PIKES PEAK
STATE COLLEGE

SURGICAL SERVICES DEPARTMENT

CLINICAL EDUCATION

POLICY & PROCEDURES MANUAL

SURGICAL TECHNOLOGY
Associate of Applied Science (AAS)

STERILE PROCESSING
Certificate

2026–2027 ACADEMIC YEAR

CENTER FOR HEALTHCARE EDUCATION & SIMULATION
PIKES PEAK STATE COLLEGE
COLORADO SPRINGS, COLORADO

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1. Clinical Education Overview

Clinical education is a required component of the Surgical Technology and Sterile Processing programs at Pikes Peak State College. It provides students with the opportunity to apply classroom and laboratory knowledge in approved healthcare settings under appropriate supervision.

Purpose of Clinical Education

Clinical education allows students to:

- Apply knowledge and technical skills in the healthcare environment.
- Develop competency through supervised practice.
- Experience professional workflows and procedures.
- Receive feedback from clinical professionals and program faculty.
- Progress toward entry-level professional practice.

Clinical education is competency-based. Students must demonstrate satisfactory clinical performance in addition to completing the required experiences for their program.

Surgical Technology Clinical Education

Surgical Technology students complete supervised clinical experiences in approved surgical settings. Students participate in surgical procedures and develop competency in areas such as aseptic technique, instrumentation, surgical procedures, and scrub responsibilities.

Specific clinical hours, surgical cases, specialties, and scrub role requirements are outlined in Section 4: Surgical Technology Clinical Requirements.

Sterile Processing Clinical Education

Sterile Processing students complete a supervised clinical internship in an approved Sterile Processing Department. Students gain experience throughout the Sterile Processing workflow, including decontamination, preparation and packaging, sterilization and disinfection, storage and distribution, and quality assurance.

Specific hour and functional-area requirements are outlined in Section 5: Sterile Processing Clinical Requirements.

Unpaid Clinical Education

Surgical Technology clinical rotations and Sterile Processing clinical internships are unpaid educational experiences.

Students who are employed by a clinical affiliate must keep their employee role separate from their PPSC student role. Paid employment hours may not be reported as required PPSC clinical hours.

During clinical education:

1. Students must not be substituted for staff or used to replace clinical affiliate employees during clinical rotations.
2. Clinical rotations must be supervised and educational in nature. Clinical experiences are intended to support student learning, skill development, and progression toward entry-level competency.
3. Students must be readily identifiable as students while participating in clinical education and must follow PPSC and clinical affiliate identification requirements.

Relationship to the Surgical Services Student Handbook

This manual addresses requirements specific to clinical education and is intended to be used with the **Surgical Services Student Handbook**.

All Surgical Services Department policies remain applicable during clinical education, including requirements related to professional conduct, attendance, dress and appearance, accessibility and accommodations, academic integrity, substance use, confidentiality, essential skills and functional abilities, disciplinary action, and due process.

Clinical affiliates may establish additional requirements for students assigned to their facilities. Students are responsible for following applicable PPSC, Surgical Services Department, and clinical affiliate requirements while participating in clinical education.

2. Clinical Placement, Scheduling & Attendance

Clinical placements are coordinated by the Surgical Services Department with approved clinical affiliates. Placements are based on program requirements, available clinical experiences, site capacity, and student readiness.

Assignment of Clinical Sites

- Clinical sites are assigned by the Surgical Services Department.
- Students may not arrange or negotiate their own clinical placements.
- Placement at a specific facility, department, shift, or with a specific preceptor is not guaranteed.
- Students may be assigned to more than one clinical site to meet program requirements.
- Placement is not based on proximity to home, employment, childcare needs, or personal preference.
- Students are responsible for reliable transportation to their assigned clinical site.

Clinical affiliates determine their ability to accept students. PPSC cannot require a facility to accept or continue a student placement.

Clinical Schedules

Students must follow the clinical schedule assigned by the Surgical Services Department and clinical affiliate.

- Clinical experiences are generally scheduled Monday through Friday.
- Surgical Technology shifts may begin as early as 5:00 a.m.
- Sterile Processing shifts vary according to the assigned department and available clinical experiences.
- Weekend clinical shifts are not available for completion of required clinical hours.

Students should plan employment, childcare, transportation, and other personal responsibilities around their assigned clinical schedule.

Schedule Changes

Students may not independently change, trade, shorten, extend, or deviate from their assigned clinical schedule.

Any schedule change must be approved before it occurs. If a clinical site requests a schedule change, the appropriate site manager must communicate the change to the Clinical Instructor, Clinical Coordinator, or Director of Surgical Services.

Approval from a preceptor alone does not constitute an approved schedule change.

Clinical Attendance

Students are expected to attend every assigned clinical shift and remain for the entire scheduled shift.

If the clinical site is open and the student is scheduled for clinical, the student is expected to report unless otherwise directed by the Surgical Services Department or clinical affiliate.

Only one clinical absence is permitted per semester, regardless of reason. Additional attendance requirements and consequences are addressed in the Surgical Services Student Handbook.

Tardiness & Early Departure

Students must arrive on time and be prepared to begin clinical at the scheduled start time.

Arriving late or leaving more than 15 minutes early is considered a partial absence. Two partial absences equal one full absence.

Students may not leave clinical early without approval from appropriate clinical site personnel and notification to PPSC clinical faculty.

Clinical Absences & Call-Off Procedures

If a student will be absent or late, the student must notify both:

1. The clinical site manager, preceptor, or designated site contact, and
2. The Clinical Instructor or Clinical Coordinator.

Notification must occur before the scheduled start of the shift whenever possible.

Students must also follow any additional call-off procedure required by the clinical site. Notification through another student is not acceptable.

Failure to report to clinical and complete the required notifications is considered a no-call/no-show.

Make-Up Time

Make-up clinical time is not guaranteed and depends on clinical site availability and program approval.

Students may not independently arrange make-up hours with a clinical site or preceptor. Any approved make-up time must be coordinated through the Surgical Services Department.

Clinical Site Availability

Clinical sites may modify or discontinue placements due to staffing, preceptor availability, departmental capacity, operational needs, or other circumstances beyond the student's control.

When a placement becomes unavailable, the Surgical Services Department will make reasonable efforts to identify another appropriate placement. An immediate replacement or identical schedule cannot be guaranteed.

3. Trajecsys & Clinical Documentation

Trajecsys is the designated clinical tracking system for documenting clinical attendance, hours, experiences, cases, and evaluations. Students are responsible for maintaining accurate and timely clinical records.

Clocking In and Out

Students must clock in and out through Trajecsys for every clinical shift.

- Clock in upon arrival at the assigned clinical site.
- Clock out when the clinical shift is complete.
- Students may not clock in or out for another student.
- Clinical time may only be recorded while physically participating in the assigned clinical experience.
- Students are responsible for reviewing their time records for accuracy.

Clinical Documentation

Students must complete the required clinical documentation in Trajecsys by the established course deadlines.

- Surgical Technology students document surgical cases and required clinical experiences.
- Sterile Processing students document clinical hours and required functional-area experiences.

Program-specific documentation requirements are addressed in Sections 4 and 5.

Clinical Evaluations

Students are responsible for ensuring required clinical evaluations are completed by approved preceptors, clinical site personnel, or PPSC clinical faculty.

Students may not complete, alter, or submit an evaluation on behalf of an evaluator.

Documentation Corrections

Students must notify the Clinical Instructor or Clinical Coordinator when a Trajecsys entry requires correction.

Students may not create duplicate or inaccurate entries to correct an error. Faculty may request supporting information before approving changes.

Monitoring Clinical Records

Students should regularly review Trajecsys to ensure:

- Clinical hours and experiences are accurate.
- Required evaluations have been completed.
- Documentation is current.
- Missing or incorrect information is addressed promptly.

Students should not wait until the end of the clinical experience to identify documentation problems.

Accuracy of Clinical Records

All documentation must accurately reflect the student's actual clinical experience.

Falsification of clinical hours, cases, experiences, evaluations, or other clinical records constitutes a serious violation of academic and professional integrity and will be addressed in accordance with the Surgical Services Student Handbook.

4. Surgical Technology Clinical Requirements

Surgical Technology students must complete the required clinical hours, surgical cases, scrub-role requirements, and documentation requirements for successful completion of clinical education.

Required Clinical Hours

Depending on the assigned clinical schedule, students must complete:

- 12-week clinical schedule: minimum 432 clinical hours.
- 15-week clinical schedule: 540 clinical hours.

Completion of clinical hours alone does not satisfy the surgical case or clinical performance requirements.

Surgical Rotation Case Requirements

Students must demonstrate progression in the scrub role throughout clinical education and complete a minimum of **120 surgical cases**.

The required 120 cases consist of:

- 30 General Surgery cases.
- 90 Specialty Surgery cases.

Observation cases do not count toward the required 120 cases.

First Scrub Role (FS)

A case may be documented as First Scrub when the student performs the responsibilities of the scrub role with proficiency during the surgical procedure.

First Scrub responsibilities include:

- Verifying required supplies and equipment.
- Setting up the sterile field, including:
    - Instruments.
    - Medications.
    - Supplies.
- Performing required operative counts according to facility policy and applicable professional standards.

- Passing instruments and supplies.
- Anticipating the needs of the surgical team.
- Maintaining sterile technique, including:
    - Recognizing breaks in sterility.
    - Correcting breaks in sterility.
    - Documenting as required.

Students may not document a procedure as First Scrub based solely on being present at the sterile field.

Second Scrub Role (SS)

Second Scrub applies when the student actively participates throughout the surgical procedure but does not meet all criteria required for the First Scrub role.

Second Scrub activities may include:

- Assisting with diagnostic endoscopy.
- Assisting with vaginal delivery.
- Cutting suture.
- Providing camera assistance.
- Retracting.
- Sponging.
- Suctioning.

The role documented in Trajecsys must accurately reflect the student's actual participation in the procedure.

Observation Role (O)

Observation applies when the student does not meet the criteria for either the First Scrub or Second Scrub role.

The student may observe from either a sterile or nonsterile role.

Observation cases:

- Must be documented in Trajecsys.

- Do not count toward the required 120 surgical cases.

General Surgery Requirements

Students must complete a minimum of **30 General Surgery cases**.

Of the 30 cases:

- At least 20 must be completed in the First Scrub role.
- The remaining 10 may be completed in either the First Scrub or Second Scrub role.

Specialty Surgery Requirements

Students must complete a minimum of **90 Specialty Surgery cases**, excluding General Surgery.

Of the 90 Specialty cases:

- At least 60 must be completed in the First Scrub role.
- The 60 First Scrub cases must include a minimum of four different surgical specialties.
- At least 10 First Scrub cases must be completed in each of four different specialties, for a minimum of 40 cases.
- The additional 20 required First Scrub cases may be completed in one specialty or distributed among multiple specialties.
- The remaining 30 Specialty cases may be completed in either the First Scrub or Second Scrub role.

Surgical Specialties

Specialty cases may include:

- Cardiothoracic.
- Genitourinary.
- Neurologic.
- Obstetric and Gynecologic.
- Orthopedic.
- Otorhinolaryngologic.

- Ophthalmologic.
- Oral Maxillofacial.
- Peripheral Vascular.
- Plastic and Reconstructive.
- Procurement and Transplant.

General Surgery is not included as one of the Specialty Surgery categories for purposes of the 90-case Specialty requirement.

Case Requirement Summary

Requirement	**Minimum Cases**	**Required Role**
General Surgery	30	20 FS + 10 FS/SS
Specialty Surgery	90	60 FS + 30 FS/SS
Total	**120**	**Minimum 80 FS**

Within the 60 required Specialty First Scrub cases, students must complete at least **10 First Scrub cases in each of four different specialties**. The remaining 20 First Scrub cases may be distributed among any specialty or combination of specialties.

Counting Surgical Cases

Cases must be counted according to the surgical procedure and specialty represented.

One Pathology, One Procedure

When procedures involve the same pathology within the same surgical specialty, they are generally counted as one case.

Example: A breast biopsy followed by a mastectomy for breast cancer is counted as one General Surgery case.

Multiple Procedures on the Same Patient

More than one case may be counted on the same patient when separate procedures involve different surgical specialties.

Example: A trauma patient undergoes a splenectomy and repair of a LeFort I fracture. The splenectomy may be counted as a General Surgery case and the LeFort repair as an Oral Maxillofacial case.

A procedure requiring separate setups and involving different specialties may also qualify as separate cases.

Example: A mastectomy followed by immediate breast reconstruction may be documented as a General Surgery case and a Plastic and Reconstructive Surgery case.

Diagnostic & Operative Endoscopy

Diagnostic and operative endoscopy cases are counted according to the appropriate surgical specialty.

- A semi-critical endoscopy is considered diagnostic.
- A critical endoscopy is considered operative.
- Diagnostic endoscopy cases may be counted in the Second Scrub role.
- A maximum of 10 diagnostic endoscopy cases may be applied toward the required 120 cases.
- When an additional operative procedure is performed, the case is considered operative.

Example: A diagnostic cystoscopy is considered a diagnostic procedure. A cystoscopy with ureteral stent placement is considered an operative procedure.

Vaginal Deliveries

Vaginal deliveries may be counted in the Second Scrub role within the Obstetric and Gynecologic specialty.

A maximum of **five vaginal delivery cases** may be applied toward the required 120 surgical cases.

Clinical Case Documentation

Students must maintain sufficient documentation to verify:

- Surgical procedure performed.
- Surgical specialty.
- Role performed.

- Clinical performance and progression.
- Required evaluations.
- Verification required by the Surgical Technology program.

All cases and roles must be accurately documented in Trajecsys.

The Surgical Technology program must be able to verify through clinical documentation that the student progresses in the scrub role while participating in surgical procedures of increasing complexity and moves toward entry-level graduate competency.

Monitoring Case Progress

Students are responsible for regularly reviewing their Trajecsys case report to monitor progress toward:

- 120 total qualifying cases.
- 30 General Surgery cases.
- 90 Specialty Surgery cases.
- 20 General Surgery First Scrub cases.
- 60 Specialty First Scrub cases.
- Four specialties with at least 10 First Scrub cases in each.
- Overall First Scrub and Second Scrub distribution.
- Diagnostic endoscopy limits.
- Vaginal delivery limits.

Students who are not progressing toward any required category should notify the Clinical Instructor or Clinical Coordinator promptly.

Completion of the required clinical hours does not automatically satisfy the surgical case requirements. **Both clinical hours and all applicable surgical case requirements must be completed.**

Professional Standards Reference

First Scrub responsibilities and surgical clinical experiences should be performed according to clinical affiliate policy and applicable professional standards, including the Association of Surgical Technologists Guidelines for Best Practices.

5. Sterile Processing Clinical Requirements

Sterile Processing students must complete the required clinical internship hours and functional-area requirements to successfully complete clinical education.

Required Clinical Hours

Students must complete a total of 400 clinical hours distributed as follows:

- Decontamination: 120 hours.
- Preparation and Packaging: 120 hours.
- Sterilization and Disinfection: 120 hours.
- Storage and Distribution: 24 hours.
- Quality Assurance: 16 hours.

Students must meet both the 400-hour total and the required distribution of hours.

Clinical Experiences

Students participate in activities appropriate to their assigned functional area and level of training, under the supervision of qualified clinical personnel.

Clinical experiences may include:

- Decontamination and cleaning processes.
- Instrument identification and inspection.
- Instrument assembly and packaging.
- Following manufacturers' instructions for use (IFUs).
- Sterilization and disinfection processes.
- Storage and distribution.
- Case cart preparation.
- Documentation and tracking processes.
- Quality assurance activities.

Monitoring Clinical Progress

Students must regularly monitor Trajecsys to ensure they are progressing toward:

- 400 total clinical hours.
- Required hours in each functional area.
- Required evaluations and clinical documentation.

Students who are not progressing toward the required hours in a functional area should notify the Clinical Instructor or Clinical Coordinator promptly.

Completion Requirements

Completion of 400 total hours alone does not satisfy the internship requirement if the required functional-area hours have not been completed.

Students must complete all required clinical hours, functional-area requirements, evaluations, documentation, and clinical performance requirements to successfully complete the Sterile Processing clinical internship.

6. Clinical Performance, Safety & Incident Reporting

Students are expected to demonstrate safe, competent, and professional performance throughout clinical education. Clinical performance is evaluated throughout the experience and must meet program and clinical affiliate expectations.

Clinical Performance & Evaluations

Clinical evaluations may be completed by preceptors, clinical site personnel, Clinical Instructors, or other approved evaluators.

Students are expected to:

- Demonstrate continued growth in technical skills and clinical competency.
- Follow safety and infection prevention practices.
- Communicate and work effectively with the healthcare team.
- Apply classroom and laboratory knowledge in the clinical environment.
- Receive and apply feedback professionally.
- Complete required evaluations according to established deadlines.

Performance expectations increase as students progress through clinical education.

Performance Concerns & Remediation

When a clinical performance concern is identified, faculty will review the concern with the student and determine appropriate next steps.

Remediation may include additional skills practice, faculty observation, an improvement plan, or other corrective activities.

Serious or repeated concerns may affect successful completion of the clinical course. Clinical probation, course failure, dismissal, and due process are addressed in the Surgical Services Student Handbook.

Clinical Safety

Students must follow PPSC and clinical affiliate safety requirements, including:

- Standard Precautions and infection prevention procedures.
- Required personal protective equipment (PPE).
- Sharps, chemical, equipment, radiation, and other site-specific safety procedures.
- Reporting unsafe conditions, errors, injuries, or exposures immediately.

Patient and student safety take priority over completing clinical hours, cases, or competencies.

Injury, Illness & Exposure

Any illness, injury, needlestick, sharps injury, blood or body fluid exposure, chemical exposure, or other clinical incident must be reported immediately to:

1. Appropriate clinical site personnel, and
2. The Clinical Instructor or Clinical Coordinator.

Students must follow the clinical affiliate's procedures for evaluation, treatment, and incident reporting and complete any required PPSC documentation.

Students should not wait until the end of the clinical shift to report an injury or exposure.

Return to Clinical

Medical clearance may be required following an illness, injury, exposure, hospitalization, or other condition affecting safe clinical participation.

Students must meet all applicable PPSC and clinical affiliate requirements before returning to clinical practice.

Additional requirements related to illness, injury, infectious disease, pregnancy, radiation safety, accessibility, and essential functional abilities are addressed in the Surgical Services Student Handbook.

7. Clinical Site Changes & Completion

Clinical placements depend on the continued availability and participation of approved clinical affiliates. Changes may occur due to clinical site operations or concerns regarding student performance or conduct.

Clinical Site-Initiated Changes

A clinical affiliate may change or discontinue a placement due to staffing, preceptor availability, departmental capacity, operational needs, or other circumstances beyond the student's control.

When this occurs, the Surgical Services Department will make reasonable efforts to identify another appropriate placement. An immediate replacement or identical schedule cannot be guaranteed.

Removal From a Clinical Site

A clinical affiliate may request removal of a student for concerns related to safety, performance, attendance, professionalism, compliance, or violation of facility policies.

If directed to leave a clinical site, the student must comply and immediately notify the Clinical Instructor, Clinical Coordinator, or Director of Surgical Services.

Students may not independently contact the clinical affiliate to negotiate their return or arrange another placement.

Clinical Reassignment

Reassignment to another clinical site is not guaranteed.

Reassignment depends on:

- The circumstances resulting in the loss of placement.
- Student eligibility to continue clinical education.
- Clinical site availability.
- Remaining clinical requirements.
- Acceptance by another approved clinical affiliate.

PPSC will not remove another student from an established clinical placement to create a replacement placement.

Verification of Clinical Requirements

Before clinical completion, the Surgical Services Department will verify that all applicable requirements have been met.

Students are responsible for ensuring their Trajecsys records, evaluations, cases, hours, and other required documentation are complete and accurate.

Clinical Release

Students must continue attending their assigned clinical schedule until officially released by the Surgical Services Department.

Students may not stop attending clinical because they believe they have completed their required hours, cases, or functional-area requirements.

Clinical release occurs only after the program verifies completion and approves the student.

Completion of Clinical Education

Successful clinical completion requires satisfactory clinical performance and completion of all applicable clinical requirements.

A site change, removal, missing documentation, or incomplete clinical requirements may delay completion.

Graduation, certification eligibility, disciplinary action, appeals, and other overall program requirements are addressed in the Surgical Services Student Handbook.

8. Clinical Handbook Acknowledgment

By signing below, I acknowledge that I have received, read, and understand the Pikes Peak State College Surgical Services Clinical Education Handbook.

I understand that this handbook is a companion to the Surgical Services Student Handbook and that I am responsible for complying with the requirements in both handbooks.

I acknowledge that:

- Clinical education is a required, unpaid component of my program.
- I am responsible for following my assigned clinical placement and schedule.
- I must complete all clinical hours, cases, functional-area requirements, evaluations, and documentation applicable to my program.
- I must follow PPSC, Surgical Services Department, and clinical affiliate policies and procedures.
- Clinical placements depend on site availability and continued clinical affiliate acceptance.
- I am responsible for maintaining accurate clinical documentation in Trajecsys.
- I must promptly report absences, injuries, exposures, safety concerns, and other significant clinical issues according to established procedures.
- I must continue attending clinical until I receive official notification that I have been released from my clinical assignment.

By signing below, I acknowledge that I understand the clinical education requirements and have had the opportunity to ask questions regarding these expectations.

Student Information

Program: ☐ Surgical Technology ☐ Sterile Processing

Student Name (Printed): _____

Student Signature: _____

Date: _____