READING HOSPITAL
SCHOOL OF HEALTH SCIENCES

SURGICAL TECHNOLOGY PROGRAM

STUDENT HANDBOOK

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
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STUDENT HANDBOOK
TABLE OF CONTENTS

**READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM**

The Reading Hospital School of Health Sciences Surgical Technology Program reserves the right to change the curriculum, educational policies, program requirements, fees, and calendar as considered necessary for the progressive development of the Surgical Technology Program.
Student Handbook Reviewed/Revised 7/01, 7/02, 6/03, 8/04, 7/05, 7/06, 7/07, 8/08, 7/09, 6/10, 7/13, 5/14, 6/15, 5/16, 3/17, 3/18, 4/19, 4/20, 4/21, 6/21

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

SECTION I: INTRODUCTION

1. EDUCATIONAL STATEMENT

Reading Hospital is committed to educational sponsorship, as evidenced by the numerous programs it makes available to the community. The faculty and staff accept the responsibility for the design of a curriculum that will enable the students to meet the stated learning goals and objectives of the program. By enrolling in the Surgical Technology Program, students agree to make the necessary commitment to achieve the educational foundation necessary to enter the profession of Surgical Technology. Through active participation in all scheduled classes and clinical assignments, the student will learn the skills necessary to provide health care to their community in a professional, compassionate, and responsible manner.

2. PROGRAM RULES, REGULATIONS, AND POLICIES

The education of a Surgical Technologist comprises two distinct areas: technical and ethical. The technical portion deals with academic and clinical education, while the ethical instruction governs the student technologist's professional and personal conduct.
Student technologists have a personal investment in their education and must consider themselves part of a working team, the primary function of which is to provide for the welfare of the patient. The Surgical Technology Program, to provide a structured pathway to achieving excellence in health care, has formulated policies and guidelines for student use. By carefully reviewing these pages, the student will gain the information necessary to know what is expected of them during their surgical technology education. The student is also expected to review and follow the rules and policies of the School. All RHSHS Surgical Technology Program students should be aware that there will occasionally be physical contact between students and instructors. Physical contact may occur for instructional purposes during laboratory and clinical activities.

Reading Hospital School of Health Sciences Surgical Technology Program reserves the right to change the curriculum, educational policies, program requirements, fees, and academic calendar as considered necessary for the progressive development of the Surgical Technology Program.

All Reading Hospital and Reading Hospital School of Health Sciences property must be returned to the Program Director before the student graduates including but not limited to operating room scrubs used in the OR Skills Lab, locker padlock and key, and items borrowed from the School to self-practice at home. Any student who has not returned hospital or school property will not receive a diploma or participate in graduation services.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

3. PROGRAM ACCREDITATION

RHSHS Surgical Technology Program is accredited by:
      Commission on Accreditation of Allied Health Education Programs (CAAHEP)
      9355 113th St. N, #7709
      Seminole, FL 33775
      727-210-2350
      caahep.org

Upon the recommendation of Accreditation Review Council on Education in Surgical
Technology and Surgical Assisting (ARC/STSA).
To be an accredited program, the Surgical Technology Program must adhere to The Standards
and Guidelines for the Accreditation of Educational Programs in Surgical Technology set forth
by CAAHEP. These standards are developed to protect the student and the public by ensuring
that a program is meeting its stated objectives. A copy of these standards may be reviewed by
visiting the CAAHEP web site.
If a student believes the Program is not in compliance with the standards set forth by CAAHEP,
the student may report the Program to CAAHEP via the CAAHEP web site.

4. MISSION STATEMENTS

READING HOSPITAL
MISSION STATEMENT

The mission of Reading Hospital is to provide compassionate, accessible, high quality, cost
effective health care to the community; to promote health; to educate health care professionals;
and to participate in appropriate clinical research.
Reading Hospital is a 501c3 corporation and operates without distinction to race, color,
handicap, sex, national origin, or economic status.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
MISSION STATEMENT

The mission of Reading Hospital School of Health Sciences is to provide educational programs
that develop competent and compassionate professionals capable of providing high-quality
services to individuals, families and communities.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM
MISSION STATEMENT

The mission of the Surgical Technology Program is to prepare entry-level surgical technologists
in the cognitive, psychomotor, and affective domains. Graduates will meet the diverse needs of
the communities they serve with competence and compassion through the application of ethical
standards, inter-professional collaboration, and active professional engagement.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

5. PROGRAM OUTCOMES

In support of this Mission, the Surgical Technology Program has established program outcomes that define the knowledge, skills, and behaviors that will be reflected by a graduate of the Program
A graduate of Reading Hospital School of Health Sciences, Surgical Technology Program will:

1. Synthesize knowledge and skills essential to the successful practice of surgical technology.
    - Exhibit a thorough understanding of surgical technology fundamentals
    - Apply knowledge from physical, biological, and social sciences to provide quality healthcare to individuals
    - Integrate the ethical and legal standards pertinent to a surgical technologist
2. Utilize the problem-solving process effectively.
    - Assess and analyze data for effective decision making
    - Select an appropriate course of action based on presenting circumstances
    - Evaluate effectiveness of action taken
    - Modify course of action as required
3. Practice competently as an entry-level Surgical Technologist.
    - Create a sterile field appropriate for the surgical procedure
    - Anticipate and respond to the needs of the surgical team
    - Demonstrate appropriate patient care
    - Collaborate effectively across inter-professional team lines
4. Communicate effectively with all communities of interest.
    - Instill comfort and a sense of confidence through clear, understandable communication
    - Transmit information to members of the healthcare team accurately and appropriately
5. Practice surgical technology ethically and compassionately.
    - Exhibit compassionate behavior during the care of all patients
    - Demonstrate empathy during the care of all patients
    - Employ the AST Practice Standards for Surgical Technology
    - Adhere to the AST Code of Ethics
6. Model ongoing professional growth and development.
    - Value the need for ongoing professional growth and development
    - Investigate a variety of professional growth opportunities
    - Design a five-year career pathway

6. STUDENT WORK/CLINICAL POLICY

SUBJECT: Safeguards/ Fair Practices
>Responsibility of Program Director
>Revised: November 2019

SCOPE:
>Surgical Technology students

PURPOSE:
>To ensure that all student activities, especially while students are completing clinical rotations, will be educational in nature.

POLICY:
>All student activities associated with the ST Program 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.

DEFINITIONS:
>The clinical education center is the Health Agency where clinical experiences occur.

PROCEDURE:
1. Students will not receive remuneration from the clinical education center during their clinical practice.
2. Students will not be substituted for employees of the clinical education center.
3. Students must be supervised by an assigned preceptor for the entire clinical day. The student will go on breaks and to lunch with their assigned preceptor. At no time should a student be in the Operating Room without their assigned preceptor. If for some reason, the assigned preceptor leaves the room and the student is not able to do the same, the student is responsible to immediately notify the ST faculty via Vocera to assist the student and determine appropriate action. Students will receive a Vocera communication device when they begin their clinical courses. Failure to follow this policy will result in written counseling for the first incident, second incident will incur a written warning, and in the event of a third incident the student will be placed on probation.
4. The clinical education center shall have the ultimate responsibility for the provision, quality, and safety of patient care.
5. The clinical education center may allow specific modes of care to be rendered by Surgical Technology students under the supervision of the assigned preceptor or clinical instructor.
6. The clinical education center shall provide professionals to serve as preceptors, to serve as mentors, and assist students during the clinical experiences.
7. The clinical education center preceptor and assigned students are required to maintain close communication regarding shared patient care responsibilities.

8. Students are not guaranteed employment with Reading Hospital or any facility during their education or upon graduation.
9. Students who choose to also engage in employment at the clinical education center must recognize that the two roles are separate.
   a. Students who participate in full- or part-time employment are expected to meet the requirements of the Surgical Technology Program, as well as the Program's scheduled activities.
   b. Students who are also employees are cautioned to keep the roles separate and follow the guidelines and regulations for the role they are performing (Example students on clinical hours may not perform work duties and vice versa).

7. MALPRACTICE INSURANCE

Professional liability coverage will be provided by Reading Hospital for each student at no cost to the student. The liability coverage is provided to the student only when the student is in the student role at Reading Hospital and its affiliates.

SECTION II: PROFESSIONAL ETHICS

1. Association of Surgical Technologists (AST)

The Association of Surgical Technologists is the professional organization for surgical technologists. Its primary goal is to ensure that surgical technologists have the knowledge and skills to provide the highest quality of care.

Surgical Technologist Code of Ethics

Students are required to conduct themselves in a manner deemed appropriate to represent the profession.

The Code of Ethics published by AST establishes guidelines of behavior expected of surgical technologists and students seeking entry into the profession.

1. To maintain the highest standards of professional conduct and patient care.

2. To hold in confidence, with respect to the patient's beliefs, all personal matters.

3. To respect and protect the patient's legal and moral rights to quality patient care.

4. To not knowingly cause injury or any injustice to those entrusted to our care.

5. To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.

6. To always follow the principles of asepsis.

7. To maintain a high degree of efficiency through continuing education.

8. To maintain and practice surgical technology willingly, with pride and dignity.

9. To report any unethical conduct or practice to the proper authority.

10. To adhere to the Code of Ethics at all times in relationship to all members of the health care team.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

2. PROFESSIONAL PERFORMANCE:

Individuals aspiring to become involved in surgical technology must possess or develop characteristics that consistently denote professionalism. In addition to achieving the expected academic and clinical skills necessary to proficiently and safely practice surgical technology, the Surgical Technology Program at The Reading Hospital School of Health Sciences requires that students routinely exhibit behaviors indicative of a professional. It is inappropriate for students to socialize with OR staff or RHSHS faculty in person or on social media.
Behaviors which denote professionalism include but are not limited to:
   • Actively supporting the policies and procedures established for the good of patient
     care and the educational process.
   • Addressing concerns directly, constructively and in a timely fashion.
   • Seeking, accepting, and acting upon constructive evaluation to improve
     personal skills.
   • Reliable and punctual attendance at scheduled classes and clinical assignments.
   • Attentiveness and participation during academic courses.
   • Active and accurate participation in all clinical assignments, consistent with current
     level of education.
   • Respectful, courteous interactions with the public, all members of RHSHS, and members of
      the healthcare team.
   • Tailoring content and volume of conversations based on those within earshot.
   • Demonstrating knowledge and practice of safety procedures.
   • Maintaining a professional appearance as outlined in the dress policy.
   • Identifying and acting upon ways to provide service above the expected level.
   • Actively promoting a Culture of Excellence by consistently engaging in the highest quality
      possible of communication, courtesy, safety, and attitude.

3. DRESS POLICY

SUBJECT: Student Dress Code
        Responsibility of Program Director
        Revised: March 2019
SCOPE:
Surgical Technology Students
PURPOSE:
To provide guidelines that will enable the surgical technology student to meet the expectation of maintaining a professional appearance.
POLICY:
Surgical Technology students are expected to maintain a professional appearance when reporting to all assignments. If a student is not compliant with these regulations, it will result in progressive discipline and may result in being dismissed for the day; missed time will be recorded as an unexcused absence. Students in attire considered unprofessional and therefore unacceptable will not be permitted in the classroom or clinical environment.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

PROCEDURE: Whether in the classroom, OR skills lab, hospital, cafeteria, or clinical setting, students enrolled in the Surgical Technology Program are expected to present a professional image and dress in a manner that reflects attention to safety, respect for self and others, and cleanliness. The Director or faculty will address infractions of the dress code on an individual basis.

A. CLASS ASSIGNMENTS

i. Student dress on campus should reflect the professional nature of the setting. School photo ID badge must be worn in accordance with School Policy # 385.

ii. Students are expected to dress sensibly and appropriately. Clothing that is disruptive, provocative or offensive in nature or focuses undue attention on the wearer should not be worn.

iii. Clothing or accessories with words or symbols that are obscene, profane, sexually explicit, or refer to drugs, alcohol, violence, or weapons or are otherwise improper are prohibited.

iv. Spaghetti strapped, tube, single shoulder, halter or bare midriff tops, short skirts and short shorts are not appropriate.

v. Shoes must be worn always. For safety reasons, open toed and open heeled shoes are prohibited in the OR skills lab.

vi. All electronic devices must be placed on the silent setting, non-vibrating, and must be put away when in the classroom. Electronic devices are not permitted in the OR skills lab or clinical setting.

vii. Blue OR scrubs and proper OR attire will be worn for OR lab practice.

viii. The dress code above is a guide to promote the professional appearance of Surgical Technology Program students. Students are expected to comply with variations in interpretation and alterations in the dress code as requested by the faculty, Reading Hospital or the Hospital's representatives.

B. CLINICAL ASSIGNMENTS:

Proper OR attire including personal protective equipment will be worn.

i. The **only** type of jewelry permitted is pierced earrings. Pierced earrings, if worn, should be conservative in style and number and must be covered by the OR cap.

ii. Visible body piercing is not permitted.

iii. Hair will be clean and natural appearing in color. Hair will be covered by the OR cap always.

iv. Fingernails must be clean and well groomed. Extreme length, artificial nails, and nail polish are prohibited as these factors contribute to an increased infection rate.

v.   Students are not permitted to get new tattoos in an area that would be exposed when in surgical scrub top and pants for the duration of the core ST courses. Tattoos are not to be excessive or offensive.

vi.   Shoes must be clean, in good repair, and promote safety.

vii.   Each student is required to provide shoes for use only in the operating room (cannot be worn outside of the clinical environment). Clinical shoes must be provided by the student on the first day of operating room orientation.

viii. Perfumes and other strong-smelling substances are not appropriate in the clinical setting.

ix.   The School photo ID is considered part of the student uniform and is to be worn always in accordance with School Policy # 385.

x.   The Surgical Technology Program Handbook is considered part of the student uniform and must always be brought to the OR Skills Lab and clinical unit.

xi.   The student's dosimetry badge is considered part of the student uniform and must always be with the student in the clinical setting.

xii.   Pagers, cellular phones, and other electronic devices are not permitted in the clinical setting.

xiii. Faculty will make the determination of appropriate attire in the clinical setting.

xiv.   Failure to adhere to RHSHS, ST, or clinical site policies will result in progressive discipline.

SECTION III: ATTENDANCE and HEALTH

1. HOLIDAYS

The School of Health Sciences observes the following holidays:
Labor Day
Columbus Day
Thanksgiving Day
New Year's Day
Martin Luther King Jr. Day
Memorial Day
Independence Day

If other holidays are observed based upon religious beliefs, a written request for a schedule change may be made to the Program Director. Requests must be submitted within the first 30 days of the academic year.

2. ACADEMIC BREAKS

Scheduled academic breaks are identified on the School Academic Calendar.

3. MEALTIME BREAKS

A. CLINICAL DAYS:
i.   Students will be assigned 35 minutes for lunch during the 8-hour school day. On clinical rotation days, student mealtime will coincide with that of the clinical area of assignment and will be determined by the faculty or preceptor. If the student's clinical day is five hours or longer in duration, they must take a meal break during the clinical day.

B. CLASS DAYS:
i.   Lunch on class days will be taken as assigned on the schedule.
ii. Students are expected to promptly return to assignments following lunch.
iii. Failure to adhere to these guidelines will result in an unexcused absence.

4. ACADEMIC & CLINICAL ASSIGNMENT HOURS

ST course class days are generally 0900-1600.
Clinical days are generally 0700-1530 or 0730-1600 but may vary depending on the clinical specialty to which the student is assigned.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

Surgical Technology Program
Curriculum Plan 2020-2021

Term	Course	Credit	Theory/Lab	Clinical Experience
Summer (12 weeks) May/July	*ST 100	9	118	84
	*ST 101	4	73	
Subtotal		**13**	**191**	**84**
Fall (16 weeks) August/December	*ST 200	15	135	294
Subtotal		**15**	**135**	**294**
Spring (16 weeks) January/April	*ST 201	16	45	552
Subtotal		**16**	**45**	**552**

5. GENERAL ATTENDANCE REQUIREMENTS

SUBJECT: General Attendance
      Responsibility of Program Director
      Revised: April 2020
SCOPE:
Surgical Technology Students
PURPOSE:
To ensure that Surgical Technology Students are aware of the expectations regarding attendance/
participation in Program activities.
POLICY:
Students are expected to attend all classes, clinical assignments, and laboratories scheduled for
their learning experience.
DEFINITIONS:
PROCEDURE:

a. GENERAL ATTENDANCE INFORMATION

    i.   SCHEDULES: Clinical and academic schedules are provided at the beginning of each semester. Students are expected to be in their area of assignment, organized, and ready for clinical or class experience at the time scheduled. Schedule changes will be communicated by faculty. There are two types of absences that will be recorded on the student attendance record, excused or unexcused absence. The following list of guidelines are not all inclusive. Please be advised of Reading Hospital School of Health Sciences Policy 320 Student Health Services.

    ii. Excused Absence
        a. Personal illness or injury documented by a healthcare professional.
        b. Funeral leave according policy in the ST handbook.
        c. Illness of a dependent family member documented by a healthcare professional.
        d. Mandatory court appearance or jury duty (requires verification to be provided such as a   police summons, subpoena, or a signed note from a court official).
        e. Religious holiday: If a holiday other than those observed by RHSHS are based upon religious beliefs, a written request for a schedule change may be made to the Program Director. Requests must be submitted within the first 30 days of the academic year.
        f. Other reasons that are within the discretion of the Program Director considered to constitute a valid absence. The student must provide documentation to the Program Director substantiating the reason for the absence.

iii. Unexcused Absence
   a. Work
   b. Personal or dependent family member non- acute medical service.
   c. Vacation or recreational activities.
   d. Student is under the influence of a controlled substance.
   e. Repair or maintenance of car or household.
   f. Slept too late
   g. Transportation is not available/missed the bus/shuttle service late, or similar transportation issue.
   h. Personal or dependent family member illness without documentation by a Health Care Provider.
   i. Personal or family member appointment.
   j. Any absence not covered by Excused Absence list.
   k. **** These lists are not all-encompassing; they are examples and guidelines only**.

iv. ABSENCE/TARDINESS/EARLY DISMISSAL: CLASSROOM/CLINICAL
   a. The expectation is that students will attend all assignments as scheduled. If a student will be absent or tardy, it is their responsibility to personally notify the program secretary in advance at least 30 minutes prior to their scheduled assignment (484-628-0200 – this number is serviced by voicemail 24 hours/day). Except under extraordinary or emergent circumstances, or previously approved absences/tardiness/early out, notification must be made by the student for each day of absence/tardiness/early out from a class or clinical assignment. Notification of absence should include the student's full name and that you are a surgical technology student. Additionally, notification of tardiness should include the expected time of arrival. If a student fails to call the program secretary to notify the school of an absence or tardy they will automatically receive an unexcused absence for that occurrence.
   b. It is the student's responsibility to make up work that has been missed. It is the student's responsibility to contact the Director immediately upon returning to school.
   c. The Director will determine any make-up assignments according to the student's learning needs, the make-up assignment may be different from the original assignment.
   d. Tardiness or leaving early will be recorded as an unexcused absence.
   e. An appeal for an unexcused absence exception must be made in writing to the Program Director within two days from the date of absence, tardiness, or leaving early.
   f. If a student is absent due to an illness, a note from a qualified health care provider is required upon return. The absence will be recorded as unexcused if the student does not produce a healthcare provider excuse note within three days of resuming classes i.e., proof of illness documented by a physician or other licensed health care provider.

g. Any missed assignment, skill assessment, clinical time, exam, or quiz must be made up or scheduled to be made up within one week of the missed assignment. Any missed assignment, skill assessment, clinical time, exam, or quiz that is not made up or scheduled to be made up within this time frame will receive a zero for the grade. If the student is absent for the scheduled make up assignment, they will receive a zero for the grade.

h. All clinical time must be made up, it is the student's responsibility to plan clinical make-up with the Director. Failure to attend on the date and time determined for clinical make-up may result in clinical failure.

i. The student is required to make-up all missed clinical time by the last day of the term. If clinical make-up requirements exceed the ST Programs available time to schedule clinical make-up in a term, the student may be required to withdraw from the course and ST Program.

j. Leaving the classroom or clinical unit early without previous notification and documented permission from an Instructor will result in an unexcused absence.

k. If the student is tardy or arrives unprepared to the clinical unit or assigned operating room the student may be sent off the unit at the discretion of the Instructor which will result in an unexcused absence. At the discretion of the Instructor and Preceptor, if the student is permitted to stay on the clinical unit, they may not have the opportunity to scrub for the surgical procedure. The occurrence will result in an unexcused absence in the attendance file, even if the student is permitted to stay on the clinical unit if the occurrence was for an unexcused reason.

l. An absence, tardy, or early out of any length of time that is not for an excused purpose will be recorded and counted as an unexcused absence.

m. Three unexcused absences that occur in one term for ST 100, ST 101, ST 200, or ST 201 classroom instruction will result in probation (if eligible, see probation policy).

n. Two unexcused clinical absences in one term will result in probation (if eligible, see probation policy).

o. Three unexcused clinical absences in one term will result in clinical failure.

b. FUNERAL LEAVE

i. Students may use up to three days bereavement for immediate family members. The term "immediate relative" usually means husband or wife, father, mother, brother, sister, son or daughter, and grandparents. Because all situations are not covered in the above rulings (i.e., foster parents, in-laws, etc.), the student may discuss exceptions with the Program Director and one day off may be granted. Exceptions may be granted if a student's performance and attendance records are satisfactory. Students desiring additional bereavement time which exceeds the time outlined above may apply for a leave of absence (LOA). The School of Health Sciences policy will be

followed if additional time off is required. Extended absence or LOA may require the student to withdraw from a course or the Surgical Technology Program.

c. PERSONAL APPOINTMENTS

   i. Students are expected to schedule all appointments (medical, legal, personal, etc.) outside of program hours. All personal appointments/appointments for dependent family members that result in an absence, tardy or an early out/leaving early, will be recorded as an unexcused absence unless the occurrence qualifies as an excused absence.
      a. Contact Numbers
            i. Gwendolynn Jackson, Program Director   484-628-0213
           ii. Cathy James, Surgical Technology Program Admin   484-628-0200
          iii. Christine Hydock, School of Health Sciences Admin   484-628-0199
           iv. Surgical Technology Classroom   484-628-0144
            v. Operating Room Control Desk   484-628-8278

6. ESSENTIAL FUNCTIONS AND TECHNICAL STANDARDS

Essential Function	Technical Standard
Critical Thinking	1. Ability to apply critical, logical thinking to perform tasks such as, but not limited to tracking supplies (counting instruments & sponges), and anticipation skills for intraoperative safe patient care.
	2. Ability to adapt and function under stressful conditions so as not to impair safety.
	3. Ability to develop a surgical conscience and follow strict aseptic procedures without exception.
Interpersonal Skills	1. Ability to exhibit positive interpersonal skills with patient, staff and faculty interactions.
	2. Able to perform learned skills with minimal supervision.
	3. Able to interact appropriately and function as part of the surgical team.
	4. Able to accept differences in others (ex. cultural, religious) without judgement.
Communication	1. Ability to effectively interact with others in written and spoken English.
	2. Quickly and accurately understand and follow verbal instruction in English
	3. Ability to read and understand the patient chart, computer screen, digital print outs, labels, and gauges.
Physical Ability	1. Ability to remain on task for several hours while standing, moving, lifting, and/or bending with minimal or no breaks.
	2. Strength to turn, position, and transfer patients.
	3. Upper body strength great enough to lift 20 pounds while standing erect with arms extended away from the body for at least 30 seconds.
	4. Strong and agile enough to push litters, beds, and large pieces of equipment.
	5. Ability to stand for long periods of time, 4-6 hours or longer, without a break.
	6. Ability to control bladder for extended periods of time, 4-6 hours or longer.
	7. Ability to breathe effectively with a surgical or respirator mask on for extended periods of time, 4-6 hours or longer.
	8. Ability to tolerate smoke produced from electrical and laser surgery.

Mobility	1.	Able to handle surgical instruments and equipment rapidly with both right and left hands.
	2.	Has full range of motion, manual and finger dexterity, can supinate (hands palm side up) and pronate (hands palm side down).
	3.	Gross and fine motor skills to assemble and pass instruments and equipment safely during surgical procedure.
	4.	Hand-eye coordination.
	5.	Able to position oneself in the clinical setting to provide patient care without obstructing other team members or equipment being used for patient safety.
Hearing Acuity	1.	Ability to hear and detect alarms or emergency signals.
	2.	Acute hearing to hear and understand words muffled by a mask.
	3.	Acute enough to perceive vocalized words in an environment with high levels of background noise.
	4.	Auditory processing sufficient to respond and follow verbal instruction without receiving visual cues.
Visual Ability	1.	Acute enough to read small print on medication labels, instruments, implants, and guides.
	2.	Acute enough to handle extremely fine thread surgeons sew with (suture).
	3.	Able to visually adapt to varying levels of light and a surgical microscope.
Tactile Ability	1.	Able to use sense of touch for physical examination and assessment of patient.
Olfactory Ability	1.	Able to tolerate and distinguish smells essential to assess and/or maintain the patient's health status or safety.
Professional Attitude	1.	Able to present a professional appearance.
	2.	Maintain calm composure during emergency situations.
	3.	Demonstrate flexibility and tolerance of others' ideas.
	4.	Show empathy and concern for others.

References
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(Fifth ed.). Cengage Learning.
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https://www.sreb.org/publication/americans-disabilities-act.

7. BLOODBORNE PATHOGEN EXPOSURE PROCEDURE

SUBJECT: Bloodborne Pathogen Exposure
     Responsibility of Program Director
     Revised: April 2020

SCOPE:
Surgical Technology Students

PURPOSE:
To ensure that any student who experiences an exposure to bloodborne pathogens receives prompt and appropriate treatment.

POLICY:
If a student sustains any injury which may subject the student to bloodborne pathogens, the student must report the incident immediately and seek appropriate treatment using the established procedure.

DEFINITIONS:
Bloodborne pathogen – an organism carried through the bloodstream in an infected individual which can cause disease in any person who comes into contact with the infected blood.

PROCEDURE:
CALL Program Director or Program Faculty via Vocera (3300) IMMEDIATELY if there is any injury or exposure to any body fluids.

1. Break scrub immediately after exposure occurs.
   - Note date, time, location, circumstances, source patient's name, date of birth, and MRN if known.

2. Immediately wash the wound with soap and copious amounts of water, for splashes to the nose, mouth, or skin, flush with copious amounts of water. Eyes should be irrigated with clean water, saline, or sterile irrigates.

3. Go to Occupational Medicine in the Doctors' Office Building (DOB) immediately for additional evaluation/treatment.

4. If a student recaps a bent hypodermic needle they will be placed on probation (if eligible, see probation policy). This action is high risk behavior that places the student at risk for a needle stick.

8. STUDENT PREGNANCY POLICY

SUBJECT: Pregnancy
> Responsibility: Program Director
> Revised: May 2016   Reviewed: April 2020

SCOPE:
Surgical Technology Students

PURPOSE:
To provide a safe, fair, and compliant policy for pregnant students.

POLICY:
This policy is provided to safeguard the welfare of pregnant students and the fetus.

DEFINITIONS:

PROCEDURE:
Should a student become pregnant while enrolled in the Program, she will be allowed to continue the educational process under the following provisions:
- All academic policies and syllabi guidelines remain in effect. Any time missed by the student must be made up before the student will be permitted to participate in graduation activities or a diploma will be awarded.
- Depending on the number of classes and amount of material missed, the student may need to withdraw or create a new curriculum/program plan with the Program Director.
- All clinical competencies and clinical assignments must be completed before a student will be permitted to participate in graduation activities or receive a diploma.
- The student will be excused from any procedures that involve the use of polymethyl methacrylate or long-term fluoroscopy.
- The student may request to withdraw from the program.
  The program recognizes that an enrolled student who becomes pregnant has the right to declare or not to declare pregnancy. The disclosure of pregnancy is strictly voluntary; however, the Program Director will be unable to make accommodations for students who do not disclose a pregnancy.

Every measure will be taken to adhere to the above policy. The student maintains the right to withdraw the declaration at any time. If the declaration is not withdrawn, it is considered expired after one year.

**READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM**

**READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM
VOLUNTARY DISCLOSURE OF PREGNANCY**

This is to inform _____ and the Surgical Technology
                                Program Director
Program at Reading Hospital School of Health Sciences that I am pregnant with an estimated due
date of _____.

- I understand that I will be excused from participation in surgical procedures known to
  involve the use of polymethylmethacrylate.

- I understand that I will be excused from participation in surgical procedures known to
  involve the use of long-term fluoroscopy.

- If scheduled for any of the above excused procedures I understand that it is my
  responsibility to request to be excused from the assignment.

- I understand that I must complete all academic and clinical requirements before I will be
  permitted to participate in graduation activities or awarded a diploma.

- I understand that I may need to withdraw from a course or create a new curriculum plan
  with the Program Director in order to meet graduation requirements.

_____
Student Signature

_____
Student Name (Please Print)

_____
Date of Disclosure

The student maintains the right to withdraw the declaration at any time. If the declaration is not
withdrawn, it is considered expired after one year.

READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM

SECTION IV: ACADEMIC POLICIES

1. COMPUTER LABORATORY

Students are encouraged to use the computer lab located at the School as a learning resource. The lab is accessible any time the School's programs are in session. An access card (ID badge) is required for entry. Students are expected to adhere to use guidelines posted in the computer laboratory.

2. CPR REQUIREMENTS

Prior to participation in clinical assignments students must provide documented completion of Health Care Provider CPR certification. Responsibility lies with the student to remain certified throughout the educational program. All students are responsible for providing updated CPR information to the School for entry into their file. If a student has a lapse in CPR certification during clinical courses they will not be permitted to participate on the clinical unit and absences will be unexcused.

3. CORRELATION OF ACADEMIC and CLINICAL EDUCATION

Students must successfully complete all coursework to qualify for graduation from the Reading Hospital School of Health Sciences Surgical Technology Program.

Level I				
Semester	*Course*	*Credit*	*Theory*	*Clinical Experience*
Fall (16 weeks)	BIO 107/117	4	45	
	COM 101	3	45	
	PSY 101	3	45	
	THE 210	3	45	
Spring (16 weeks)	BIO 108/118	4	45	
	BIO 220	4	45	
	LAE 2	3	45	
	PHI	3	45	
Level I Total		27	360	
Level II				
Semester	*Course*	*Credit*	*Theory*	*Clinical Experience*
Summer (12 weeks)	ST 100	9	90	84
	ST 101	4	45	
	LAE 1	3	45	
Fall (16 weeks)	ST 200	15	107	294
Spring (16 weeks)	ST 201	16	45	552
Level II Total		47	332	930
Program Total		74	692	930

4. GRADING

SUBJECT: Grading
>   Responsibility of Program Director
>   Revised: April 2020

SCOPE:
Surgical Technology Students
PURPOSE:
To inform students of grade requirements for the Surgical Technology Program
POLICY:
The School of Health Sciences Grading Policy # 305 is followed in determining final grades. Students are informed of specific course evaluation/grading in each course syllabus.
PROCEDURE:

1. **GENERAL EDUCATION COURSES -** Students must obtain a minimum academic average of 75% in all general education courses. Academic grades are determined by quizzes, examinations, and other modalities.
    a. If a student fails a general education course they will be placed on probation (if eligible, see probation policy).
    b. The student is required to schedule a meeting with the Program Director within two weeks following the end of the term to create a new curriculum plan for completion of the program. Failure to do so will result in dismissal/termination from the ST Program.
    c. This revised curriculum plan is not a guarantee that the student will have a seat in the next ST cohort. Enrollment in the ST cohort is dependent upon the number of students already enrolled in that cohort at the time they enter the ST courses. The ST Program is thus not able to guarantee that a student who leaves one cohort (due to course failure, injury, or any other reason) will be able to move to the next cohort of students.
    d. Enrollment in an established cohort is dependent upon the number of students already enrolled in that cohort. Maximum cohort capacity is determined by issues such as accreditation standards and availability of clinical sites.
    e. The Program Director will work closely with the student and admissions to identify available curriculum opportunities to facilitate program completion for the student.
2. **ST CORE COURSES –**
    a. A passing grade for a core ST course includes the following three components. All three components must be passed successfully in order to pass the ST Core Course.
        i. A minimum academic average of 80%
        ii. Achievement of satisfactory "S" ratings on all student Performance Evaluations.
           ***Participation in clinical experiences is required in order to achieve a satisfactory rating in the ST Program.
        iii. Successful achievement of clinical competencies

b. Failure to achieve any one of the three components will result in course failure. A student who fails a core ST course will be dismissed from the program.

c. Didactic (academic) evaluation is accomplished through the use of examinations, quizzes, worksheets, Skills Lab assessments, and other modalities.

d. Clinical education is evaluated through the use of performance appraisals, clinical performance daily evaluations, and assessment of clinical competencies. All students must meet the basic clinical competency requirements and the competencies for each specialty.

e. Probation: A student who is not meeting expectations including skill lab assessments, clinical competencies, or achieving clinical expectations will be placed on probation (if eligible, see probation policy).

    i. Students who are not meeting the required expectations will be counseled.

    ii. A probationary period (if eligible, see probation policy) and plan of action for successful completion of the course will be developed and implemented by the Program Director.

    iii. If a student fails to meet the required expectations of the course at the end of the probationary period or does not follow the probation action plan, the student will fail the course clinically and be dismissed from the program.

3. All final grades are recorded in the student's permanent file.

5. PROBATION

SUBJECT: Probation
    Responsibility of Program Director
    Revised: March 2018   Reviewed: April 2020
SCOPE:
Surgical Technology Students
PURPOSE:
To inform students of the performance expectations; provide a structure for consistent intervention when students are not performing to established standards; and connect students with the resources that help facilitate their success.
POLICY:
Continued enrollment in the Surgical Technology (ST) Program depends upon the student maintaining satisfactory progress throughout the curriculum. If a student is placed on probation once, any subsequent failure to meet expectations during the student's enrollment will result in immediate dismissal from the program without a probationary period. It is the expectation of the ST Program that he/she will:

- Maintain a grade of 75% or higher in general education courses. If, at the completion of any semester, a student receives a general education course grade that is less than 75% or withdraws failing (WF) he/she will be placed on probation. He/she needs to notify the Program Director of the course failure. A student who has failed a general education course will have one opportunity to repeat the course. He/she must register for and successfully pass the failed course the next term the course is offered. Students that do not follow the requirements of probation will be dismissed from the ST Program. The student will remain on probation until they successfully pass the failed course. A student

will be placed on probation for general education course failure one time during the curriculum. A general education course failure (grade of less than 75%) or WF-withdraw failing of a course in any subsequent term will result in dismissal from the ST Program. If, at the completion of any term, a student receives any combination of two general education course grades that are less than 75% or withdraws failing (WF) he/she will be dismissed from the ST Program.

- Meet all classroom and clinical course requirements, performance expectations, and follow Reading Hospital School of Health Sciences', Surgical Technology Programs, and Clinical site policies.

A student who does not achieve expectations will be placed on probation. Probation is a warning that performance or progress is not satisfactory, and steps are required to improve performance. Probation is an indication of serious difficulty which may result in dismissal from the program. If placed on probation the student is required to develop an action plan with the Program Director to improve performance in the ST Program. The duration of a student's probationary period will be determined by the action plan. If a student does not meet the requirements of their probation action plan, they will be dismissed from the program. A student will be placed on probation a maximum of one time during their enrollment in the ST Program. Probation can occur for a variety of reasons including but not limited to academic failure, not meeting classroom and clinical requirements, not meeting performance expectations, or not following policies. There may be circumstances when a student's failure to meet expectations will result in immediate dismissal from the program without a probationary period.

**READING HOSPITAL SCHOOL OF HEALTH SCIENCES
SURGICAL TECHNOLOGY PROGRAM**

SECTION V: SKILL ASSESSMENTS

1. OR SKILLS LABORATORY

    i.   The OR skills lab may be open to students from 0730 – 1600, Monday – Friday. This will depend on staff availabilities and COVID-19 restrictions.

    ii.   Open lab sessions are available to review/practice skills prior to skill assessments.
        a. Schedule an appointment with Instructor
        b. Open labs will be scheduled, or students may arrange to practice lab skills prior to class or after class

    iii.   Students must successfully complete all OR Skill Assessments in the OR Skills Laboratory to continue in the course. If a student fails to pass any OR Skills Assessment three times, they will be excused from the ST Program. The first attempt Skills Assessment grade will be recorded in the grade book. If a student fails to pass three OR Skill Assessments in one term they will be placed on probation (if eligible, see probation policy).

    iv.   Each assessment is performed in the sequence as identified in the assessment

    v.   Prepare for each assessment by reviewing class notes, reading materials, and the skill assessment

2. SKILL ASSESSMENTS

    i.   Students must be competent in these skills to participate in ST 100 and ST 101 clinical experience. The following list of skills are taught and assessed in ST 100 and ST 101:
        a. ST 100 Hand Hygiene
        b. ST 100 Packaging Techniques (Peel Pack, Wrap, and Container System)
        c. ST 100 Surgical Scrub
        d. ST 100 Gowning and Gloving
        e. ST 100 Open Glove Technique
        f. ST 101 Surgical Skin Prep (ChloraPrep, Hibiclens)
        g. ST 101 Vital Signs
        h. ST 101 Open Sterile Supplies
        i. ST 101 Urinary Catheterization
        j. ST 101 Draw Up Medication

    ii.   The following skills are taught in ST 100 and ST 101 and assessed during Mock Surgery in ST 200:
        a. ST 200 Instrument Handling – Knife Handle Load, Pass, and Unload a Knife Handle
        b. ST 200 Intraoperative Handling of Instruments
        c. ST 200 Mock Surgery First Scrub
        d. ST 200 Mock Surgery Circulator
        e. ST 200 Mock Surgery Patient Care Circulator

iii.   Students must be competent in all Skill Assessments to participate in ST 200 clinical experience. Failure to succeed in Mock Surgery Skills Assessments may prohibit the student from attending clinical. Missed clinical days that occur because of a failed Skill Assessment will result in an unexcused absence.

SECTION VI: WORKSHEETS

1. WORKSHEETS

i. Worksheets are utilized to enhance the student's understanding of special surgical experiences. Worksheets ST 101 Patient Care Study, ST 101 Endoscopy (GI) Lab, and ST 200 LDRP must be handed in the next day after the special experience. The original Worksheet that is in the ST Handbook must be handed in directly to an Instructor at the start of the day it is due, no electronic copies or pictures of these Worksheets (ST 101 Patient Care Study, ST 101 Endoscopy Lab, and ST 200 LDRP) will be accepted. Case Study Worksheets are handed in the next class day after the specialty rotation at the start of the day it is due. The Case Study Worksheets maybe handed in electronically if the proper electronic template is used. Worksheets are marked as quiz grades. Each student is expected to complete all worksheets in a timely manner. All assignments must be handed in on time. Late assignments will be penalized 5% each day that they are late and assignments handed in more than 3 days late will not be accepted (will be graded as a zero). In the event of an unforeseen difficulty, discuss the problem with the Instructor.

ii. The worksheets include:
    a. ST 101 Patient Care Study
    b. ST 101 Endoscopy (GI) Lab
    c. ST 200 LDRP
    d. ST 200/ST 201 Specialty Case Studies

SECTION VII: CLINICAL COMPETENCIES

    i.   There are multiple clinical competencies. All clinical competencies must be complete, this includes the student's name, and submitted to the Program Director before the student graduates. Any student who has not completed clinical documentation will not receive a diploma or participate in graduation services.

    ii.   Students are required to maintain clinical competencies of previously passed courses.

    iii.   Basic competencies identify basic tasks in which a student must achieve competency to progress in the clinical experience.

        a.   The student must be observed by an instructor or preceptor correctly performing each task before the student is deemed competent. Each individual competency can only be signed once per date. The student may be observed completing the tasks multiple times on that date; however, they will only receive one signature per task per date.

        b.   Competence in the task is identified by Program faculty who sign the student off on the task.

        c.   If a student experiences a critical occurrence on a task after having already been deemed competent in the task, the student will be placed on probation (if eligible, see probation policy). The student will need to complete basic competencies indicated by the ST Program faculty to meet the probation action plan requirements and progress with their clinical experience.

        d.   Faculty reserves the right to require a student to repeat competency assessments if performance in the clinical setting indicates reassessment is needed.

        e.   * A critical occurrence is indicated when a student lacks recognition of occurrence which required faculty or preceptor intervention.

    1. ST 100 BASIC CLINICAL COMPETENCY

    2. ST 200 BASIC FIRST SCRUB ROLE CLINICAL COMPETENCY

    3. CLINICAL COMPETENCY FOR EACH SURGICAL SPECIALTY

        a.   Specialty competencies are completed for each specialty rotation.

        b.   Competency in a task can be observed by the preceptor, Program faculty, or an experienced team member.

        c.   Each Activity on the Surgical Specialty Clinical Competency must have the date and the signature or initials of the Observer. Competency sheets with arrows to indicate the activity was observed will not be accepted.

SECTION VIII: CLINICAL CASE LOG

1. Clinical case logs are used to identify **every** surgical procedure in which the student participates.
2. It is the student's responsibility to maintain accurate case logs.
3. Every student must participate in a minimum of 120 surgical cases to meet graduation requirements.
   a. Specific information about meeting the 120-case requirement is on the Clinical Case Log Requirements page
4. Every case must have a verification signature by Program faculty or a preceptor
5. Clinical case logs must be complete, this includes the student's name and clinical rotation dates, and submitted to the Program Director before the student graduates. Any student who has not completed his/her clinical case log documentation will not receive a diploma or participate in graduation services.
6. Clinical case log requirements
   a. RHSHS SURGICAL TECHNOLOGY PROGRAM SURGICAL ROTATION CASE REQUIREMENTS
      i. Every student must participate in a minimum of 120 surgical cases in the First Scrub Role to meet graduation requirements.
      ii. A minimum of 30 First Scrub cases in General Surgery.
      iii. A minimum of 90 First Scrub cases distributed evenly amongst CVT/Vascular, Eye/ENT, GU, GYN, Neuro, Orthopedic, and Plastic Surgery. Approximately 13 First Scrub cases in each surgical specialty.
      iv. RHSHS Surgical Technology Program clinical requirements exceed the AST Surgical Rotation Case Requirements.
   b. AST Surgical Rotation Case Requirements
      i. **Goal Statement: The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist**
      ii. **Objectives**
         1. The surgical technology program is required to verify through the surgical rotation documentation the students' progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.
         2. While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.
         3. No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.
      iii. Students must complete a minimum of 120 cases as delineated below.
         1. General Surgery cases

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

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

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

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

5. Counting cases
   a. Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to II. C.1.a. above).
      i. Examples of counting cases
         1. Trauma patient requires a splenectomy and repair of a Lefort I fracture. Two cases can be counted and documented since the

splenectomy is general surgery specialty and repair of LeFort I is oral-maxillofacial surgical specialty.

2. Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure – one case.

ii. Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and documented as one (1) procedure—one case.

2. SURGICAL ROLES DEFINITIONS

   i. FIRST SCRUB ROLE
      a. The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the First Scrub Role. A student not meeting the five criteria below cannot count the case in the First Scrub Role and the case must be documented in the Second Scrub Role or Observation Role.
         i. Verify supplies and equipment needed for the surgical procedure.
         ii. Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the procedure.
         iii. Perform counts with the circulator prior to the procedure and before the incision is closed.
         iv. Pass instruments and supplies to the sterile surgical team members during the procedure.
         v. Maintain sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

   ii. SECOND SCRUB ROLE
      a. The Second Scrub Role is defined as the student who is at the sterile field who has not met all criteria for the First Scrub Role, but actively participates in the surgical procedure by performing one or more of the following:
         i. Sponging
         ii. Suctioning
         iii. Cutting suture
         iv. Holding retractors
         v. Manipulating endoscopic camera

   iii. OBSERVATION ROLE
      a. The Observation Role is defined as the student who is in the operating room performing roles that do not meet the criteria for the First or Second Scrub Role. These observation cases are not to be included in the required case count, but must be documented by the program