Division of Health Sciences

SURGICAL TECHNOLOGY

Student Handbook
2014-2016

Student Handbooks constitute Student Policy and are revised as needed. Please go to TCL.edu for updates.

Approved by Marge Sapp, Dean Health Sciences  May 29, 2014
PROGRAM DESCRIPTION: SURGICAL TECHNOLOGY

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SECTION I: SURGICAL TECHNOLOGY PROGRAM INFORMATION

TECHNICAL COLLEGE OF THE LOWCOUNTRY
SURGICAL TECHNOLOGY PROGRAM

The Surgical Technology Program is an integral part of the Technical College of the Lowcountry and holds with the philosophy and purposes of the College and the South Carolina Technical College System. It is a limited enrollment Allied Health Program, accepting a maximum of fifteen (15) new students each Fall.

MISSION STATEMENT

While supporting the stated mission and goals of the college, the mission of the Surgical Technology Program at the Technical College of the Lowcountry is to provide a comprehensive, competency-based curriculum, preparing students who will graduate with entry-level skills needed to perform as a competent Surgical Technologist and provide the best possible care to patients. Upon successful completion of the program, the graduate is eligible to take the National Certification Examination through the National Board of Surgical Technologist and Surgical Assistant (NBSTSA).

PROGRAM PHILOSOPHY

The Surgical Technology Department Faculty of the Technical College of the Lowcountry believes that:

Health is the state of optimum well-being for man. Health is relative and constantly changing.

Due to this changing state, the Surgical Technologist practices in the unique role of restoring optimum health and alleviating suffering by aiding surgical intervention. In fulfilling this role, the Surgical Technologist works closely with the patient, surgeon, and other operating room professionals in the operative care of the surgical patient.

Surgical Technology practice is not limited to the physical setting of the operating room. It is also utilized in other health care areas and facilities. These areas and facilities include, but are not limited to Labor and Delivery, Emergency Room, Central/Sterile Processing, Ambulatory Surgical Facilities, and private physician’s offices.

The educational environment of the Surgical Technology Program at the Technology College of the Lowcountry considers individual differences which affect learning ability, and provides motivation to continue to learn and adapt in the changing surgical environment. The faculty believes an individual’s ability to learn is based on past experiences and personal potential, which permits leaning to occur at different rates and levels. Learning takes place most readily when material is covered in logical sequence and progresses in difficulty from simple to complex. Under the guidance of the faculty, the student should assume responsibility for much of their own learning.

The faculty believes that Surgical Technology education should reflect the student’s development of skills and theoretical knowledge essential for restoring optimum health and alleviating suffering in the operative setting.

PROGRAM GOALS

1. Students will perform as entry-level Surgical Technologists.
2. Students will demonstrate effective communication skills.
3. Students will appreciate and demonstrate the value of professional growth and development.
4. The program will effectively meet the needs of the communities of interest.
5. Students will demonstrate critical thinking and problem solving skills.
6. Select appropriate instruments, equipment, and supplies for various surgical procedures.
7. Create and maintain a sterile field utilizing basic care preparation and procedures.
8. Demonstrate sterile surgical techniques and the use of modern operating room technology.
9. Identify and demonstrate patient care concepts.
10. Summarize patient preparation for selected surgical procedures.
11. Maintain a high level of ethical and professional standards.
12. Prepare to sit for the national certification examination.
Students complete 3 semesters of combined academic, laboratory, and clinical experience. The academic program includes professional and general education courses. All courses have course goals, objectives, and/or competencies, which must be satisfied before a student can progress. Students who complete the program will be awarded with a diploma in Surgical Technology, and may be eligible to sit for the National Certification examination through the National Board of Surgical Technologist and Surgical Assistant (NBSTSA).

**ACCREDITATION STATUS**

The Technical College of the Lowcountry’s Surgical Technology Program has been accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). 6 West Dry Creek Circle, Suite 210, Littleton, Colorado 80120-8031. (303)694-9262. The program is up for re-accreditation in 2021.

**OUTCOMES/COMPETENCIES**

Upon successful completion of the Surgical Technology Program, the graduate should be a professional who provides and participates in the coordination of patient care as a member of the surgical team by demonstrating knowledge of aseptic technique, surgical procedures, instrumentation, and will:

1. Demonstrate professionalism.
2. Participate as a team member.
3. Identify and measure quality.
4. Practice effective oral, written, and electronic communications.
5. Provide for patient and staff safety.
7. Practice aseptic technique.
8. Use equipment according to established policies and procedures.
9. Demonstrate proper use and care for instruments.
10. Prepare medications.
11. Participate in surgical procedures
12. Handle instruments in an appropriate manner.
14. Perform associated duties of the Surgical Technologist at entry level in connection with all operative specialties.

**PROFESSIONAL CONDUCT**

The following characteristics are consistent with professional behavior and are expected at all times:

1. Refrains from loudness, profanity, sneering, rudeness, and sleeping in class or clinical.
2. Is truthful.
3. Listens receptively.
5. Assumes responsibility for course preparation and participation.
6. Approaches individual with kindness, gentleness, and helpfulness
7. Offers companionship without becoming involved in a non-therapeutic manner
8. Accepts constructive criticism
9. Is neat, clean and appropriately attired.
10. Is consistently punctual.
11. Accepts assignments and willingly assists others.
12. Recognizes and performs within own limitations.
13. Uses break time appropriately.
14. Uses correct spelling and grammar
15. Communicates in a medically professional manner.
16. Cooperates with agency policies.
17. Observes legal and ethical standards of practice.
PROGRAM REENTRY

The Surgical Technology Program does not have an option for reentry. Students who are admitted but do not complete the Surgical Technology Program are eligible to reapply to the program if they meet admission criteria.

ASSOCIATION OF SURGICAL TECHNOLOGISTS MEMBERSHIP

- Students are required to join the Association of Surgical Technologist (AST) as a “student” member. Students are responsible for the $45.00 membership fee to the Association of Surgical Technologists. Students will be referred to the AST website, www.ast.org for information regarding membership application. As a member of the AST the cost of taking the National Certification exam decreases from $290.00 to $190.00. A fee of $190.00 will be applied to the student’s tuition during the summer semester that will cover the cost of the students’ National Certification examination. Membership must be obtained by the end of fall semester.

SECTION II SURGICAL TECHNOLOGY PROGRAM CLINICAL GUIDELINES AND ACTIVITIES

Surgical Laboratory Guidelines

1. Maintain professional conduct.
2. Be knowledgeable of the use of all equipment, supplies, and procedures before attempting use.
3. Check all equipment and supplies for proper function before use and report any malfunction or damage immediately.
4. Handle equipment properly and carefully to prevent damage or injury to yourself or others.
5. Clean and/or care for all equipment or supplies as instructed by your assigned instructor/preceptor.
6. Store all equipment and supplies in proper place.
7. Use the principles of correct body mechanics when lifting, pulling, or pushing.
8. Remove any hazardous objects or spills from floors or hallways immediately or notify your instructor/supervisor.
9. Minimize distractions to prevent accidents.
10. Never run in rooms or hallways.
11. Do not enter RESTRICTED/ISOLATED areas unless instructed to do so in the course of clinical activities.
12. When assigned to a restricted area, as with use of laser or x-ray, follow hospital policy regarding personal safety precautions.
13. Report fire to person in charge of immediate area and follow designated procedures.
14. Discuss any question concerning a procedure or equipment with facility preceptor and/or program instructor.
15. Students are REQUIRED to wear instructor approved protective eyewear when participating as a member of the sterile surgical team.
16. Whenever accidents or errors occur, they should be reported immediately to the instructor, preceptor or supervisor. Clinical facility policies regarding reporting and documentation will be followed.

Smoking

The clinical facilities in use are non-smoking facilities. Students are not permitted to leave the OR Department and building to smoke during breaks and lunch time (break times are usually 10-15 minutes and lunch is usually 30 minutes).
Uniform Policy

Clinical Setting

1. Maintain professional conduct.
2. Be knowledgeable of the use of all equipment, supplies, and procedures before attempting use.
3. Check all equipment and supplies for proper function before use and report any malfunction or damage immediately.
4. Handle equipment properly and carefully to prevent damage or injury to yourself or others.
5. Clean and/or care for all equipment or supplies as instructed by your assigned instructor/preceptor.
6. Store all equipment and supplies in proper place.
7. Use the principles of correct body mechanics when lifting, pulling, or pushing.
8. Never run in rooms or hallways.
9. Do not enter RESTRICTED/ISOLATED areas unless instructed to do so in the course of clinical activities.
10. When assigned to a restricted area, as with use of laser or x-ray, follow hospital policy regarding personal safety precautions.
11. Report fire to person in charge of immediate area and follow designated procedures.
12. Discuss any question concerning a procedure or equipment with facility preceptor and/or program instructor.
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14. Whenever accidents or errors occur, they should be reported immediately to the instructor, preceptor or supervisor.

Clinical facility policies regarding reporting and documentation will be followed.

Clinical Evaluation Narrative

The evaluation/grade for each course will be described in the course syllabus. Final evaluations for each of the four clinical rotations are based on identified competencies. Competencies and forms are included with the syllabus and calendar of each course. During each clinical rotation the student will be evaluated using four (4) different evaluation tools: 1) Weekly preceptor evaluations, 2) Clinical instructor evaluation, 3) Case card preparation forms, and 4) Final evaluation.

Clinical Experience Records

Continuing and final evaluations of the student by the instructors is used to help with the development and performance of the student during clinical course rotations. This is an important part that enables the student to set goals and accomplish their objectives. Observational techniques assess behaviors such as performance of skills, work habits, attitudes, and integration of knowledge.

Clinical experience is critical to the success of the Surgical Technology student. To meet the surgical rotation case requirements of the 6th Core Curriculum, students must complete 120 cases. Minimum requires include: 30 cases in General surgery (20 of which must be in the First Scrub Role); and, 90 cases in various surgical specialties (60 of which must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties); however, 15 is the maximum number of cases that can be counted in any one surgical specialty. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. A total of 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards the maximum number of Second Scrub Role cases.

The student will be allowed one excused absence during each clinical rotation. In the event of an absence, the student is required to call the clinical site at least 30 minutes prior to the start time of that day. If no one answers at the facility then the student must leave a message stating the time of the call and reason for not attending clinical on that particular day. In addition to calling the facility the student also required to call the clinical instructor and/or the program director. If there is no answer then a message is to be left with that individual. The student may also call the health science department administrative assistant at 843-525-8276 and leave a message stating the reason for not being able to attend clinical, the time of the call, student name and a contact phone number. Failure to do so will result in a “no-call, no-show” and is immediate grounds for dismissal from the program. Total number of absences cannot exceed 10% of the total hours of the class.

Each student will be required to maintain a clinical experience record – recording each surgical procedure for which they served as a
team member and is to be entered into DataArc. Students are to maintain clinical notebooks throughout all clinical rotations. Clinical notebooks will be submitted at the conclusion of the final clinical rotation and copies of all clinical documentation will be kept on file for 5 years.

**Instructor Evaluation**

Students will be asked by the institution to evaluate instructors every semester. These evaluations are summarized by administration and results passed on to the Program Director for program and faculty improvement.

**Student Clinical Work Policy**

The program faculty neither encourages nor discourages students from working in clinical or surgical facilities, but reminds the student of the following conditions:

1. The student should be committed to the completion of the surgical technology program.
2. Part time or full-time employment at a clinical affiliate is not a part of the educational program. This employment will not be considered an excuse for a student’s failure to comply with program expectations.
3. The student will not be excused to leave clinic early to allow them to clock-in at a clinical affiliate as an employee of that affiliate.
4. At no time during surgical technology program clinical hours may a student receive financial compensation from a clinical institution for performing surgical technology program related clinical training.
5. The student will not receive credit for surgical cases or clinical hours during the time they are on the payroll for a clinical affiliate.
6. The student will not be allowed to perform clinical examinations for competency or proficiency during the time they are on the payroll for a clinical affiliate.
7. The student will not be covered under the TCL liability insurance policy when working as a part-time or full-time employee of a clinical affiliate.
8. Surgical technology students will be supervised by a clinical setting preceptor at all times during clinical rotations and will not be substituted in place of staff by the clinical agency under any circumstances.
9. Any student who violates the student work policy will be investigated and may be dismissed from the program.

**Job Description: Certified Surgical Technologist**

*Association of Surgical Technologists*

**Definition**

Surgical technologists are allied health professionals and are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings. The surgical technologist works under medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. This individual functions under the supervision of a surgeon to ensure the operating room environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety. Duties of the surgical technologist may be performed in operating rooms, ambulatory surgery centers, central supply, labor and delivery areas, cardiac catheterization laboratories, private physicians’ offices, and other areas where invasive procedures are performed.

**Education**

Surgical technologists are graduates of postsecondary education programs. This education may be obtained through multiple routes, including universities, community colleges, vocational technical schools, and hospital-based programs. Institutions that offer a curriculum for surgical technologies receive special accreditation from the Accreditation Review Committee on Education in Surgical Technology; this organization provides accreditation services under the auspices of the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Completion of the national curriculum for education of surgical technologists may result in an individual earning an associate degree.

**Credentials**
Certification of entry-level knowledge is conferred by the National Board of Surgical Technologists and Surgical Assistants (NBSTSA), a separately incorporated affiliate of the Association of Surgical Technologists, Inc. The NBSTSA is solely responsible for all policy decisions regarding the certification of surgical technologists. Initial certification is based upon satisfactory performance on the national surgical technology certification examination. CSTs maintain their certification by accruing contact hours of approved continuing education in a consecutive 4 year period or by successfully retaking the certifying examination at the conclusion of the 4-year period.

**Competency Statements**

These competency statements support the motto of AST, the Patient First-Aeger Primo, by providing guidelines for safe and effective patient care. Patients, employers, and peers can be assured that the surgical technology practitioner who demonstrates these competencies will be performing at a level of excellence that will ensure quality patient care.

I. Demonstrates patient care concepts.

   A. Provides a safe, efficient, and supportive environment for the patient.
   B. Identifies the patient’s response to illness.
   C. Identifies the physical, spiritual, and psychological needs of the patient.
   D. Identifies the rights of health care consumers.
   E. Demonstrates the appropriate method of obtaining an informed consent.
   F. Verifies information on the patient’s chart.
   G. Verifies and records the preoperative condition of the patient.
   H. Implements principles of transportation of the surgical patient.
   I. Monitors the patient to identify deviations from expected responses.

II. Demonstrates the application of the principles of asepsis in a knowledgeable manner to provide optimum patient care.

   A. Identifies the principles of sterile technique and applies these techniques to each operative procedure.
   B. Demonstrates a surgical conscience at all times.
   C. Prepares items for sterilization.
   D. Monitors sterilization methods.
   E. Sterilizes items.
   F. Applies the correct techniques of disinfection and antisepsis.

III. Demonstrates basic surgical case preparation skills.

   A. Applies knowledge of normal and pathological anatomy and physiology to individualize patient care.
   B. Identifies the basic surgical instruments by type, function, and name.
   C. Applies the methods of care and handling of surgical instruments.
   D. Identifies and prepares basic sterile packs and trays.
   E. Identifies common sponges and dressings and their use in specific surgical procedures.
   F. Identifies major types of catheters, drains, tubes, and collecting mechanisms and their preparation and use in specific surgical procedures.
   G. Identifies suture materials and stapling devices.
   H. Selects and prepares the appropriate suture and stapling devices for specific operative procedures.
   I. Applies the proper methods of handling of suture materials and stapling devices.
   J. Identifies and selects the appropriate types of accessory equipment for specific surgical procedures.
   K. Demonstrates care, handling, and assembly of accessory equipment.
   L. Identifies and selects the appropriate specialty equipment for specific surgical procedures.
   M. Demonstrates care, handling, and assembly of specialty equipment.
   N. Selects appropriate draping materials for specific surgical procedures.
   O. Applies draping materials for specific surgical procedures.
   P. Identifies and reports to designated personnel conditions that may exist and could negatively affect the health, safety, and well-being of patients or personnel.

IV. Demonstrates creation and maintenance of the sterile field.
A. Assures the physical preparation of the operating room.
B. Verifies exposure to sterilization process and integrity of sterile packaging, and opens appropriate supplies.
C. Follows the appropriate dress code as dictated by hospital policy.
D. Selects and prepares supplies and instruments for the sterile field.
E. Counts all instruments, sponges, needles, and other items as dictated by hospital policy.

V. Demonstrates the role of the scrub person.

A. Follows principles of correct hand scrub.
B. Gowns and gloves self and others.
C. Passes correct instrumentation, supplies, and suture as needed by the surgeon.
D. Prepares medication and irrigating solutions as needed by the surgeon.
E. Maintains highest standard of sterile technique during operative procedure.
F. follows established policy and procedure for all counts.
G. Initiates corrective action when counts are incorrect.
H. Anticipates emergency or unusual circumstances and initiates corrective actions.
I. Follows appropriate postoperative routines.
J. Demonstrates knowledge of the step-by-step procedures of specific surgical procedures.
K. Displays dexterity in the use of required instrumentation.
L. Anticipates the needs of the surgeon in order to expedite the surgical procedure.
M. Demonstrates organization of work.

VI. Demonstrates the role of the circulator.

A. Selects and prepares supplies and equipment for the operative team.
B. Provides for the comfort and safety of the patient.
C. Assists anesthesia personnel as needed.
D. Applies appropriate equipment to the patient as requested by the surgeon.
E. Performs counts with the scrub person.
F. Anticipates the need for additional supplies during the operative procedure.
G. Operates all equipment as needed following all recommended practices and procedures.
H. Communicates and documents all information regarding the surgical procedures.
I. Follows appropriate postoperative routines.
J. Monitors and controls the surgical environment as indicated in policy and procedure.
K. Implements the proper principles of positioning of the surgical patient.
L. Prepares the operative site for surgery.
M. Prepares all specimens for laboratory analyst.
N. Applies thermoregulatory devices to the patient.
O. Demonstrates the preparation and use of appropriate hemostatic and blood replacement agents and devices.
P. Performs urinary catheterization and monitoring of urinary output.
Q. Identifies developing emergency situations, initiates appropriate action, and assists in the treatment of the patient.
R. Documents the intraoperative care of the patient.

VI. Demonstrates accountability as a health care professional.

A. Respects the rights of the patient by maintaining confidentiality and privacy of the patient.
B. Demonstrates the ability to use sound judgment in decision making.
C. Demonstrates initiative in expanding knowledge.
D. Recognizes the importance of teamwork, consideration, and cooperation within the operating room.
E. Functions in a efficient and professional manner in all aspects of surgical care.
F. Understands that each practitioner is individually responsible for his/her own actions.
G. Recognizes legal and policy limits of individual responsibility.

**Job Knowledge**

1. Selects, assembles, and checks equipment for proper function, operation, and cleanliness, including correcting malfunctions.
2. Opens sterile supplies.
3. Checks and verifies patient chart for pertinent information, identifies patient, and transports patient to the operating room.
4. Transfers the patient to the operating room bed.
5. Assesses comfort and safety measures and provides emotional support the patient.
6. Respects patient’s inherent right to privacy, dignity, and confidentiality.
7. Assists anesthesia personnel.
8. Applies electrosurgical grounding pads, tourniquets, monitors, etc., before procedure begins.
9. Performs necessary preoperative procedures such as urinary catheterization.
10. Prepares patient’s skin prior to draping.
11. Performs appropriate counts with scrub person.
12. Mixes, labels, and conveys drugs/solutions to the scrub person and/or surgeon.
13. Anticipates additional supplies needed during the procedure.
14. Participates with anesthesia personnel in estimating the blood loss during the surgical procedure and obtains necessary replacement.
15. Maintains accurate records throughout the procedure.
17. Transport patient to post-anesthesia care unit.
18. Assist other members of the team with terminal cleaning of the operating room.
19. Assists in preparing the operating room for the next patient.

**Job Description: The Assisting Surgical Technologist**

**Association of Surgical Technologists**

**Definition**

The CST acting as an assistant to the surgeon during the operation does so under the direction and supervision of that surgeon and in accordance with hospital policy and appropriate laws and regulations.

The Association of Surgical Technologists, Inc., recognizes that the certified surgical technologist (CST) first assistant must have skills necessary to perform complex tasks that require more advanced specialized education and training (see the official job description for the surgical first assistant.)

**Professional Relationships**

The surgical technologist is clinically supervised by a physician, CST, nurse, or other designated individual. Many surgical technologists also supervise or instruct other surgical technologists and health professionals as assigned. The surgical technologist has daily contact with physicians, nurses, and other health professionals as well as frequent contact with patients. Surgical technologists work closely with physicians to assist during surgery, establish protocols, and perform special procedures.

**Scrub Surgical Technologist**

The CST acting as a scrub person handles the instruments, supplies, and equipment necessary during the surgical procedure. He/she has an understanding of the procedure being performed and anticipates the needs of the surgeon. He/she has the necessary knowledge and ability to ensure quality patient care during the operative procedure and is constantly on vigil for maintenance of the sterile field. Responsibilities include the following:

1. Checks supplies and equipment needed for surgical procedure.
2. Scrubs, gowns, and gloves.
3. Sets up sterile table with instruments, supplies, equipment, and medications/solutions needed for procedure.
4. Performs appropriate counts with circulator prior to the operation and before incision is closed.
5. Gowns and gloves surgeon and assistants.
6. Prepares sterile field including draping the patient and equipment.
7. Conveys instruments, supplies, and equipment to the surgeon during the operative procedure.
9. Mixes, labels, and dispenses drugs/solutions to the surgeon.
10. Maintains the highest standard of aseptic technique during the operative procedure.
11. Cleans and prepares instruments for terminal sterilization.
12. Assists other members of the operative team with terminal cleaning of the operating room.
13. Assists in preparing the operating for the next patient.

**Circulating Surgical Technologist**

The CST acting as a circulator supports the surgical team by obtaining appropriate supplies, instruments, and equipment necessary for the surgical procedure. He/she monitors conditions in the operating room and constantly assesses the needs of the patient and the surgical team. He/she documents the care given to the patient during the operative procedure. Responsibilities include the following:

1. Pharmacology; anesthetics, drugs, and solutions used in surgery.
2. Wound healing and wound complications
3. Sterilization, disinfection, and antisepsis
4. Principles of asepsis and sterile technique
5. Environmental safety (e.g., electrical hazards, radiation and laser precautions)
6. Preoperative preparation of patients: consents, appropriate attire, transportation, identification, etc.
7. Positioning of patients for anesthesia and for surgery
8. Preoperative skin preparation
9. Preparation and care of surgical supplies and equipment
10. Establishment and maintenance of a sterile field
11. Appropriate instrumentation, suturing materials, needles, prosthetic devices, and other supplies
12. Appropriate counts of sponges, needles, instruments, etc.
13. Handling of surgical specimens and body fluids
14. Drainage mechanisms and wound dressings
15. Complications of surgical procedures
16. Emergency procedures, including cardiopulmonary resuscitation
17. Legal, moral, and ethical responsibilities
18. Effective communications and interpersonal relationships
19. Cost-containment measures

**Surgical Knowledge**

1. General and rectal surgery
2. Obstetric and gynecologic surgery
3. Ophthalmic surgery
4. Ear, nose, and throat surgery
5. Oral surgery
6. Plastic and reconstructive surgery
7. Urologic surgery
8. Orthopedic surgery
9. Neurosurgery Thoracic surgery
10. Cardiovascular surgery
11. Peripheral vascular surgery
12. Transplant surgery
13. Procurement surgery

**Equipment Knowledge**

1. Sterilizers
2. Operating room tables
3. Surgical lights
4. Electrosurgical units
5. Suction apparatus
6. Special Abilities
The surgical technologist must have the ability to integrate an understanding of anatomy and physiology with the prescribed surgical procedure. The individual must possess excellent manual dexterity and react quickly to convey and receive instruments from the surgeon. Surgical technologist must be able to communicate effectively and to function efficiently and calmly in extremely stressful environments. The surgical technologist must understand the scheduled procedure and be able to anticipate the sequence of events and needs of the surgeon. Careful attention to detail is required to ensure maintenance of a sterile field and observance of accepted procedures designed to protect the patient. The surgical technologist must react quickly and calmly in emergency situations.

**STANDARDS OF PRACTICE**  
*Association of Surgical Technologists, 2004*

**Standard I**

Teamwork is essential for perioperative patient care and is contingent upon Interpersonal skills.

**Interpretative Statement**

*Good interpersonal skills and surgical conscience provide an atmosphere to enhance the job performance of the surgical technologist.*

**Criteria**

1. Interpersonal skills are measured by observation of behavior.
2. Interpersonal relationships should be characterized by trust, honesty, confidence, and respect.
3. The ability to meet expectations and to function may be dependent upon communication with team members.
4. The surgical technologist practitioner recognizes limits of individual responsibility within framework of job description, while working toward mutual goals of the organization.
5. The surgical technologist practitioner adheres to the AST Code of Ethics at all times in relationship to all members of the health care team.
6. The surgical technologist practitioner develops a professional attitude that will promote responsibility as an individual and as a member of the health care team.

**Standard II**

Preoperative planning and preparation for surgical intervention are individualized to meet needs of each patient and his or her surgeon.

**Interpretative Statement**

*The process of formulating in advance the direction the surgical technologist practitioner must follow in preparing for the surgical procedure involves the collection of data concerning the patient and the surgeon’s preferences for the procedure.***

**Criteria**

1. The data collection may be accomplished through diversified means such as interview, review of records, assessment, or consultation with other members of the team.
2. Current health status deviations and/or problems are identified.
3. Preoperative diagnosis, common complications, and operative pathology relating to specific surgical procedures are understood through fundamental knowledge of basic sciences and procedures applicable to the surgeon’s plan for surgical intervention.
4. Surgical procedure manuals or cards that enumerate surgeon’s preference are current.
**Standard III**

The preparation of the surgical suite/clinical area and all supplies and equipment will ensure environmental safety for patients and personnel.

**Interpretative Statement**

*Environmental safety and infection control are achieved by adhering to sound technical scientific principles and guidelines to minimize hazard*

**Criteria**

1. Wear required attire correctly.
2. Select and prepare necessary supplies and equipment.
3. Check all equipment for working order and report or correct unsafe conditions. Inspect emergency equipment and supplies for condition and quantity.
4. Assure physical preparation of clinical area, i.e., damp dust and place furniture.
5. Verify exposure to a sterilization process and integrity of sterile packaging. Open supplies aseptically.
6. Establish and maintain sterile field.
7. Identify and report to designated personnel conditions that may exist and could negatively affect the health, safety, and well-being of personnel.
   a. Adhere to recommended isolation precautions.
   b. Check electrical, laser, and radiation equipment in the operating room.
8. Demonstrate correct body mechanics.
9. Comply with all policies, procedures, and recommended practices pertaining to the use, care and maintenance of supplies and equipment.
10. Identify principles and demonstrate techniques of disinfection, sterilization, and environmental control.

**Standard IV**

Application of basic and current knowledge is necessary for a proficient performance of assigned functions.

**Interpretative Statement**

*Knowledge of and assistance with a surgical procedure are demonstrated by meeting the anticipated needs of the surgeon and other team members.*

**Criteria**

1. Identify breaks in aseptic technique and correct and/or report same to the proper authority.
2. Display dexterity in the use of surgical instruments throughout the procedure.
3. Prepare and know the specific uses of all needed equipment and supplies, including solutions and drugs.
4. Continually maintain a neat and orderly sterile field as dictated by the sequence of the procedure.
5. Use economy in time, motion, and material in assisting the surgeon surgical team.
6. Differentiate between contaminated and clean/sterile areas.
7. Anticipate in counting procedures per established policy.
8. Appropriately prepare all specimens for laboratory analysis.
9. Identify unusual or emergency situations and use sound judgment in instituting established procedures to correct them in a calm and efficient manner.
Standard V

Each patient’s rights to privacy, dignity, safety, and comfort are respected and protected.

Interpretative Statement

Professional behavior of the surgical technologist practitioner reflects a surgical conscience that includes legal, ethical, and moral responsibilities to each individual patient. Every practitioner is accountable for his or her acts of commission and omission that contributed to outcomes of surgical intervention.

Criteria

1. The patient is transported, positioned, and restrained without bodily injury.
2. Every surgical technologist practitioner is morally and ethically responsible and legally accountable to patients for performance.
3. Physical, psychological, and spiritual needs of the patients are met.
4. The patient is respected as an individual.
5. The surgical technologist practitioner should be familiar with the Patient’s Bill of Rights and statutes governing allied health practice.
6. The patient is monitored to identify deviations from expected responses requiring immediate action.
7. Events must be factually documented and records legible.
8. Patients records are verified as complete.
9. Records verify that patient care has been rendered in accordance with policy and procedure.
10. The surgical technologist practitioner should recognize the limits of individual responsibility to self, profession, and employer.

Standard VI

Every patient is entitled to the same application of aseptic techniques within the physical facilities.

Interpretative Statement

The surgical suite/clinical area if restored to a safe environment for subsequent patient care following completion of a surgical procedure.
Graduation Requirements

I. Complete 50 semester hour credits distributed as follows:

A. REQUIRED MAJOR COURSES 30 SHC

<table>
<thead>
<tr>
<th>Title</th>
<th>Course Name</th>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUR</td>
<td>101 Introduction to Surgical Technology</td>
<td>3.0</td>
<td>6.0</td>
<td>5.0</td>
</tr>
<tr>
<td>SUR</td>
<td>103 Surgical Procedures I</td>
<td>2.0</td>
<td>6.0</td>
<td>4.0</td>
</tr>
<tr>
<td>SUR</td>
<td>104 Surgical Procedures II</td>
<td>2.0</td>
<td>6.0</td>
<td>4.0</td>
</tr>
<tr>
<td>SUR</td>
<td>106 Advanced Surgical Procedures</td>
<td>1.0</td>
<td>3.0</td>
<td>2.0</td>
</tr>
<tr>
<td>SUR</td>
<td>110 Introduction to Surgical Practicum</td>
<td>1.0</td>
<td>12.0</td>
<td>5.0</td>
</tr>
<tr>
<td>SUR</td>
<td>112 Surgical Practicum I</td>
<td>2.0</td>
<td>6.0</td>
<td>4.0</td>
</tr>
<tr>
<td>SUR</td>
<td>113 Advanced Surgical Practicum</td>
<td>4.0</td>
<td>6.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

B. REQUIRED RELATED COURSES 11 SHC

<table>
<thead>
<tr>
<th>Title</th>
<th>Course Name</th>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS</td>
<td>103 Biomedical Terminology</td>
<td>2.0</td>
<td>0.0</td>
<td>2.0</td>
</tr>
<tr>
<td>AHS</td>
<td>121 Basic Pharmacology</td>
<td>2.0</td>
<td>0.0</td>
<td>2.0</td>
</tr>
<tr>
<td>AHS</td>
<td>130 Procedures &amp; Practices in the Operating Room</td>
<td>3.0</td>
<td>0.0</td>
<td>3.0</td>
</tr>
<tr>
<td>BIO</td>
<td>112 Basic Anatomy &amp; Physiology</td>
<td>4.0</td>
<td>0.0</td>
<td>4.0</td>
</tr>
</tbody>
</table>

C. GENERAL EDUCATION REQUIREMENTS 9 SHC

<table>
<thead>
<tr>
<th>Title</th>
<th>Course Name</th>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENG</td>
<td>101 English Composition I</td>
<td>3.0</td>
<td>0.0</td>
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</tr>
<tr>
<td>PSY</td>
<td>201 General Psychology</td>
<td>3.0</td>
<td>0.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Select one of the following:

- CPT 101 Introduction to Computers
- CPT 170 Microcomputer Applications

II A Grade of C (C=2) or better in all courses within this curriculum, with a minimum cumulative grade average of 2.00 on all college work.

<table>
<thead>
<tr>
<th>Major</th>
<th>30.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required Related Courses</td>
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</tr>
<tr>
<td>General Education</td>
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<td></td>
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</table>
TECHNICAL COLLEGE OF THE LOWCOUNTRY
MODEL FOR SURGICAL TECHNOLOGY

CLUSTER: Allied Health Technology DEGREE: Health Science Diploma

Recommended Semester Course Sequence

**FIRST YEAR - FALL SEMESTER**

<table>
<thead>
<tr>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS 103</td>
<td>Biomedical Terminology</td>
<td>2.0</td>
</tr>
<tr>
<td>AHS 130</td>
<td>Procedures &amp; Practices in the Operating Room</td>
<td>3.0</td>
</tr>
<tr>
<td>BIO 112</td>
<td>Basic Anatomy &amp; Physiology</td>
<td>4.0</td>
</tr>
<tr>
<td>SUR 101</td>
<td>Intro to Surgical Technology</td>
<td>3.0</td>
</tr>
<tr>
<td>SUR 110</td>
<td>Intro to Surgical Practicum</td>
<td>1.0</td>
</tr>
<tr>
<td>ENG 101</td>
<td>English Composition</td>
<td>3.0</td>
</tr>
</tbody>
</table>

**TOTAL SEMESTER CREDIT HOURS REQUIRED = 22.0**

**FIRST YEAR - SPRING SEMESTER**

<table>
<thead>
<tr>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHS 121</td>
<td>Basic Pharmacology</td>
<td>2.0</td>
</tr>
<tr>
<td>PSY 201</td>
<td>General Psychology</td>
<td>3.0</td>
</tr>
<tr>
<td>SUR 103</td>
<td>Surgical Procedures I</td>
<td>2.0</td>
</tr>
<tr>
<td>SUR 104</td>
<td>Surgical Procedures II</td>
<td>2.0</td>
</tr>
<tr>
<td>SUR 106</td>
<td>Advanced Surgical Procedures</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Select one of the following:

CPT 101 Introduction to Computers | 3.0 | 0.0 | 3.0 |
CPT 170 Microcomputer Applications | 3.0 | 0.0 | 3.0 |

**TOTAL SEMESTER CREDIT HOURS REQUIRED = 18.0**

**FIRST YEAR - SUMMER SEMESTER**

<table>
<thead>
<tr>
<th>Class</th>
<th>Lab</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUR 112</td>
<td>Surgical Practicum I</td>
<td>2.0</td>
</tr>
<tr>
<td>SUR 113</td>
<td>Advanced Surgical Practicum</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**TOTAL SEMESTER CREDIT HOURS REQUIRED = 10.0**
The Pledge of the Surgical Technologist

I solemnly pledge to myself and those present to have a:

Strong surgical conscience, to

Understand the patient’s rights, to

Respect myself and team members, to be

Goal oriented, an

Inspiration to peers and those around me, to be

Compassionate, and ever watchful of

Aseptic technique, to be

Loyal to myself and my profession, exhibit

Trust in co-workers, maintain

Efficiency thorough continuing education, to have the

Courage to face any situation placed before me, to be

Honest,

Nonjudgmental,

Optimistic, and

Logical in my decisions, to be

Objective in self discipline, to provide

Guidance to those who follow in my footsteps, to have

Integrity,

Stamina of body and mind, and to

Treasure Life
CLINICAL CASE REQUIREMENTS

When instruction is provided in the basic, intermediate, and advanced procedures outlined in the curriculum, the learner should be able to apply that information to the understanding of the following related procedures. Clinical case requirements must meet the standard case requirements as outlined in the syllabus.

I. Core
   A. Endoscopic (minimally invasive)
      1. General Surgery
         a. Colonoscopy
         b. Endoscopic inguinal herniorrhaphy
         c. Endoscopic retrograde cholangiopancreatobscopy (ERCP)
         d. Esophagogastroduodenoscopy (EGD)
         e. Esophagoscopy
         f. Laparoscopic appendectomy
         g. Laparoscopic cholecystectomy
         h. Sigmoidoscopy
      2. Obstetric and Gynecologic
         a. Colposcopy
         b. Hysteroscopy
         c. Laparoscopic assisted vaginal hysterectomy (LAVH)
         d. Laparoscopy
      3. Otorhinolaryngologic
         a. Microlaryngoscopy
         b. Sinuscopy
         c. Temporomandibular joint (TMJ) arthroscopy
         d. Triple endoscopy (laryngoscopy, bronchoscopy and esophagoscopy)
      4. Genitourinary
         a. Cystoscopy
         b. Nephroscopy
         c. Ureteroscopy
      5. Orthopedic
         a. Knee arthroscopy
         b. Shoulder arthroscopy
   B. General Surgery
      1. Anoplasty
      2. Appendectomy
      3. Billroth I
      4. Billroth II
      5. Breast biopsy with needle localization
      6. Choledocystoduodenostomy
      7. Choledocystojunostomy
      8. Choledochoduodenostomy
      9. Choledochojunostomy
      10. Excision of gynecomastia
      11. Excision of lipoma
      12. Excision of Zenker’s diverticulum
      13. Exploratory laparotomy
      14. Femoral herniorrhaphy
      15. Fissure/fistula repair
      16. Gastrectomy
17. Gastrostomy
18. Ileostomy
19. Incision and drainage (I & D) of an abscess
20. Incisional herniorrhaphy
21. Insertion of infusion catheters/ports
22. Liver biopsy
23. Liver resection
24. Muscle biopsy
25. Pilonidal cystectomy
26. Rectal polypectomy
27. Roux-en-Y
28. Small bowel resection
29. Sphincterotomy
30. Spigelian herniorrhaphy
31. Umbilical herniorrhaphy
32. Ventral herniorrhaphy

C. Obstetric and Gynecologic
1. Ablation of condylomata
2. Bartholin cystectomy
3. Cerclage
4. Episiotomy repair
5. Loop electrosurgical excision procedure (LEEP)
6. Myomectomy
7. Oophorectomy
8. Ovarian cystectomy
9. Placement of radiation therapy device
10. Salpingectomy
11. Vainoplasty

D. Otorhinolaryngologic
1. Glossectomy
2. Mandibulectomy
3. Nasal antrostomy
4. Nasal polypectomy
5. Par thyroidectomy
6. Parotidectomy
7. Salivary duct stone excision/sialolithotomy
8. Sphenoidectomy
9. Stapedectomy
10. Turbinectomy

E. Genitourinary
1. Chordee repair
2. Circumcision
3. Epispadius repair
4. Hydrocelectomy
5. Meatoplasty
6. Orchidectomy
7. Perineal prostatectomy
8. Retropubic prostatectomy
9. Urethral meatotomy
10. Varicocelectomy
11. Vasectomy

F. Orthopedic
1. Achilles tendon repair
2. Bankart procedure
3. Bristow procedure
4. De Quervain’s contracture release
5. Dupuytren’s contracture release
6. Putti Platte procedure
7. Total ankle arthroplasty
8. Total elbow arthroplasty
9. Total shoulder arthroplasty
10. Ulnar nerve transposition

II. Specialty

A. Endoscopic (minimally invasive)
   1. Cardiothoracic
      a. Bronchoscopy
      b. Mediastinoscopy
      c. Thoracoscopy
   2. Peripheral vascular
      a. Angioscopy
   3. Neurosurgical
      a. Lumbar discoscopy
      b. Ventriculoscopy

B. Ophthalmic
   1. Anterior vitrectomy
   2. Chalazion excision
   3. Evisceration
   4. Exenteration
   5. Iridectomy
   6. Iridotomy
   7. Lacrimal duct probing
   8. Pterygium
   9. Trabeculoplasty/placement of drainage shunt

C. Oral and maxillofacial
   1. Arch bar application
   2. Dental extraction
   3. Dental implants
   4. Orthognathic procedure
   5. Zygomatic fracture management

D. Plastic and reconstructive
   1. Blepharoplasty
   2. Breast augmentation
   3. Breast reduction
   4. Cheiloplasty
   5. Dermabrasion
   6. Excision nevus/basal cell carcinoma/squamous cell carcinoma
   7. Mastopexy
   8. Mentoplasty
   9. Otoplasty
   10. Palatoplasty
   11. Rhinoplasty
   12. Scar revision
   13. Suction lipectomy

E. Cardiothoracic
   1. Annuloplasty
2. Lobectomy
3. Lung biopsy
4. Mitral valve commissurotomy
5. Scalene node biopsy
6. Thoracoplasty
7. Thymectomy

F. Peripheral vascular
1. Angioplasty
2. Axillofemoral bypass
3. Embolectomy
4. Femorofemoral bypass
5. Vein ligation/stripping

G. Neurosurgical
1. Chorodotomy
2. Ulnar nerve transposition

H. Related pediatric congenital defects
1. Atrial/ventricular septal defects
2. Bladder extrophy
3. Branchial cleft cyst
4. Choanal atresia
5. Coarctation of the aorta
6. Craniosynostosis
7. Diaphragmatic hernia
8. Gastrochisis
9. Hirschsprung’s disease
10. Imperforate anus
11. Intussusceptions
12. Myelomeningocele
13. Omphalocele
14. Patent ductus arteriosus
15. Pectus excavatum
16. Pyloromyotomy
17. Syndactyism
18. Tetralogy of Fallot
19. Thyroglossal duct cyst
20. Tracheoesophageal fistula
21. Volvulus
22. Wilms’ tumor
STUDENT AGREEMENT

I, _______________________________________________________________ have received, read, and agree to abide by the policies and guidelines related to Surgical Technology.

DATE: _______________ SIGNATURE: ______________________________

INSTRUCTOR SIGNATURE: _______________________________________

NOTE: This Agreement will be placed in your file and kept for length of the program.
Student Handbooks constitute Student Policy and are revised as needed. Please go to TCL.edu for updates.

Approved by Marge Sapp, Dean Health Sciences  May 29, 2014
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- Insurance
- Blood Borne Pathogens
SECTION I: ACADEMIC INFORMATION

A. ACADEMIC ADVISEMENT
Each student in a Health Sciences Program is assigned a faculty advisor to assist in scheduling courses in the curriculum. It is the responsibility of the student to schedule an appointment with his/her advisor during each registration period, including when the student is registering on-line. Any student who has problems that interfere with satisfactory attendance, progress, and performance is encouraged to meet with their advisor to discuss these issues.

B. ACADEMIC MISCONDUCT (See TCL student handbook and course Syllabi)
Health care professionals hold the public trust. Academic misconduct by health science students calls that trust into question and academic integrity is expected. Academic misconduct may result in withdrawal for related health science courses.

C. PROGRESSION: STANDARDS FOR ACADEMIC PROGRESS
- The Health Sciences grading scale will be used to determine grades.
  
  90% - 100% = A  
  82% - 89% = B  
  75% - 81% = C  
  70% - 74% = D  
  0% - 69% = F

- Grading Methodology. The final grade must be 75.000 or more in order to pass the course and progress in the program. Grades will not be rounded up. A final grade of less than 75.00 is not passing in any Health Science Program, and does not meet progress requirements.
- Students absent from an examination or presentation will receive a “0” grade for the examination unless other arrangements are made with the individual instructor prior to the examination or presentation day or on the examination or presentation day before the test/presentation is scheduled to be given. Arrangements may be completed by telephone. If the instructor is not available, a message should be left on the instructor’s voice mail AND with another member of the faculty or administrative assistant. Messages sent by other students are unacceptable. The student is responsible for notifying the instructor for the reason of the absence. Make up quizzes and/or examinations may be offered, at the instructor’s discretion, during the final examination period. Additional options for make up testing include reweighting the final examination. It is the responsibility of the student to contact the appropriate instructor to arrange to make up the examination. The instructor will decide the method of examination. Grades are posted within one week of administration of tests and examinations.
- Students with concerns or questions regarding grades awarded for a graded activity should contact the course faculty within one week of the grade being posted.

Students in the Health Sciences Programs are also subject to the standards detailed below:
1. All required courses taken prior to acceptance into a Health Sciences program must be completed with a “C” or better.
2. Program courses must be completed in the sequence outlined in the current TCL catalog. No co-requisite course may be delayed. A curriculum profile detailing required program courses in their sequence will be developed upon entry into the program. This profile must be adhered to; any deviation from the sequence may result in the student being withdrawn from the program.
3. Students are eligible to reenter a program only one time. Conditions for re-entry in program student handbooks must be met.
4. Students with two failures within their program of study are not eligible for re-entry.
5. Students are required to maintain an overall TCL 2.0 grade point average (GPA) in order to progress and to graduate.
6. Two failures within the discipline (MTH, NUR, PTH, RAD, and SUR) will result in the student being withdrawn from the program.
7. All curriculum requirements must be met in order to successfully complete the program.
8. A no-call, no-show for any clinical experience will result in the student being withdrawn from their program.
9. All health forms, CPR, and health insurance requirements must be completed annually to participate in laboratory/clinical. In addition, a drug screen and background check is required upon entry into the program. It is the student’s responsibility to keep these requirements current and to submit the appropriate documentation to the Health Sciences office. Failure to do so will result in withdrawal from program.
10. A student will not be able to progress in the course sequence if:
   a. there is demonstration of a consistent pattern of negligence and/or unsafe clinical practice documented by the clinical instructor.
   b. there is professional negligence and/or verbal, physical or emotional abuse of a patient.
   c. there is a breach of professional standards of conduct. Such actions might include but are not limited to:
      1. failure to recognize the need for assistance when unprepared for clinical action.
      2. failure to take clinical action when such action is essential to the health and safety of the patient and is within the student’s scope of knowledge.
      3. arrest and/or criminal charges while enrolled in a health science program. It is the student’s responsibility to notify the dean or program director on the first class day after an arrest.
      4. attending clinical while under the influence of alcohol and/or drug(s). Use of substances that interfere with the judgment, mood, and/or motor coordination of health science students pose an unacceptable risk for patients, health care agencies, the College, and the faculty. Therefore, use of alcohol, illegal drugs or other substances and/or the misuse of legal therapeutic drugs by health science students while engaged in any portion of their educational experiences is strictly prohibited. Faculty members who suspect a violation of this TCL policy are required to take action. Students are required to be knowledgeable of and abide by this college policy.
      5. failure to manage one’s behavior in such a manner as to have an adverse effect on the relationship with a patient, significant other, clinical site, or colleague.
      6. deliberately giving inaccurate information or withholding pertinent information regarding clinical care.
      7. falsifying medical records
      8. performing clinical activities detrimental to the health and safety of the patient, outside the scope of knowledge/practice, or without appropriate supervision.
      9. failure to assume responsibility for completing clinical activities.
     10. breach of patient privacy or rights.
     11. failure to achieve satisfactory completion of clinical competencies designated for each program.
     12. failure to achieve a satisfactory laboratory/clinical evaluation.

D. REQUIREMENTS FOR GRADUATION AND THE AWARD OF ASSOCIATE OF APPLIED SCIENCE DEGREE
1. Completion of the Health Sciences, general education and science courses as required by the program
2. Completion of each course with a minimum grade of “C” (2.0)
3. TCL GPA 2.0 or greater
4. Completion of the last two (2) semesters of Health Sciences courses at TCL
5. Completion of all Health Sciences courses within 3 years of beginning the program (including SMART courses)
6. Recommendation of the faculty

E. REQUIREMENTS FOR GRADUATION AND THE AWARD OF DIPLOMA OF HEALTH SCIENCE
1. Completion of Health Sciences, general education and science courses as required by the program
2. Completion of each course with a minimum grade of “C”
3. TCL GPA 2.0 or greater
4. Completion of the last two (2) semesters of Health Sciences clinical courses at TCL
5. Completion of all Health Sciences courses within 2 years of beginning the program
6. Recommendation of the faculty

F. REQUIREMENTS FOR GRADUATION AND THE AWARD OF CERTIFICATE OF HEALTH SCIENCE
1. Completion of the Health Sciences courses, and science courses as required by the program
2. Completion of each course with a minimum grade of “C” (2.0)
3. TCL GPA 2.0 or greater
4. Completion of all Health Sciences course at TCL
5. Completion of all Health Sciences courses within 2 years of beginning the program
6. Recommendation of the faculty

G. WITHDRAWAL FROM HEALTH SCIENCES PROGRAMS
The Withdrawal Policy of TCL will be followed as outlined in the current College Catalog and the course syllabus. In addition, the requirements of Health Sciences Programs stipulate that once the student is in the course sequence, course withdrawal may result in withdrawal from the program. It is the student’s responsibly to assure that all paperwork is completed and submitted. If the student does not initiate course withdrawal with their academic advisor and instructor, the student will be considered an enrolled student in the course and receive the grade that was achieved while enrolled.

SECTION II: GENERAL STUDENT INFORMATION

1. All pagers, cell phones and other electronic devices that may disrupt the environment must be turned off during lecture and lab periods.
2. No pagers or phones are allowed in the clinical area. No exceptions will be made (See program handbook).
3. Basic calculators are allowed for quizzes/tests/exams. No other mechanical, internet, recording, or messaging devices are allowed during testing.
4. Clinical site assignments are subject to change and registration in a particular section does not guarantee a particular clinical slot.
5. Students may not attend clinical on any unit on which they are employed.
6. Family members will not be assigned to the same clinical or campus laboratory sections.

ATTENDANCE POLICY
(Consult the college catalog for details regarding the current college attendance policy.)

The faculty of the programs in Health Sciences has a responsibility to assure that all Health Sciences students have an adequate background of knowledge and skills. The faculty must insure that each student is able to utilize this knowledge and skill in a safe, professional manner in their clinical practice. Clinical courses are organized to provide knowledge of patient care and opportunities to apply this knowledge toward developing skills in the clinical laboratory.

A. Clinical Absence
In the event of unavoidable clinical absence, the student must follow the protocol outlined in the course materials. A medical excuse may be required. Absences from the clinical area may result in the student’s inability to demonstrate mastery of the clinical outcomes for a course. “No call, no show” for clinical is unprofessional conduct and the student will be withdrawn from the program.

Data and feedback collected from affiliated clinical sites
The Massage Therapy, Nursing, Physical Therapist Assistant, Radiologic Technology and Surgical Technology Program Directors contacted clinical sites throughout the TCL service area to gather feedback on the “No Call/No Show” policy. Sites contacted included acute care and long term care facilities, freestanding providers, emergency clinics, surgical service facilities, and spas; these sites hire many graduates of TCL Health Science programs. Responses from affiliated clinical sites contacted voiced strong support of the “No Call/No Show” policy as it is currently written. Respondents cited the following reasons for supporting the policy: The policy

1. holds students accountable and promotes professional behavior enforcing a strong work ethic.
2. allows the clinical site to schedule procedures and activities to provide optimal learning experiences.
3. is imperative to providing quality patient care.

Recommendation
Program Directors unanimously recommend that the “No Call/No Show” policy be maintained as currently written.
"No Call/ No" Show Process

1. Student does not show up at clinical site and does not follow protocol outlined in syllabus.
2. Instructor contacts student informing he/she that they must meet with the instructor and program director prior to returning to class, campus laboratory, or clinical.
3. Instructor notifies Program Director and Dean that a potential “no call/no show” has occurred.
4. Instructor and Program Director meet with the student and provides student an opportunity to share his/her account of the events resulting in the potential “no call/no show”. At this meeting the student, the instructor and Program Director inform the student that:
   a. he/she did not follow protocol and is dismissed from program.
   b. that he/she should meet with the dean if they feel that actions taken were unfair.
   OR
   c. agree that student did not violate the “no call/no show” policy.
5. Student may schedule an appointment with Dean. At this meeting the student is provided with the opportunity to share his/her account of the events resulting in the potential “no call/no show” and actions taken. If, after meeting with the student and reviewing information related to the event the Dean determines:
   a. that the “no call/no show” policy was not violated the student will remain in the program while the Dean meets with all program faculty to review the related events and determine what action, if any, should be taken.
   b. that the “no call/no show” policy was violated the student is dismissed from program on the date of the meeting. The Dean provides the student with information on the grievance process and the VP of Student Affairs contact information; the dean informs the Vice President of Student Affairs that student may be contacting the VPSA office for an appointment.

B. Tardiness
Punctuality is an important element of professional behavior. Students are expected to arrive on time. The clock at the clinical agency/classroom/lab is used to determine tardiness. Should a pattern of tardiness develop, the problem will be handled by the instructor and may result in an unsatisfactory for the course, laboratory, or clinical.

C. Hazardous Weather
See course syllabus

D. Jury Duty
Students who are called for jury duty should request to be excused from jury duty if the duty interferes with classroom, laboratory, or clinical experiences. Delay in this process may jeopardize the chances of the student being excused by the court. All missed classroom, laboratory/clinical experiences must be addressed with the Dean for the Division of Health Sciences and the course coordinator. The student is responsible for obtaining the missed classroom materials from the course coordinator.

HEALTH SCIENCES COMPUTER LABS
The Health Sciences Programs tutorial computer lab is available for Health Sciences student use Monday - Friday from 8:30 am to 4:00 PM. This lab is for computer assisted instruction purposes for components of Health Sciences curricula. Course materials may not be printed from this lab. Students are requested to follow the instructions for the operation of the computers and for each program carefully.

GRADE REVIEW: Refer to current TCL College Catalog/TCL Student Handbook
CHANGE OF NAME, ADDRESS, EMAIL ADDRESS OR TELEPHONE NUMBER

Any change of name, address, email address or telephone number must be reported immediately to the Division of Health Sciences and TCL Student Records. The Division of Health Sciences will not be held responsible for failure of students to receive essential information if an incorrect address/e-mail is on file. All students are required to maintain a TCL e-mail account throughout their program.

PARKING

A. Campus Parking

Students must park in designated parking areas and obey all parking regulations as established by the College. Violations are punishable by fines, towing of vehicle at the owner’s expense and/or loss of driving privileges on campus. Speed limit signs are posted around the buildings and parking areas. Students who exceed these limits will be denied the privilege of bringing their vehicles on campus. Students who expect to operate a motor vehicle on campus must register the vehicle upon enrolling at TCL. For more information, contact the TCL Security office.

B. Clinical Facility Parking

Students are to park in areas specified by the facility. Students are NOT to park in areas designated for visitors to the facility or physicians. Students assigned to Beaufort Memorial Hospital may park in TCL student parking areas only.

TRANSPORTATION

In order to provide students with a varied and comprehensive clinical experience, various clinical and observational sites within an approximate 60-mile radius of Beaufort are utilized. Students are required to provide their own transportation to these sites. Students are encouraged to carpool.

TUITION/FEE PAYMENT

No student will be permitted to attend classes until tuition is paid. Students should refer to the current TCL catalog.

SECTION III: PROFESSIONAL CONDUCT

PRIVACY AND CONFIDENTIALITY

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted to protect the privacy of all health information. It is the responsibility of the Health Sciences student to maintain the confidentiality of patient information. Under no circumstances should a student convey confidential information to anyone not involved in the care of the patient. Students are not allowed to have cell phones or cameras in clinical facilities. See guidelines for appropriate use of social networking. Students are also expected to maintain professional confidentiality regarding other students, hospital/facility employees and physicians.

Confidential information includes but is not limited to:

a. the identity and addresses of individuals served and services they received;
b. the social and economic conditions or circumstances of any person served;
c. agency evaluation of information about a person or health facility;
d. medical data, including diagnosis and past history of disease or disability, concerning a person, and confidential facts pertaining to health facilities;
e. the identity of persons or institutions that furnished health services to a person;
f. information identified as confidential by appropriate federal and state authorities;
g. special care needs to be taken to preserve the dignity and confidentiality of patients, including those patients with infectious diseases or conditions.
h. the patient has the right to every consideration of his/her privacy concerning his/her own medical care. Case
discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.
i. the patient has the right to expect that all communications and records pertaining to his/her care should be treated
as confidential. All patient information shall be regarded as confidential and available only to authorized users.

Breach of this policy may result in disciplinary action and/or termination from the program.

GUIDELINES FOR APPROPRIATE USE OF SOCIAL NETWORKING WEBSITES

1. Social networking websites provide unique opportunities for students to get to know one another, share experiences,
and keep contact. As with any public forum, it is important that users of these sites are aware of the associated risks
and act in a manner that does not embarrass the students, the Health Sciences Division, clinical sites or The Technical
College of the Lowcountry. It is also important to ensure patient information is not made publicly available. The Health
Sciences Division has adopted the following guidelines to assist students safely using these sites.

2. Personal Privacy
   A. We recommend setting your profiles on social networking sites so that only those individuals who you have
      provided access may see your personal information.
   B. We recommend evaluating photos of yourself that are posted to these sites and “untagging” photos that depict
      you in what may be construed as compromising situations.
   C. Be sure you are aware of the security and privacy options available to you at any sites where you post
      personal information. Keep in mind that privacy settings are not impervious, and information can be shared
      willingly or unwillingly with others, even with “Friends Only” access.

3. Protection of Patient Information
   A. Comments made on social networking sites should be considered the same as if they were made in a public
      place in the hospital.
   B. HIPAA rules apply online, and students may be held criminally liable for comments that violate HIPAA.
   C. Remember that simply removing the name of a patient does not make them anonymous. Family members or
      friends of that patient or of other patients you are caring for may be able to determine to whom you are
      referring based on the context.

4. Professionalism
   A. Use of these sites can have legal ramifications. Comments made regarding care of patients or that portray you
      or your colleague in an unprofessional manner can be used in court or other disciplinary proceedings.
   B. Statements made under your profile are attributable to you and are treated as if you verbally made that
      statement in a public place.
   C. We recommend using discretion when choosing to log onto a social networking site at school. Keep in mind
      that the use of these sites during lecture, lab, and clinical assignments is prohibited.
   D. Keep in mind that photographs and statements made are potentially viewable by future employers.
   E. Students may be subject to disciplinary actions within the College for comments that are unprofessional or
      violate patient privacy.
   F. Keep in mind you are representing The Technical College of the Lowcountry Health Sciences Division when
      you log on a site and make a comment or post a photograph.

CONVICTION OF A CRIME

Conviction of a crime (other than a minor traffic violation) may make a student ineligible to take the national certification or
licensing examination(s) upon graduation or for application for licensure in South Carolina and other states. Early
notification to the appropriate State Licensing/Credentialing Board is recommended.

Criminal conviction or pending criminal charges of any of the following will likely make the applicant ineligible to apply for licensure:

A. crimes of violence (e.g., murder, manslaughter, criminal sexual assault, crimes
   involving the use of deadly force, assault and battery of a high and aggravated nature,
   assault and battery with intent to kill)
B. crimes involving the distribution of illegal drugs
C. crimes that involve Moral Turpitude

It is the responsibility of the applicant to contact the appropriate licensing board for clarification or advisement.
SECTION IV: DIVISION REQUIREMENTS

CPR CERTIFICATION
Students must have a current American Heart Association Basic Life Support health Care Provider CPR certificate. This certification must be kept current according to the expiration date of the card and maintained throughout the program. It is the student's responsibility to complete CPR certification. Students will not be permitted in the clinical area without current certification.

HEALTH STATUS
Student health information is kept confidential. Release of health forms to clinical facilities may be required to be eligible for clinical rotations. The Health Science Division retains health files for 90 days after a student graduates or withdraws from a program; students no longer in a program may obtain their records from the division office.

1. Health Examination
Prior to entering Health Sciences program students must have a Division of Health Sciences history and health examination form completed, along with required immunizations/testing, by a licensed health care provider by the designated date. Results of the history and health examination must conclude that the student is mentally, physically and emotionally qualified for college classes and patient care. Students who do not submit the required Division of Health Sciences health documentation by the designated date will not be permitted to continue in the program.

2. Drug Screen
Drug screens for illicit, mood altering, or non-prescribed substances are required prior to clinical experiences. Students with positive results will be excluded from the clinical setting and withdrawn from the program. In addition to the initial screening that occurs prior to clinical experiences, students may be subject to testing per agency affiliation agreement and/or for cause, such as slurred speech, impaired physical coordination, inappropriate behavior, or pupillary changes. The suspected individual will be asked to have a drug screen done immediately, at his/her own expense, with a report sent to the Program Director within 24 hours. The student will be dismissed from all clinical activities until the issue is resolved. Failure to submit to the drug screen or attempting to tamper with the sample or the results will result in the student not being allowed to satisfy clinical objectives, therefore completion of the course and progression in the program will not occur.

3. Health Update
Prior to beginning the second year, Health Sciences students must complete a health update that includes TB skin testing/or chest x-ray. Failure to do so will prevent the student from continuing in the program.

4. Change in Health Status
Students must notify the Dean of the Division of Health Sciences of any changes in health status that occur following admission to the program i.e. pregnancy, injuries, major illnesses or surgery. Documentation from a health care provider that the student is mentally, physically and emotionally capable to undertake the requirements of the program in which they are enrolled will be required on the Changes in Health Status form in order for the student to continue in the Health Sciences program.

5. Pregnancy
Any student who is pregnant must have her health care provider complete the division Changes in Health Status form regarding her ability to perform all expected clinical functions fully, safely, and without jeopardizing the health and wellbeing of the student, fetus, or patient before registration each semester. In order to resume her class and clinical activities after delivery, the student must bring a written statement from her healthcare provider on the Changes in Health Status form. Students who do not bring these statements will not be permitted to continue their clinical experience. If a student does NOT declare her pregnancy, the Division of Health Sciences will assume that a pregnancy does NOT exist.

BACKGROUNDScreening
Students must complete a background screening, at the website provided, by the designated date. Failure to do so will result in withdrawal from the program. Conviction of a crime may make a student ineligible to participate in clinical experiences resulting in removal from the Health Sciences program.
**INSURANCE**

1. **Accident Insurance**
   TCL students are provided with accident insurance coverage. Students are covered to and from classes and clinical, while on campus and while engaged in an assigned TCL clinical activity. A student who is injured on campus or while in the clinical setting must immediately notify the instructor. The clinical instructor will arrange for the student to receive appropriate care. The student and instructor must complete an accident form promptly for submission to the TCL Student Affairs Office. The accident form and copies of any charges incurred must be taken to the TCL Student Affairs Office promptly. The appropriate incident forms will be completed as indicated by the policy of the health care facility.

2. **Malpractice Insurance**
   College students are covered by a college policy for a fee. The fee for the premiums is paid the beginning of each semester at the time of registration. No student will be permitted in the clinical area without this coverage. Re-entry students must confirm the correct major and that the proper fees are assessed.

**OSHA’s Bloodborne Pathogens Standard**
Health Sciences students will receive training on bloodborne pathogens and are expected to follow Center for Disease Control Standard Precautions at all times.

**ADDENDUM:**

Please be aware that as of August 24, 2015, students within the Health Sciences Division should not create travel plans while partaking in any Health Sciences program. Health Science students must wait until they have reviewed their assigned class schedule/clinical schedule, and have met with the course coordinator to discuss if any schedule alterations are possible. **Clinical swaps will not be permitted.** Clinical assignments are considered final and may only be altered at the request of the course coordinator or clinical site. Students may not request changes to their clinical obligations once they are assigned.