turned in after the scheduled time. A student will be allowed to make up only one exam per course.

Due to the nature of presentations, daily assignments, or quizzes, grade will be recorded as zero without opportunity to make up points if student is absent. If the assignment or quiz is mandatory, it must still be completed but no points will be recorded.

CLASSROOM ATTENDANCE

All students are expected to be present for their scheduled classes and labs. Regular attendance and participation are required. Absences will be considered justified and excusable only in cases of emergencies, serious illness or death in the immediate family.

The instructor has the responsibility to determine specific attendance policies for each course taught, including the role that attendance plays in calculation of final grades and the extent to which work missed due to non-attendance can be made up.

Students are expected to be in class on time each class period, and show respect to the presenter whether faculty, student, or guest speaker. All material covered, regardless of presenter or presentation method, may be included on exams. Assignments made must be completed by each student and are due at the beginning of class unless stated otherwise.

Attendance and punctuality are strong considerations for employment; therefore, absences, late arrivals, or early departures are discouraged for any reason except emergencies. Instructors reserve the right to require that late students enter the classroom only on breaks, especially if an exam is in progress. Students exhibiting behavior which may be considered disruptive to a positive learning environment may be dismissed from the classroom and counted absent for the day.

Any student with symptoms of a communicable illness should not be in attendance due to the potential for passing their illness to other students and faculty. The instructor may require a student to see a physician and return with permission stating it is safe for the student to be in an academic setting.

CLINICAL ATTENDANCE – Summer SEMESTER

FIRST AND SECOND SCRUB ROLE AND OBSERVATION

FIRST SCRUB ROLE

A student surgical technologist must perform all of the following duties with proficiency in any surgical procedure to document it as a case in the first scrub role. If less than the five duties are met, it will be considered a second scrub role or observation.

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

SECOND SCRUB ROLE

A second scrub role is documented by any student not meeting all of the first scrub criteria but actively participates in full procedure by completing any of the following:

1. Sponging
2. Suctioning
3. Cutting suture
4. Holding Retractors
5. Manipulating endoscopic camera

OBSERVATION ROLE

The observation role is any student performing roles in the operating room but not meeting the criteria of the first or second scrub. These cases are not included in the required case count, but must be documented for the program.

All student activities associated with curriculum, especially while students are completing their clinical rotations, will be educational in nature. ***Students will not be substituted for clinical facility personnel in the capacity of a surgical technologist, nor will they be receiving any monetary remuneration during their educational experience.*** Students may be employed in a clinical facility outside regular education hours provided the work is limited so that it does not interfere with regular academic or clinical responsibilities. Any paid employment is outside the realm of responsibility of the college or its faculty.

Attendance at clinicals is mandatory for successful completion of the Surgical Technology program. Students must complete a minimum of 120 cases as delineated below:

A. General Surgery Cases

1. Students must complete a minimum of 30 cases in General Surgery; 20 which must be performed in First Scrub Role. The remaining 10 cases may be performed in either the First or Second Scrub Role.

B. Specialty Cases

1. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either First or Second Scrub Role.
 - a. A minimum of 60 surgical specialty cases must be performed in the First Scrub role and distributed amongst a minimum of four surgical specialties.
 - (1.) A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).
 - (2.) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.
 - b. The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role.

C. Optional surgical specialties

1. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.
 - a. Diagnostic endoscopy cases must be documented in the category of "Diagnostic Endoscopy", rather than by specialty.
 - b. Vaginal delivery cases must be documented in the category of "Labor & Delivery" rather than in the OB/GYN specialty.

In order to have an opportunity to scrub or assist on the required number and mix of cases, it is essential that each student be in attendance each day of clinicals. *Students are to turn in a Prep Sheet when assigned, and obtain an evaluation of their performance from their preceptor **each** clinical day.*

Clinical hours are 0615-1430 (must be changed and ready by 0630). If you leave a message at the surgery desk, make note of the name of the person you speak with. Students are also required to report late arrival (after 0630), absence, or early departure to the Program Coordinator at 256-6152 (may leave message).

If tardy for clinical assignment, the student must report *directly* to the Clinical Instructor on arrival. A minimum of thirty (30) minutes will be logged for each late arrival. Any tardiness or absence from clinicals in excess of eight (8) hours **during summer semester** must be made up at the convenience of the Clinical Instructor. It is ***the responsibility of the student to plan*** with the Clinical Instructor. The absence must be reported as required above for a student to be allowed to make up time. Clinical time must be made up within the current eight-week block in order to continue. A student will be allowed to make up no more than sixteen (16) hours during summer semester. If arrangements cannot be made with the Clinical Instructor to make-up the missed clinical time, the student will not be allowed to continue. Expect periods of absence from clinicals exceeding twenty-four (24) hours may result in dismissal from the program.

Students should make certain they understand how attendance and academic progress will affect their financial aid status. Failure to comply with attendance policies will result in disciplinary action.

Only those students who have performed satisfactorily in the appropriate role on the required number of clinical cases and who have successfully completed all didactic components of the program will be candidates for graduation. Students must take the national certification exam administered by NBSTSA in order to graduate.

CLINICAL AREA REQUIREMENTS

- Clinical sites reserve the right to refuse acceptance of any student who is involved in any activity not considered professional or conducive to proper patient care. Students are expected to conduct themselves in a professional manner at all times.
- Undue conversation, excessive noise, dirty jokes, gossip, and loitering are unprofessional behaviors and must be avoided. Personal problems should not be discussed with patients or staff. Discussion of personal health history with surgeons is forbidden and will result in disciplinary action.
- Students are guests at the healthcare facility and as such, must maintain a good working relationship with the facility and its employees. Informing an employee of a break in their sterile technique is acceptable but must be done in a professional rather than accusatory manner. Notify your Clinical Instructor or Program Coordinator of difficulties in working with a particular employee.
- Students are to wear appropriate attire (see regulations following) and their SCCC student ID to the clinical sites. A uniform is not required, as students will change immediately into **surgical scrub tops and pants** on arrival in the operating room.

- Each student will wear **safety glasses** and a **clean, sturdy pair of rubber-soled, fluid-proof (non-perforated) shoes**, which they will designate as operating room shoes only. These shoes may be left at the clinical site second semester. Clogs may be worn if they are as described and have a strap or back at the heel. Shoe covers may be required while in lab and inside the operating room suite.
- Standard precautions will be practiced by each student for each case in the clinical area in order to prevent contact with infectious materials or body fluids.
- The Clinical Sites will make assignments each day. Students are to arrange for assignments the day before reporting to clinicals in order to research the cases assigned. Students are expected to be familiar with the procedures and instrumentation necessary for **each case**, and should be prepared to scrub and set up for the surgical cases they are assigned. Resources are available in each facility for reference if assignment changes.
- Students must document their role in cases performed by entering the information in Surgical Counts. Training will be held prior to students' first clinical rotation. Students are expected to enter cases in a timely manner following their clinical assignment. If a student has any difficulty adding cases, the issue must be addressed with their Clinical Instructor or Program Director. ***Cases must be added to Surgical Counts by the next clinical day in order to be counted toward the required number of cases.***
- Remain busy! Take initiative to find something to do. Cleaning and stocking of surgery rooms are learning opportunities. Be courteous to your patients and all staff. Maintain a cooperative and uncomplaining attitude. Professional attitude and behavior are factors considered in recommendations for future employment. Do not compare one clinical site to another. Each facility is unique with its own individual work environment.
- While in the clinical area, the student must not have any symptoms of infection or communicable disease. This would include, but not be limited to, boils, fever, rashes, cuts or abrasions which appear to be infected. The Clinical Instructor has the authority to ask the student to leave the operating room, see a physician and return with a permission slip stating it is safe for the student to be in the operating room. The student will be counted absent for this time loss and is responsible for any medical bills incurred while in the program.
- If a student is injured while at a clinical setting, the student is responsible for completing an incident report for the facility where the injury occurred and also for SCCC. Costs for medical expenses due to injury will be the student's responsibility.
- Students are responsible for their transportation between SCCC and clinical areas.

REGULATIONS REGARDING ATTIRE

1. Students are expected to wear clean clothing and dress in a conservative manner with no cleavage or mid-riffs showing when on campus and when coming and going from the hospitals. Halter and midriff tops are not permitted, nor are any clothing items which display unprofessional language or pictures. Undergarments must be worn, but must not be visible. Scrub tops are available for students to wear in lab. Students will change into scrub tops and pants on arrival in the operating room for clinicals.
2. Oral hygiene, daily bathing and use of an effective deodorant are required. Personal hygiene should always be above reproach. Passion marks or hickeys must not be visible.
3. Cosmetics should be used in moderation. No strong or offensive odors of any kind are allowed in the classroom, lab, or at the clinical sites. This includes but is not limited to perfume, cologne, lotion, and/or tobacco smoke. Students are not permitted

- to leave the operating room to smoke or use tobacco products.
4. Body art and tattoos must be covered for lab and clinicals. Coverings are removed only to scrub hands for practice and clinical experience. Students are discouraged from obtaining tattoos while in the program due to risk of infection.
 5. Fingernails must be clean, neatly trimmed, and reasonable in length, i.e. not exceed the length of the finger pad or seen from the palm of your hand. Fingernail polish or acrylic nails may not be worn.
 6. Students are to **remove all jewelry** while in lab and clinicals. No facial piercing or oral jewelry is permitted in the classroom, lab or clinical areas. The only jewelry permitted to be worn to the operating room is a wristwatch and wedding rings; however, **all jewelry must be removed prior to scrubbing.**
 7. Hair, beards, and mustaches must be neat, clean, well trimmed, and covered. Long hair must be secured while in lab and clinical areas.
 8. Shoes are purchased by the student and must be clean, sturdy, rubber-soled, and fluid-proof (non-perforated). Shoes should be comfortable as surgical technologists stand for long periods of time, and should be secure so as not to come off if required to hurry to an operating room with emergency equipment.
 9. Any deviation from the above regulations is considered inappropriate. Students failing to comply with regulations will be sent home and an absence will be recorded for the day without opportunity to make up the missed time.
 10. Disciplinary action will be taken if a student fails to comply with any regulation regarding attire.

AFFILIATING CLINICAL SITES:

Ozarks Healthcare

Operating Room Phone: 257-5832

Mercy Health Center

Operating Room Phone: 820-2762

Mercy Surgery Center

Operating Room Phone: 820-5140

COURSE REPEAT POLICY

A student enrolled in the Surgical Technology program must complete each required course with a 'B' or above. The student will need to reapply to be considered and be reevaluated before they can reenter the program.

ACADEMIC AND COURSE GRADE APPEAL

South Central Career Center has established an equitable and orderly process to resolve academic dissatisfaction at the School. This may include final grades, instructional procedures, attendance, instructional quality and situations related to academic issues.

Complaint, Grievance and Appeal Procedures

A method is provided for handling any school problems or difficulty, which might occur during the school year. If a grievance arises, the following procedures are to be followed. The grievance must be stated in written form. **See the South Central Career Center Adult Handbook.*

ETHICAL GUIDELINES

Any behavior that tends to gain an unfair advantage for any student in an academic matter may result in dismissal from the program. This includes, but is not necessarily limited to:

- No student will wear head gear, hats or caps that would shield their eyes, occlude vision, or cover their face during exams; face is to remain uncovered during tests.
- No student shall, during an examination have, use, or solicit any unauthorized information or material—written or oral, copy from another student's paper, or discuss the examination with any other person.
- No student shall, during an examination, knowingly give any unauthorized aid to another student, including sharing of information via cell phone or text messaging.
- No student shall acquire, by any means, knowledge of the contents of an examination yet to be given.
- No student shall fraudulently claim for credit any classroom, laboratory, clinical, or other assignment performed by an unauthorized person, including a fellow student.
- No student will discuss a patient's record with anyone except the patient, surgeon, or instructors. All patient information **MUST** be kept confidential per HIPAA regulations.

ACADEMIC DISHONESTY

Academic integrity represents one of the most essential elements of the teaching and learning process. All members of the SCCC community are expected to fulfill their academic obligations through honest and independent effort. By submitting coursework to your instructor as an SCCC student, you pledge that the work is truly your own.

Violations of academic integrity—which include but are not limited to cheating, collusion, plagiarism, and other forms of academic misconduct—damage your personal character and thwart your instructors' ability to promote your learning. As an SCCC student, you are responsible for knowing and following the School's policies and procedures regarding academic integrity. These guidelines and more information related to academic integrity are available in the Student Handbook.

The School recognizes that academic integrity is complex and can be confusing. Therefore, you are obligated to review these information sources carefully and to seek needed clarification from your instructor concerning questions of collaborative work, citation of sources, or other issues related to academic integrity.

DROPPING A CLASS

It is your responsibility to understand the School's procedure for dropping a class. If you stop attending this class but do not follow proper procedure for dropping the class, you will receive a failing grade.

Failure to properly withdraw from classes can have a detrimental effect on your grade point average and your future educational goals.

ADMINISTRATIVE WITHDRAWAL FROM A COURSE

It is the policy of the School that a student will be administratively withdrawn from a course due to lack of attendance in seated classes or nonparticipation in classes.

The number of absences that will result in administrative withdrawal from this class is six (6) days or one (1) consecutive calendar week.

Students should be aware that administrative withdrawal for lack of attendance or nonparticipation may reduce the amount of financial aid they receive, delay their graduation or necessitate repayment of aid already received and does not relieve their obligation to pay all tuition and fees due to the School.

DISCIPLINARY ACTION

The Surgical Technology Student Handbook serves as your source of information in regard to expectations of behavior and performance as a student in the program. It is our responsibility to prepare students for employment in healthcare; following policies is part of that preparation. When a student does not comply with expectations, it can affect the learning environment for all and could place the surgical patient in jeopardy. As with an employer, a student should petition for change by going through appropriate channels. Each student is responsible for knowing, accepting, and meeting expectations.

Should a student fail to comply with any expectation, regulation, or policy, it may be viewed as an indication that the student is not interested in successful completion of the program. Therefore, the student may receive a verbal warning, written warning, and/or be placed on probation. Certain behaviors and/or any further infractions will necessitate additional disciplinary action, up to and including dismissal from the program.

Any compromise of patient safety or behavior in violation of the rights of any member of the South Central Career Center community could result in dismissal. Incidents related to the dismissal of Allied Health students typically follow a pattern of noncompliance with competencies including, but not limited to, the critical elements identified in clinical evaluations. Exceptions to this include, but are not limited to, direct injury or abuse to patients, faculty, peers, and others which will result in **immediate dismissal** from the program. Other violations which will result in dismissal include theft of property, physical or psychological abuse of others, purposeful damage to another's property, threats made against another, disruption of authorized activities being conducted by surgical technology faculty, illegal use of drugs or alcohol, or disclosure of patient information other than to appropriate personnel.

Please note that a clinical facility may immediately remove from their premises any student who poses an immediate threat or danger to personnel or to the quality of patient care, or for unprofessional behavior. They may request that SCCC withdraw or dismiss a student from their clinical experience if the student's clinical performance is unsatisfactory or if their behavior is disruptive or detrimental to the facility or its patients. In such an event, the student's participation in the clinical component will be **terminated immediately** and the student will either need to

withdraw or be dismissed from the program.

NON-DISCRIMINATION STATEMENT

South Central Career Center prohibits discrimination and harassment and provides equal opportunities in its admissions, educational programs, activities and employment, regardless of race, color, religion, gender, national origin, age, marital status, sexual orientation, political affiliation, veteran status and disabilities that include HIV and AIDS and medical conditions. Bona fide occupational qualifications will be allowed in those instances where age, gender or physical requirements apply to the appropriate and efficient administration of the position.

PERSONAL CALLS

Cell phone use in the classroom, lab, and at clinical sites is not allowed. This includes making calls, receiving calls, text messaging, photos, and the internet. Keep cell phones and pagers turned off or in silent mode during class. Emergency calls received may be taken in the hallway outside the classroom. Interruptions due to personal calls or pages during class can lead to disciplinary action. Phones in the lab and in the clinical areas are not to be used for personal calls. Give family members the contact number for clinical sites rather than taking cell phones into the operating room. Public phones are available at each facility for student use.

COMPUTER USE EXPECTATIONS FOR SEATED COURSES

In today's computer-based society, it is imperative that students develop computer-based skills. Therefore, South Central Career Center's students will be expected to use technology to assist them in the learning process. At a minimum, students will be expected to log on to the online learning platform where the course syllabus and faculty information are located.

In a "seated" course, the time spent in class should be the primary venue used to deliver the content of the course as stated in the course abstract. The manner in which that content is delivered in the classroom is left to the discretion of the instructor.

In a "seated" course, the administering of course assessments (other than "traditional" assessments including, but not limited to, research papers, essays, mathematical problem sets, etc.) should be conducted primarily during the regularly-scheduled class periods. The manner in which those assessments are administered is left to the discretion of the instructor. The use of assessments (administered online) outside the regularly-scheduled class periods are acceptable provided the following criteria are met:

- the number of assessments is conducted on a limited basis;
- the percentage of the course grade comprised by the online assessments is kept to a minimum.

AMERICANS WITH DISABILITIES ACT (ADA)

Any student should notify this instructor immediately if special assistance or devices are needed to accommodate a disability. This School complies with Section 504 of the Rehabilitation Act of 1973 and makes every effort to ensure disabled persons admitted to the School as students or employed by the School are afforded all the rights and privileges provided to them by State and

Federal law.

To request academic accommodations for a disability, contact Disability Support Services at 417.447.8189 or in ICE 127. Students are required to provide documentation of disability to Disability Support Services prior to receiving accommodations.

DISABILITY SUPPORT SERVICES

Disability Support Services has been designated by the school as the primary office to guide, counsel and assist students with disabilities. If you receive services through the Disability Support Services Office and require accommodations for this class, make an appointment with your instructor as soon as possible to discuss your approved accommodation needs. Bring your Adult Student Request for Accommodations form to the appointment. Your instructor will hold any information you share in strictest confidence.

ASSOCIATION OF SURGICAL TECHNOLOGISTS CODE OF ETHICS

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

Hear and you forget; see and you remember; do and you understand." Rudolph Steiner