



MIDWESTERN  
CAREER  
COLLEGE

# **SURGICAL TECHNOLOGY**

## **STUDENT HANDBOOK**





# MIDWESTERN CAREER COLLEGE

Welcome students,

On behalf of all the faculty and staff here at Midwestern Career College, we would like to welcome you to MCC's Associate of Applied Science in Surgical Technology program. A surgical technologist is responsible for preparing the patient for surgery, assisting the surgeon, maintain a sterile environment with aseptic technique, and most importantly, be an essential part of the surgical team.

Our associate degree program allows for you to touch on all aspects of aseptic technique, from the use of interactive lab skills to the provided online resources, that will enhance your overall student experience. Upon completing our program and externship, you will also be eligible to take the National Center for Competency Testing exam for Tech in Surgery-Certified. In addition to earning an Associate of Applied Science in Surgical Technology, MCC offers you the opportunity to become a certified sterile processing technician through CBSPD. (The Certification Board of Sterile Processing and Distribution Inc.)

We encourage you to read this handbook and refer to this as a helpful guide. It provides and displays in detail, the expectations, and dedication needed to be successful and complete our program. All our faculty and staff here at Midwestern Career College, are here to support and encourage you and answer any questions that may arise along your new path. Again, we welcome you and wish luck on your journey.

Best regards,  
Julie Wedster, CST, BS  
Program Director of Surgical Technology

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# Associate of Applied Science in Surgical Technology Program

## Mission Statement

Midwestern Career College, Associates of Applied Science in Surgical Technology program's mission statement is **to provide premier career-focused education in surgical technology to prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.**

## Student Responsibility Statement

By enrolling in the Associate of Applied Science in Surgical Technology Program, the students acknowledge that they have read and understood the Surgical Technology Program Handbook and will abide by all policies.

The students acknowledge that they understand that the policies and procedures contained in this Handbook are subject to change with or without advance notice at the discretion of the Program Director.

The students acknowledge that the Program Director will attempt to notify the students of any changes in a timely manner, but that they are ultimately responsible for being familiar with the most current version of all policies in the Program Handbook available on the MCC website.

The students accept the responsibility to understand requirements for their degree program and assume responsibility for meeting those requirements.

## Program Objectives

The Surgical Technology Program prepares students to:

- Communicate and interact as effective members of the surgical team;
- Demonstrate the ability to practice independent clinical judgments under the supervision of the surgeon or registered nurse;
- Demonstrate a knowledge base in surgical technology to function as an entry-level surgical technologist;
- Pass the certification examination;
- Assume responsibility for lifelong learning following graduation;
- Demonstrate professional, ethical and legal principles of surgical technology practice;
- Demonstrate knowledge of pre-operative, intra-operative, and post-operative surgical case management in the role of surgical technologist;
- Assume a sense of responsibility, self-discipline, pride, teamwork, and enthusiasm;
- Incorporate learned competencies to assemble and operate instrument, equipment, and supplies for the delivery of patient care as an entry-level practitioner during basic surgical procedures;
- Demonstrate the application of the principles of asepsis and surgical conscience in a knowledgeable manner that provides optimal patient care in the operating room.

## Program Goals

The Surgical Technology Program prepares competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

### Cognitive

- Prepare students to successfully complete the Surgical Technology Certifying Examination;
- Correlate the knowledge of anatomy, physiology, and microbiology to the student's role as surgical technologists;
- Prepare students to function in the role of an entry-level surgical technologist in a professional, caring and ethical manner when providing patient care.

### Psychomotor

- Discuss, demonstrate and apply appropriate surgical technology protocols and procedures in various situations within the healthcare setting
- Demonstrate safe, practical techniques in perioperative routine, patient transportation, positioning, and emergency procedures;
- Demonstrate, and apply principles of surgical asepsis as part of the perioperative setting;
- Provide the community with professional, and competent employees in the role of entry-level surgical technologists.

### Affective

- Promote life-long learning fostering the development of professional and personal growth, critical thinking and leadership;
- Practice professional, ethical principles, legal standards, value-directed actions based on didactic and clinical knowledge as members of the surgical team.

## Program Directory

Name	Title	Email	Location
Julie Wedster, CST, BS	Program Director	<a href="mailto:jwedster@mccollege.edu">jwedster@mccollege.edu</a>	100 S. Wacker #106
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Alicia Ware, CST, AAS	Core Instructor	<a href="mailto:aware@mccollege.edu">aware@mccollege.edu</a>	100 S. Wacker
Kathy Espana, BS, RN, CNOR, MS, CRNFA	Non-Core Instructor	<a href="mailto:kespana@mccollege.edu">kespana@mccollege.edu</a>	100 S. Wacker
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## Description of the Profession

Surgical technologists (ST) are allied health professionals who are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings

The surgical technologists work under the medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. The operative procedure is conducted under conditions that maximize patient safety.

The surgical technologist possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.

## Surgical Technologist Education

The preferred entry-level education for the surgical technologist is the associate degree; all programs are expected to meet the minimum curriculum requirements as defined in the Core Curriculum for Surgical Technology.

## Role of the Surgical Technologist in Surgery

The ST is responsible for three phases of patient care, otherwise known as surgical case management, with minimal direction or supervision from their team members. All team members must adhere to the principles of asepsis and the practice of sterile technique. It is necessary for the team to have the moral integrity to uphold these standards.

The ST must display a caring attitude toward the patient, surgical team members, and the care environment. It is necessary to understand anatomy and physiology, the pathological condition affecting the patient, the planned operative procedure and consider any variations that may be necessary to accommodate a specific patient.

The ST functions in a sterile capacity during the surgical procedure but also performs many non-sterile duties throughout the course of the workday. Some non-sterile duties include, but not limited to the collection of equipment, supplies, assisting with patient positioning and other duties as assigned.

## Professional Conduct

ST students at MCC are being educated to serve the community; therefore, it is expected that they will conduct themselves in a professional manner in all settings in which they are representing the College, including but not limited to the classroom, laboratory, and clinical areas. This policy is in addition to, not a replacement for the Code of Conduct explained in the MCC Catalog.

Students are expected to conduct themselves in a professional manner at all times. Students must demonstrate their ability to be present and depended upon during their enrollment in the program. Courtesy to each other and the staff is expected at all times. Emotional control /intelligence requires the ability to control emotions and focus on the work and / or patient at hand . Foul language, demeaning remarks, harassment or hazing in any form signify the inability to control oneself and will not be tolerated.

In any public place, the student is potentially exposed to the patients' relatives and friends. Therefore, students are to be mindful of the things discussed and their attitude around everyone at the clinical site. We expect the student to observe the following:

- **Honesty** – Being truthful in communication with others.
- **Trustworthiness** – Maintaining the confidentiality of patient information; admitting errors and not intentionally misleading others or promoting self at the patient's expense.
- **Professional Demeanor** – Being thoughtful and professional when interacting with patients and their families; striving to maintain composure under pressure or fatigue, professional stress or personal problems; maintaining a neat and clean appearance and dressing in attire that is reasonable and accepted as professional to the patient population served.
- **Respect for the Rights of Others** – Dealing with professional staff and peer members of the health team in a considerate manner and with a spirit of cooperation; acting with respect toward all persons encountered regardless of age, race, color, national origin, disability, religion, gender, sexual preference, socioeconomic status or veteran/Reserve/National Guard status;. Respecting the rights of patients and their families to be informed and share in patient care decisions; respecting patients' modesty and privacy.
- **Personal Accountability** – Participating responsibly in-patient care to the best of your ability and with appropriate supervision; undertaking clinical duties and persevering until they are complete; notifying the responsible person if something interferes with your ability to perform clinical tasks effectively.
- **Concern for the Welfare of Patients** – Treating patients and their families with respect and dignity both in their presence and in discussions with others; discerning accurately when supervision or advice is needed and seeking these out before acting. Recognizing when your ability to function effectively is compromised and asking for relief or help; not using alcohol or drugs in a way that could compromise patient care or your own performance; not engaging in romantic, sexual, or other nonprofessional relationships with a patient, even upon the apparent request of a patient.
- **Promptness** - It is expected that students arrive on time to classes, labs and clinical rotations at all times.

## Attendance Policy

Attendance is mandatory. The student must notify instructor of absence prior to class time

Students must demonstrate punctuality, reliability, dependability and preparedness during their enrollment in the program to prepare them for the expectations of the workforce. Always remember, while at the clinical site, you are on a potential “job interview”.

### Physician Treatment and Hospitalization

If a student is hospitalized or treated by a physician at anytime during the program, the student must provide a signed statement by the attending physician upon returning to the program, clearing the student to return to class, lab and or clinical . The statement must designate the days missed and clear the student without restrictions to return to the program.

Students who are not cleared to return within 6 to 9 days of the initial absence will be evaluated for the ability to continue in the program; the decision to continue in the program will be based on the number of days missed , material missed , and the ability of the student to meet the course objectives.

### Ethical And Legal Behavior- Honesty And Integrity

The faculty believes that ethical and legal considerations in administering care should be observed at all times. The development of a strong surgical conscience is imperative to provide the optimal patient care. Ethical and legal behaviors include but are not limited to the following;

- A. Keep all patient information confidential.
- B. Identify citations when using resources ( texts,internet,etc.)
- C. Submit ones own work.
- D. immediately report errors, breaks in technique, or clinical/ lab incidents to their preceptor and or instructor.
- E. Keep all testing information (test questions and answers) confidential. Do not copy or share testing information.
- F. Keep accurate and truthful log sheets, timesheets, and clinical evaluation forms.
- G. Ensure all statements written or verbal are truthful an accurate to patience, faculty, in clinical preceptors to the best of your knowledge.
- H. Report any felony or misdemeanor arrests which may have ocured after Program background check.
- I. Report any condition or diagnosis which may affect the students performance in the clinical setting to the instructor on a need to know basis. (Example: seizures, diabetes, or other condition which may alter behavior or cause an incident in the operating room setting.)

The faculty further believes that honest behavior in classroom, skills laboratory, and clinical setting transfers to the graduate in the world of work and therefore to patient care. *Any student involved in unethical or illegal behavior is jeopardizing their successful completion of the surgical program.*

**Honesty and Integrity:** As a member of the health care community that must be trusted by all implicitly, I pledge that I will follow the honor code with honesty, integrity, respect, responsibility, and ethics . I will refrain from any form of academic or clinical dishonesty or deception, such as cheating or plagiarism. I am aware that as a member of the surgical program it is my responsibility to report regarding all suspected violators of the honor code is part of the ethical commitment to preserve the trust placed in us as a health care team member.



## Computer Assisted Instruction

Selected courses may require the student to use a computer and the D2L system such as uploading scanned homework, research, and discussion questions. Also the majority of the examinations are computer based. Computer based examinations are password protected and not made available until the morning of the examination when students are on campus. Refer to individuals course syllabus For more information. It is required that you haven't maintain an email address which the student checks daily.

**Make up quizzes and examinations will not be allowed. Students absent from class on the date of a scheduled exam or quiz will receive a “0” for that assessment.**

## Guidelines for Use of Surgical Technology Laboratory

To be successful a student must practice other than during class time. Open lab prepares the student for the practical in which he or she must score a 93%. It also mimics the reality of being in the operating room , i.e. noise, working with a variety of preceptors, counting techniques, an instrument recognition.

The Surgical Technology laboratory provides students a setting to practice and demonstrate skills in a mock operating room setting. Use of surgical equipment, instrumentation and supplies are restricted to students enrolled in the surgical technology program.

If the student is using the laboratory during non-scheduled times, a student is required to:

- Email the program director at [jwedster@mccollege.edu](mailto:jwedster@mccollege.edu) indicating that you wish to come to the lab for practice; receive written permission from PD
- Dressed in scrubs tied and tucked
- Must not wear jewelry
- No acrylic or sculptured nails allowed in lab
- No false eyelashes
- Sign in at the front reception area;
- Disclose the names of anyone who is with you in the lab area;
- Return all equipment to original location and status when finished;
- Dispose of trash and any sharps in the recommended method;
- Sign out at the front desk area.

Due to the nature of the environment and the presence of sharp instruments, the presence of children is strictly prohibited in the surgical technology laboratory.

## Clinical Policies and Procedures

The following policies include expectations, regulations, policies, and procedures pertaining to experience in the clinical practice area. An orientation at each clinical site will facilitate the review of policies specific to that particular site. Failure to comply with policies may result in removal from the clinical site or other academic and disciplinary actions. Students will receive a clinical policy manual prior to their externship.

## Externship Packet Documentation

Each program cohort has an established due date for externship packet submission. The due date is announced to students during the New Student Orientation.

A complete externship packet containing all the documentation is listed in the MCC Externship Handbook and must be submitted by the due date. Students who fail to submit a complete externship packet by the established due date will be unregistered from the externship course. Partial or incomplete packet submissions will not be accepted.

## Background Check

Students must complete a background check as part of the MCC admission process. A felony on student record will not necessarily disqualify the student from consideration for admission. However, it can adversely affect the student's ability to complete the Externship course and meet program completion requirements, find employment in the field related to their education, or take professional certification exams in the medical professions. MCC encourages students to consider their personal history to make the appropriate education and career choices.

The majority of MCC's affiliated sites will accept a background check completed within a year of assignment at the clinical site. However, some sites may require a more recent background check completed before the start of clinical rotation. Any expenses incurred for the additional background check will be the responsibility of the student.

## Drug Screening

Some of MCC's affiliated sites require students to obtain and pass a drug screening before placement. If problems arise with a student's drug screening, the student will not be permitted to attend the Externship course which will result in program withdrawal.

## Externship Experiences

During clinical rotation, the students will perform techniques in a supervised surgical environment, interact with the patients and surgical staff, and use real-world surgical instrument and equipment.

## Competencies

### First scrub role

Student's must meet the following criteria to considered and document as a first scrub role:

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

## Second scrub role

Scrub in the sterile field but does not meet all the criteria for the first scrub role but actively participates in the surgical case in its entirety by completing any of the following:

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



## Observation role

A student who is in the operating room but does not perform a role that meets the criteria for the first or second scrub role must document the cases as an observation.

The observation cases cannot be included in the minimum case requirement but must be documented.

## Clinical Case Requirements

The total number of cases the student must complete is 140

Surgical Specialty	Minimum #1 <sup>st</sup> Scrub Role Required	Maximum #2 <sup>nd</sup> Scrub Role	Total Cases Required
General Surgery	40	10	50
Surgical Specialties	60 (20 must be Ortho)	30	90 (20 must be Ortho)
Diagnostic Endoscopy	-	(10 can be included in 2 <sup>nd</sup> scrub count)	
Vaginal Delivery	-	(5 can be included in 2 <sup>nd</sup> scrub count)	
Total	100	40	140

## Policies on Infection Control

When one elects to become a health care provider, one does so with the understanding that all types of patients will be in need of health services and should be administered to in a spirit of love, concern, and compassion. All people have a right to quality health care and to the provision of that care by people who hold no discriminatory attitudes towards certain people or illnesses. One should consider these conditions when making the decision to become a health care provider. Recognizing that the healthcare field is subject to certain risks, the student has right to assistance by responsible faculty in becoming prepared to care for a high risk patient. It is also the students responsibility to be prepared and to accept individual responsibility for protecting themselves and clients under their care. Additionally, and after consultation with the supervising faculty, students have the option to refuse situations or clients that

they feel are a risk to themselves, either through exposure to the patient, or if they feel unprepared to care properly for a patient. All patients are treated with the same precautions .

During the course of their education, the faculty will provide students with the instructions and written policies on infection control. A student is expected to follow current guidelines for universal precautions recommended by the Center for Disease Control (CDC) when providing direct care in a clinical setting.

Supervising faculty will also evaluate each student for clinical competency in knowledge in the management of high risk patients to ensure that a student is able to perform procedures correctly if the lab evaluation indicates that a student needs more training or assistance the faculty will provide this however once training is completed the student has a responsibility to follow that training if a student fails to follow appropriate protective policies such as I wear the student will be pulled from the clinical site for their own protection and disciplinary action initiated if appropriate students will be continually monitored during clinical assignments and the faculty will serve as supervisors and resource personnel to meet OSHA requirements students must attend orientation an receive in service on bloodborne pathogens the clinical agencies provide appropriate safety equipment.

To standardize the delivery of healthcare to all patients and to minimize the risk of transmission of blood borne pathogens, surgical technology students will:

- A. Be taught basic skills in isolation techniques, sharps handling, according to CDC specifications, and handling of body fluids in the skills laboratory before actual clinical practice of these skills on a patient.
- B. Be provided classroom instruction related to treatment, modes of transmission and prevention
- C. Receive clinical agency orientation on specific policies for blood and body fluid precautions
- D. Utilize the following blood and body fluid precautions consistently on all patients:
  1. Gloves should be worn when touching blood and body fluids, mucous membranes, or non intact skin of patients, or when touching items or surfaces soiled with blood or body fluids including performing surgery and other vascular access
  2. Used needles must not be recapped, purposely bent or broken by hand, removed from disposable syringes, or manipulated by hand. On the sterile field hypodermic needles or non retractable trocar tips are recapped by the one handed scoop and pop method to reapply the cap over the needle to prevent exposed sharps on the set up. This includes suture needles which are never repackaged or manipulated by hand. Always use a closed instrument to place the needle in the needle box. Disposable needles, syringes, scalpel blades, and other sharp items should be placed in puncture resistant containers such as needle boxes for disposal in all clinical, classroom, or lab settings using a hemostat or other instrument to remove them.
  3. DOUBLE GLOVING FOR ALL CASES IS REQUIRED
  4. Hands should be washed or alcohol based antiseptic utilized immediately before gloving and again after removing gloves. Hands should also be washed immediately and thoroughly when contaminated with blood or body fluids
  5. Gloves and mask must be changed and hands washed between each patient

6. Gowns or plastic aprons, masks, and protective eyewear should be worn for any procedures likely to generate airborne droplets, result in or prone to splashing of blood or body fluids
7. Eyewear is mandatory during all treatment / surgical procedures
8. Soiled linen should be handled as little as possible with minimum agitation using the confine and contain policy. All soiled linen is rolled inward with the most contaminated areas contained, bagged and tied close at the location where it was used
9. When standard precautions are implemented on all patients, isolation/ labeling of the patient's room, chart, or specimens is not to be done for AID's patients
10. Specimens of blood and body fluids should be placed in a leak proof container. When collecting the specimen, care should be taken to prevent contamination of the outside of the container. All containers except blood tubes should be placed in a zip lock bag
11. Mouthpieces and resuscitation bags should be used in place of mouth to mouth resuscitation
12. A student shall not care for any patient requiring the specially fitted TB mask for care unless they have had the TB fit test for the mask being utilized.

**E. Standard precautions apply to blood, body fluid, non intact skin, and mucous membranes. These body fluids have been associated with transmission of HIV and/ or HBV**

This procedure is to be followed if a student is involved in a blood/body fluid exposure incident:

- The clinical instructor or designated supervisor immediately assists the student in cleansing the wound or affected area with soap and water or irrigating splash area (i.e., eyes, mucous membranes) with normal saline or water. If eyes have been splashed, flush 15 minutes at eyewash station with wash bottle or saline;
- Follow facility protocols for exposure, ie. Emergency room visit, employee health;
- Notify the surgical technology program director or clinical instructor assigned to you; school incident report must be completed;
- The facility will assist the student in filling out all necessary documentation forms and will coordinate any necessary follow-up according to their exposure policy;
- Costs incurred by a student's blood and body fluid exposure are the student's responsibility.

## Electronic Device Use (Clinical)

A student shall not have a cell phone or any other electronic device during clinical activities unless approved by the Clinical Instructor. These devices are disruptive to the OR environment and should only be utilized during breaks and in allowable areas per the clinic's policies. Failure to follow this policy may result in dismissal from the clinical site and could result in disciplinary action.

## Dismissal from a Clinical Site

This policy is in addition to not a replacement for the Termination of Externship Assignment policy in the Externship Handbook.

Any request by a clinical site to remove (temporary or permanently) a student from the site because of the student's behavior or performance will be evaluated on a case-by-case basis. The Program Director will investigate the situation and together with the Director of Clinical Externships render a decision on the outcome. Depending on the nature of the clinical dismissal, actions may range from putting in place a clinical performance contract, placement at a new clinical site, required make-up time, clinical probation, or program dismissal. If a student is removed from the clinical site, immediate and/or future clinical placement is not guaranteed. In some cases, a student's clinical experience may be delayed depending on clinical availability. Due to the variety of circumstances that involve the affective and psychomotor domains of learning, no one disciplinary standard can apply to all incidents. The nature and degree of disciplinary action taken will be based on the type and seriousness of the infraction, the student's academic and clinical record, and previous history of warnings/ disciplinary actions. Incidents that compromise patient safety or violate patient confidentiality (HIPAA) will have serious consequences.

## Clinical Work Policy

All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

## Clinical Attendance

Students are required to follow the Externship Schedule and Attendance Policy listed in the Externship Handbook.

- Clinical attendance during inclement weather follows the Campus Closure Policy on the College website. In general, a student must make a personal decision if travel is safe. If the student decides it is not, the student should contact the site and the Director of Clinical Externships.

## Clinical Procedures

- Chronic tardiness will not be tolerated. Tardiness is disruptive to the surgical department, therefore, if a student is more than 15 minutes late, and has not notified the clinical site, the clinical instructor has the authority to release the student from the clinical site and send them home. This will result in an eight-hour absence.
- Students are not permitted to leave the clinical site prior to the end of their clinical shift. If all cases have been completed, it is the student's responsibility to seek out other tasks and activities to support their clinical education.

## Clinical Supervision

Prior to achieving competency in accordance with program standards, a student must be directly supervised by a qualified Surgical Technologist / Registered Nurse during all procedures. All students will follow the policy for supervision at the respective clinical site. After achieving competency in a procedure, the student is allowed to perform that procedure with indirect supervision. Key requirements:

- 1. All students must be supervised by a preceptor from the clinical site while in the scrub role during operative procedures.

a. Direct supervision indicates that the preceptor also is in the scrub role and immediately available to assume the first scrub position during the operative case.

b. Indirect supervision is defined as a qualified Surgical Technologist being immediately available in the room to assist the student if needed. This applies to all students regardless of student achievement.

- 2. Students are not to perform surgical procedures without a qualified Surgical Technologist present in the room during the procedure.
- 3. Any student who finds himself or herself without proper supervision must immediately notify the Clinical Supervisor at the site, the Director of Clinical Externship, or the Program Director.

## Surgical Technology Dress Code

To be appropriately attired is a part of preparation for the learning experience. Dress codes are enforced for the purpose of safety, infection control, and professionalism. Scrub clothing will be worn in the lab and clinical situations as well as the classroom. Appropriate scrub clothing allows the student to scrub from the elbows down without getting sleeves or the front wet. Clothing worn must allow for scrub procedures up to 2 inches above the elbow and the utilization of solutions that may cause stains. Students must be able to wear the standard issue sterile gown or scrubs as available at the clinical site to complete the clinical objectives. Scrub attire is required for the classroom after the 2nd week of class. Clothing worn to and from the clinical site should be program scrubs.

Appropriate uniform requirements include:

- Student identification badge;
- Clean, comfortable shoes that will be covered with shoe covers;
- Scrubs will be provided at the clinical site. No personal clothing such as scrub jackets or hats laundered at home will be allowed at the clinical site;
- Protective eyewear will be worn at all times during operative cases;
- Identification badges must be worn at clinical sites.

In addition to the attire described above, the student should be mindful of the following expectations:

- Hair shall be neat, clean, well-trimmed and properly combed at all times;
- Mustaches and beards must be neatly trimmed (for safety). If a student does not have a mustache and/or beard, the student's face must be clean-shaven. Recommendations for mask and hat worn during surgery at your clinical location should be adhered to;
- Hands and teeth are to be clean at all times. Fingernails should be clean and trimmed. Fingernail polish is not permitted during clinical rotations. Decorative or studded fingernails are not allowed. False fingernails of any type are strictly prohibited;
- Necklaces of any kind are not recommended in the surgical area as they may become dislodged and threaten the sterility of the case. One pair of stud earrings may be worn if tucked under a surgical hat. All rings must be removed prior to completing surgical scrub. It is highly recommended that jewelry is left at home. MCC and your clinical site are not responsible for lost/stolen personal items;
- Visible body piercing (including tongue piercing) is not acceptable.

A clinical site reserves the right to send a student home if the student does not comply with the requirements of the site or the Program.