Triton College

Triton College (District #504)

Surgical Technology Advisory Committee Meeting – Agenda

Wednesday, March 24, 2021

4:30 – 6:00 PM

I. Call to Order

II. Welcome and Introductions

III. Evaluation of Anatomy Courses

IV. Electronic Clinical Record Keeping

V. Drug and Alcohol Policy

VI. Pregnancy/Major Illness/Injury Return Policy

VII. Lab Accreditation

VIII. Questions, Comments, and Suggestions

IX. Next Meeting

X. Adjournment

TRITON COLLEGE
DISTRICT #504

MINUTES
SURGICAL TECHNOLOGY PROGRAM ADVISORY COMMITTEE MEETING
March 24, 2021 (via Blackboard Collaborate)

CALL TO ORDER

The virtual meeting was called to order by Teri Junge at 4:30 p.m.

WELCOME AND INTRODUCTIONS

Advisory committee members introduced themselves and stated their affiliation. The committee is constantly seeking new members and the positions for a public member and a physician member are currently open.

In attendance:

- Teri Junge, CST/CSFA, Program Coordinator
- Pamela Harmon, Dean of Health Careers and Public Service Programs
- Jill Reese, CST, Instant Care Surgery
- Sandra Werner, Triton College Academic Advisor
- Kayla Gagliardi, Triton College Academic Advisor
- Karen Lokanc, Senior Sourcing Specialist, Human Resources Advocate Aurora Health
- Dawn Marcotte, CST West Suburban Medical Center/Triton College Adjunct Faculty
- David Cox, Owner/Managing Partner, MedOp Solutions
- Reem Azhari, PhD, RN, CNOR, Endowed Chair of Inter-Professional Education, Resurrection University

EVALUATION OF ANATOMY COURSES

When Surgical Technology transitioned from a Certificate to an Associate of Applied Science Degree program in 2017, students were given an option of taking one of two anatomy courses (BIS 136 or BIS 240) to meet the prerequisite for the program.

The catalog description of each anatomy course is listed below:

- BIS 136 Functional Human Anatomy (4 Credits)
  Includes surveying cells, tissues and the functional anatomy of human organ systems, while emphasizing basic concepts and their applications and implications for clinical practice.

- BIS 240 Human Anatomy and Physiology 1 (4 Credits)
  Organization of the human body at the macroscopic and microscopic levels, using a human cadaver. A regional anatomical approach is used to study the location, structure and function of major systems, organs and tissue within the human body.

During the development of the degree program, the dean at the time thought BIS 240 was the better option and offering both anatomy

courses was not necessary. Dr. Junge was asked to track the data and follow-up with the intent of eliminating BIS 136.

Research Questions:
What percent of students participated in BIS 136, BIS 240 or transferred anatomy from another school?
Did the students who took BIS 240 have a higher GPA?
Did the students who took BIS 240 have a higher retention rate?

Following are the anatomy statistics from the two cohorts that graduated from the degree program to date:

Cohort 1 Fall 2017-Spring 2019 N=14	Cohort 2 Fall 2018-Spring 2020 N=18
• 12 Students Graduated = 86% Retention • Mean GPA = 3.31	• 14 Students Graduated = 78% Retention • Mean GPA = 3.43
• 6/14 (42.5%) took BIS 136 and 6/6 (100%) Graduated • Mean GPA = 3.29	• 11/18 (61%) took BIS 136 and 7/11 (63%) Graduated + 1 Pending Spring 2021 (72%) • Mean GPA = 3.37
• 3/14 (21.5%) took BIS 240 and 2/3 (66%) Graduated • Mean GPA = 3.17	• 3/18 (17%) took BIS 240 and 3/3 (100%) Graduated • Mean GPA = 3.33
• 5/14 (36%) transferred anatomy from another school and 4/5 (80%) Graduated • Mean GPA = 3.41	• 4/18 (22%) transferred anatomy from another school and 4/4 (100%) Graduated • Mean GPA = 3.6

Statistics are based on averages and no formal statistical analyses were performed.

Dr. Junge believed students with BIS 240 would out-perform students with BIS 136 because it is a higher level course; however, she was surprised to learn that students with BIS 136 had a slightly higher GPA and students who transferred anatomy from another school had the highest GPA in both cohorts. Because students scored similarly and there was not a big disparity between the groups, the committee discussed if it was necessary to still offer both anatomy courses as prerequisites.

Ms. Marcotte compared prerequisites for both courses. BIS 136 has no prerequisites as long as student took high school biology; however, BIS 240 requires either AP biology in high school with a score of 3 or higher and/or BIS 101 and RHT 101. Following the BIS 240 pathway, additional semesters in coursework would be

required and may decrease the application rate by limiting students eligible with each cohort.

Since the statistics demonstrated success and did not show a great difference in either group, Dean Harmon was inclined to leave the prerequisite requirement as is and revisit this in a year or two to see how results compared. She added that many of the health career programs require either BIS 136 or BIS 240 and sometimes students do not get accepted into those programs requiring BIS 240 or they may change career paths. Having both options in the curriculum would allow students to enter the surgical technology program easier.

Ms. Azhari agreed that a little more time to gather additional data would be beneficial.

At the committee's recommendation, the program coordinator will re-evaluate this issue after data is collected from a few more cohorts.

ELECTRONIC CLINICAL RECORD KEEPING

Some health career programs are using electronic clinical record keeping and a few companies are offering this for the surgical technology students as well. Currently students take paper documents to the clinical site and fill out their cases/hours at the end of the day for the preceptor to verify and sign. Students then scan their documents to Blackboard and the instructor approves.

The advantages include electronic tracking, cloud storage, and no paper. A major disadvantage is getting computer access in the surgical setting where both preceptor and student are present at the same time to log in and verify documents. Another drawback is the $100-$150 cost for two semesters per student, which can be paid by the school or can be set up through the book store so students can use their financial aid money. Cost will likely be the student's responsibility.

Dr. Junge asked the committee to consider the convenience factor vs cost factor when determining if electronic record keeping is feasible in the clinical setting. She reported that it did not increase or decrease her work volume nor does she have a stake in it either way.

Mr. Cox agreed that electronic record keeping would be clearer and would not increase or decrease the preceptor's work load; however, it would be difficult for the student to utilize different clinical sites' customized electronic systems. Dr. Junge noted that students could potentially incur additional costs if they have multiple rotations with different systems.

Dean Harmon has found that not having access tends to be a big issue at many sites for students as well as clinical instructors/preceptors; however, clinical instructors listed as participants in the clinical course may be given pre-approval through

their IT departments. She also stated that whenever additional costs to students are involved alternative ways without expense should be considered.

While Ms. Marcotte would normally move toward electronic record keeping, she also recommends paper tracking due to the additional cost factor and the challenges that students encounter when preceptors need to log in to complete paperwork.

The committee recommended that the program continue using paper tracking for now and may revisit electronic record keeping in 3-5 years when new or easier technology is available.

DRUG AND ALCOHOL POLICY

At the last advisory meeting, the committee reviewed the Drug and Alcohol Policy and Dr. Junge formulated a new policy for the committee's approval from that discussion:

Drug and Alcohol Screening

Although use of alcohol and cannabis are legal in the state of Illinois, cannabis remains a controlled substance under Federal Law. Thus, its possession and use are currently illegal under Federal Law. Possession and use of alcohol, cannabis and all other illegal substances are forbidden by Triton College and the surgical technology program within all learning environments. (Introduction paragraph approved by committee.)

Students must complete all health and clinical requirements prior to registration for SRT 205 and the requirements must be maintained through SRT 215. A negative 10-panel drug screen and alcohol test are preclinical requirements. Students will be given the opportunity to submit supplemental medical documentation of lawful use of an otherwise illegal substance. Students may be subject to subsequent drug and alcohol testing following an episode of suspicious behavior, an accident/injury, or at random (without cause). The cost of additional testing is the student's responsibility.
(Expectation paragraph approved with revision - "Students will be given the opportunity to submit supplemental medical documentation of prescribed use.")

A student with a positive drug test should immediately eliminate all sources of exposure (ingestion and/or inhalation – including second-hand smoke). Metabolites can remain in the body for 30 days or more.

- Student should wait 4-6 weeks and retest (updated test is due no later than May 15th) – student will have to reregister via CastleBranch and pay the fee again.
- Student may be required to participate in an approved chemical dependency program

- If the second test is negative, student may remain in the program – if positive, student will be terminated.

(Course of action paragraph approved with revision - removal of second bullet point.)

The committee approved the Drug and Alcohol Policy with the two revisions listed above.

It was also noted that Triton College has an institutional Drug and Alcohol Policy; however, the program's policy must keep in line with Accreditation guidelines. The Surgical Technology program requires that an individual may not be impaired while on campus, in class, or on duty at the clinical site. Both policies are listed in the Surgical Technology Program Handbook, which is found on the web page.

PREGNANCY/MAJOR ILLNESS/INJURY RETURN POLICY

The committee revised the pregnancy policy by adding a return policy. A physician's clearance will be necessary for a student to return to the clinical setting.

Current Program Pregnancy Policy:
Certain occupational hazards may negatively impact pregnancy. Please notify the program coordinator and the appropriate clinical site personnel IMMEDIATELY if you become pregnant during the clinical portion of the program to allow initiation of precautionary measures.

Suggested return policy from Triton College Catalog:
Students returning to the clinical following a major illness or maternity leave must provide written documentation from their physician stating that they may be involved in all clinical activities with no physical restrictions.

Dean Harmon explained that while Triton College has institutional policies, each program answers to their accrediting bodies and can add specific items related to their standards.

Mr. Cox informed the committee there were recent changes to Illinois statutes regarding wording and ADA accommodations. Discussions with HR and Dean of Students Bangura, who is most familiar with Title IX pregnancy issues, were suggested.

The committee agreed that the new policy can be added to the Surgical Technology Program Handbook after Dr. Junge concludes her research that the proposed policy is in line with new regulations as well as correcting the grammatical error in Triton's policy by adding "setting" after the word clinical.

Dr. Junge will also create another section in the Surgical Technology Program Handbook called Major Injury/Illness Return Policy, which will repeat the same return policy statement.

Beyond the above changes, the other policies are clear and apply to all students. For example: Students must complete all health and clinical requirements (includes American Heart Association Basic Life Support for Healthcare Providers certification, drug and alcohol screening, background check, and any additional information required by the clinical site) prior to registration for SRT 205 and the requirements must be maintained through SRT 215.

LAB ACCREDITATION

A manager from the simulation center at Evanston Hospital, a current affiliate, recommended that Triton College Surgical Technology lab be accredited by the Society for Simulation in Healthcare (SSH). SSH offers certification to individuals to become certified simulation educators and certified operation specialists in addition to accrediting simulation labs. SSH is the only lab accreditor that Dr. Junge is aware of.

There would be benefits to both the program and Triton College in having an accredited lab; and Dr. Junge would recommend that all health careers labs be included to create a simulation center.

Benefits to the student and Triton College include:

- Increases patient safety by ensuring students receive the necessary skills required for the clinical site
- Improves education by providing standardization and a pool of knowledge of best practices and having assessments in place to meet accreditor standards
- Offers respect/prestige to the students and community with an external validation of quality programs
- Is a recruitment tool for the college (there are 21 Accredited Simulation Centers in Illinois and none are located at community colleges)

The costly fees to obtain and maintain accreditation is a drawback; however, sharing the costs across several programs may be manageable.

Fees:

- Provisional - $4,000-$5,000 (lacking two-years of specific outcomes data) – 4 Year cycle ($225 per year annual report review)
- Full - $8,000-$10,000 depending on tier (4)
- Educator Exam Fee $495 (3 Years – Renewal $350)

Dr. Junge asked the committee for their input as to whether this is something the program should pursue.

Mr. Cox and Ms. Lokanc will inquire with potential employers if they would value a graduate more coming from an accredited lab program than from a non-accredited lab program and report their findings at the fall meeting.

Members agreed that accredited labs would be a good marketing tool to attract more quality students to the program and to promote graduate employability.

QUESTIONS, COMMENTS, AND SUGGESTIONS

Ms. Lokanc and Mr. Cox will be provided information on the Society for Simulation in Healthcare.

NEXT MEETING

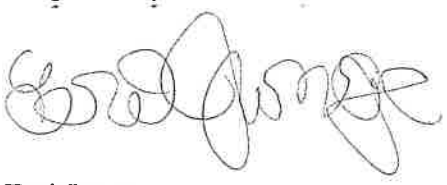
The next surgical technology advisory committee meeting is tentatively scheduled for Wednesday, September 22, 2021 from 4:30-6:00. Location TBA.
Proposed topics for the next meeting:

- Assessment of Program Mission Statement and Program Goals and Outcomes
- Program Status Report

ADJOURNMENT

Dr. Junge thank all members for their time and participation and adjourned the meeting at 6:00 p.m.

Respectfully submitted,



Teri Junge
Surgical Technology Program Coordinator

TJ/db