

CHEROKEE NATION
W.W. HASTINGS HOSPITAL
SURGICAL TECHNOLOGY PROGRAM



INSTRUCTOR HANDBOOK

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION TO PROGRAM.....	3
<i>PROGRAM MISSION</i>	<i>3</i>
<i>PROGRAM PHILOSOPHY.....</i>	<i>3</i>
<i>PROGRAM GOALS</i>	<i>3</i>
<i>PROGRAM LEARNING OBJECTIVES</i>	<i>4</i>
<i>COURSE SCHEDULE</i>	<i>5</i>
<i>COURSE DESCRIPTIONS</i>	<i>5</i>
CHAPTER 2: GUIDELINES FOR SURGICAL TECHNOLOGY ACADEMICS	7
<i>ACCREDITATION/CURRICULUM</i>	<i>7</i>
<i>PROGRAM COMPLETION.....</i>	<i>8</i>
<i>PROGRAM ATTENDANCE POLICIES AND PROCEDURES</i>	<i>8</i>
<i>STUDENTS AS ADULT LEARNERS</i>	<i>10</i>
<i>PROVIDING FEEDBACK TO STUDENTS.....</i>	<i>10</i>
<i>TEN TIPS TO BECOMING A SUCCESSFUL MENTOR</i>	<i>11</i>
CHAPTER 3: GUIDELINES FOR SURGICAL TECHNOLOGY SKILLS LAB ...	12
<i>LAB OBJECTIVES.....</i>	<i>12</i>
<i>ASSESSMENT AND REMEDIATION</i>	<i>12</i>
<i>LAB MAINTANENCE</i>	<i>14</i>
<i>SHARPS POLICY AND PROCEDURES</i>	<i>15</i>
<i>STUDENT EXPOSURE POLICY AND PROCEDURES</i>	<i>15</i>
CHAPTER 4: GUIDELINES FOR SURGICAL TECHNOLOGY CLINICALS.....	16
<i>CLINICAL OBJECTIVES.....</i>	<i>16</i>
<i>CLINICAL CASE REQUIREMENTS</i>	<i>17</i>
<i>1ST SCRUB, 2ND SCRUB ROLES & OBSERVATION</i>	<i>19</i>
<i>CINICAL EVALUATION PLAN.....</i>	<i>20</i>
<i>CLINICAL SITE VISIT RESPONSIBILITIES.....</i>	<i>21</i>
<i>STUDENT INJURY/EXPOSURE POLICY AND PROCEDURES</i>	<i>22</i>

Chapter 1: Introduction

Purpose of the Instructor Handbook

To achieve the aims of the ST program, students require consistency throughout their surgical technology courses.

The Instructor Handbook is designed to provide information about the Cherokee Nation W.W. Hastings Hospital Surgical Technology Program as well as specific information regarding roles and responsibilities. The Handbook serves as an orientation and resource to our instructors. For ease of use, the Instructor Handbook contains four sections. These sections are intended to provide instructors with information about (a) the Cherokee Nation W.W. Hastings Hospital Surgical Technology Program, (b) general guidelines for the classroom, (c) general guidelines for the surgical technology skills lab and, (d) general guidelines for the surgical technology clinical practicum.

Mission of the Cherokee Nation Surgical Technology Program

The purpose of the Surgical Technology Program at Cherokee Nation is to educate and prepare diverse, professionally competent and highly skilled Surgical Technologists to meet the needs of Cherokee Nation Health Services and the surrounding area. The purpose however, does not end there. The student will be taught the Surgical Technology Code of Ethics, the Patient Bill of Rights, the principles of quality assurance, and the elements of safety and infection control associated with all skills presented.

Philosophy of the Cherokee Nation Surgical Technology Program

The Surgical Technologist is a Health professional whose primary concern is the care of surgical patients in the operating room. The Surgical Technologist helps prepare the operating room with necessary instruments and supplies while testing equipment. The Surgical Technologist's job duties include preoperative, intraoperative and postoperative surgical case management. The primary role is to maintain the sterile field and aid the surgeon by passing sterile supplies or directly assisting with surgery.

The Surgical Technologist is a direct patient care provider and is therefore in contact with and works in conjunction with the patient, his/her relatives, physicians, nurses and other health care professionals.

Goals of the Cherokee Nation Surgical Technology Program

The goal of this program is to provide students with the opportunity to develop the skills and knowledge necessary to gain employment as entry-level surgical technologists and become contributing members of the health care team. This will be accomplished by (1) preparing competent graduates in the cognitive, psychomotor, and affective learning domains, and (2) meeting or exceeding the criteria set forth in the current ***CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology***.

Cherokee Nation Surgical Technology Program Learning Outcomes

The student will develop the knowledge, skills, and attitudes necessary to practice as a certified surgical technologist by acquiring fundamental capabilities. Upon completion of the program the Graduate Surgical Technologist shall:

- Correlate the knowledge of medical terminology, anatomy, physiology, pathophysiology, and microbiology to their role as a surgical technologist. (Cognitive)
- Demonstrate a safe and professional level of practice and knowledge in their role as a surgical technologist. (Cognitive, Psychomotor, Affective)
- Acquire the ethical, legal, moral, and medical values related to the patient and the surgical team during the perioperative experience. (Cognitive, Affective)
- Correlate the elements, action, and use of medications and anesthetic agents used during the perioperative experience. (Cognitive)
- Value the professional attributes of the surgical technologist. (Affective)
- Demonstrate the theoretical and practical proficiency in surgical aseptic technique, sterilization methods, surgical procedures and safe patient care practice techniques (including patient transportation, positioning and emergency procedures). (Cognitive, Psychomotor)
- Define the specific uses of equipment, supplies, and instrumentation used for surgical procedures. (Cognitive)
- Display eligibility to sit for the national certification examination for surgical technologists. (Cognitive, Psychomotor, Affective)

Schedule of Courses

1st Semester Courses: Surgical Techniques I

 Surgical Techniques Practicum I

 Medical Terminology

 Anatomy and Physiology

2nd Semester Courses: Surgical Techniques II

 Surgical Techniques III

 Surgical Techniques Practicum II

COURSE DESCRIPTIONS

SURGICAL TECHNIQUES I

This course is designed to introduce students to the principles and practice of Surgical Technology. Covered in this course of study is the basic knowledge the student will need before assuming the clinical responsibilities of an entry-level surgical technology student. Topics include: hospital organization & physical environment of the operating room; ethical, moral and legal issues; patient care & safety; asepsis & sterile technique; preparation, care and handling of instrumentation, equipment and supplies used in the operating room; closure of the surgical wound, wound healing, and wound classifications; and the development of a surgical conscience. Students will be introduced to the basics of preoperative, intraoperative, and postoperative surgical case management. Pre-requisites: enrollment in the Surgical Technology Program, Co-requisites: STPI, AP, MT

SURGICAL TECHNIQUES PRACTICUM I

This course will prepare the student to enter the clinical phase of the program. Covered in this course of study are the basic hands-on skills and competencies the student will need to master before assuming the clinical responsibilities of an entry-level surgical technology student. Each of these skills is covered in theory within Surgical Techniques I. Upon completion of this course, the student should be able to function within the scope of practice of a surgical technologist in the classroom laboratory setting. Skills taught in this course include: preoperative patient care, principles of sterile technique, the surgical scrub, gowning and gloving (self & others), case set up, medication handling, counts, draping, proper instrument handling, and the establishment and monitoring of the sterile field. Students are also taught to work with sutures, instruments, and supplies in a non-patient contact environment. Successful completion of this course is required for clinical placement. Pre-requisites: enrollment in the Surgical Technology Program, Co-requisites: STI, STII, AP, MT

SURGICAL TECHNIQUES II

The study of Surgical Technology II is concentrated on providing the student with extensive practice in surgical procedures. During this course the correlation of theory with clinical practice begins. Lab reinforcement will continue as necessary. Classroom focus is on presentation of surgical procedures by specialty. In each specialty, the following will be reinforced: relevant anatomy, pathological conditions, diagnostic procedures and tests, preoperative, intraoperative and postoperative procedural sequence, special instrumentation, equipment, supplies and drugs, and patient preparation in the OR. Prerequisites: STI, Co-requisites: STPI, AP, MT

MEDICAL TERMINOLOGY COURSE ONLINE

This self-paced, independent study course presents a study of basic medical terminology, focusing on the current, relevant terms needed to succeed in the health care field. The program is designed to simplify the process of memorizing complex medical terminology by focusing on the importance of word parts, common prefixes, suffixes and root words. Pre-requisites: enrollment in the Surgical Technology Program, Co-requisites: STI, STII, AP, MT

ANATOMY AND PHYSIOLOGY

This course is an integrated study of the anatomy and physiology of the human body from the cellular level to the system level; designed for students embarking on a career/profession in the field of health care. Emphasis will be placed upon clinical applications, associated medical terminology and patient assessment. Pre-requisites: enrollment in the Surgical Technology Program, Co-requisites: STI, STII, MT

SURGICAL TECHNIQUES III

This course continues to focus on presentation of surgical procedures by specialty. In each specialty, the following will be reinforced: relevant anatomy, pathological conditions, diagnostic procedures and tests, preoperative, intraoperative and postoperative procedural sequence, special instrumentation, equipment, supplies and drugs, and patient preparation in the OR. This course will also serve as a preparation for students to sit for the national certification examination offered through the National Board of Surgical Technology and Surgical Assisting (NBSTSA) or National Center for Competency Testing (NCCT) upon graduation. Test taking strategies, review of material and the application process will be covered in this section. Pre-requisites: STI, STII, STPI, AP, MT, Co-requisites: STPII

Surgical Techniques Practicum II

This course is clinical in nature and setting except for 4 weeks of classroom CST preparation. The student will be assigned to specific clinical areas and will be directed by the clinical preceptors as well as being monitored by the program faculty. Students will utilize and practice the skills and knowledge they acquired in the classroom and laboratory in real OR settings. Upon completion of this course, the student should be ready to set a back table and Mayo stand for common surgical procedures with little or no help from their instructors or clinical preceptors. Throughout the duration of this course, the student should actively be seeking employment and upon completion, should be able to enter the work force as a qualified entry-level surgical technologist. Pre-requisites: STI, STII, STPI, AP, MT, Co-requisites: STIII

Chapter 2: Guidelines for Surgical Technology Academics

Accreditation/Curriculum/Courses

The Surgical Technology Certificate Program at Cherokee Nation has continuing accreditation through the Commission on Accreditation of Allied Health Programs (CAAHEP). You may contact the CAAHEP for more information on the web at www.caahep.org by mail at 25400 US Highway 19 North, Suite 158, Clearwater, FL 33756 or by telephone at (727) 210-2350.

As an accredited program we must strictly follow the core curriculum set by the ARC/STSA (Accreditation Review Council on Education in Surgical Technology and Surgical Assisting) in conjunction with the AST (Association of Surgical Technologists). Each required course in the ST program has been carefully designed to meet the core curriculum as mandated by ARC/STSA. A copy of the core curriculum can be found on the ARC/STSA website at https://arcstsa.org/wpcontent/uploads/2022/03/Core_Curriculum_for_Surgical_Technology_7ed_3-18-22.pdf. A print copy is also available in the Program Director's office.

- Although the manner in which individual instructors chose to teach course topics is strictly a personal choice, instructors should not deviate from the course outlines as approved by the Program.
- Instructors must cover all topics as well as ensure that students are meeting individual course objectives per course outlines.
- Instructors are responsible for maintaining a grading record for each student so that student progress is available on an ongoing basis.
 - Notices of Concern should be sent out at the end of each month that students are in the ST program. This correlates directly to Standard IV.A. of the standards and guidelines for accreditation in surgical technology.
- Due to the nature of the program and course schedules courses should be published on Google Drive *at least 1 week prior to the beginning of classes*.
- The ST program schedule does not leave much time/if any in between course. Therefore, submission of final grades must be done within 24 hours of course finals.

Program Completion Responsibilities

Graduation criteria include the successful completion of all didactic, lab and clinical objectives as published and satisfactory completion of the eligibility requirements for applying to take the National Certifying Examination for Surgical Technologists.

The following criteria must be met:

- C (76%) or higher in each course in the program
- Completion of 560 clinical hours
- Completion of a minimum of 120 surgical procedures. Surgical procedures must meet the following breakdown:
 - 30 – General Surgery. 20 must be in the First Scrub Role as defined by AST *.
 - 90 – Various Surgical Specialties. 60 must be in the First Scrub Role as defined by AST*

Program Policies and Procedures

Attendance- Class

- Regular classroom, clinical, and laboratory attendance is mandatory.
- Attendance records will be kept in all courses.
- A student is allowed **three (3) excused** absences for the semester.
- After the second absence during the semester, the student will receive a verbal warning.
- On the third absence the student will receive a written warning and be placed on attendance probation and will meet with the Program Director.
- If the student acquires one more absence during the probation period, they may be dismissed from the program.

Attendance- Laboratory

- Regular classroom, clinical, and laboratory attendance is mandatory.
- Attendance records will be kept in all courses.
- Absence allotment as well as procedures will be the same for lab as for class.
- Students are **required** to make up any missed laboratory sessions.
 - Students are responsible for coordinating a make-up date with the lab instructor.

Attendance- Clinical

- Regular classroom, clinical, and laboratory attendance is mandatory.
- Attendance records will be kept in all courses.
- A student is allowed **three (3) excused** absences for the semester.
- The second absence will initiate a verbal warning.
- On the third absence the student will receive a written warning and will be placed on attendance probation.
- Any absences accrued during the probation period will result in automatic dismissal.
 - Students will be **required** to make up each missed clinical day.
 - Designated make-up days will be scheduled at the end of each semester rotation as well as during spring break.

Tardiness

- The following guidelines apply to tardiness for lecture, lab, and clinical:
 - Arriving or leaving 1-29 minutes late is a tardy.
 - Arriving or leaving 30 minutes late or more is an absence.
 - 3 tardies and/ or early exits equal (1) one absence.
 - Students will receive verbal warnings for each of the first 2 tardies.
- A written warning will be given after the 2nd tardy and the student will be placed on attendance probation.

Students as Adult Learners

Instructors should consider that students a majority of program students are adult learners. Our students bring a variety of background experiences to the classroom and clinical setting. Effective instructors will work closely with the student to provide interesting and challenging opportunities to learn.

Important characteristics of an adult learner are:

- Adult learners strive to build on their knowledge and try to avoid repeating what they already know.
- Adult learners are more problem-centered than subject-centered.
- Adult learners are self-directed learners who value the process of learning.
- Adults prefer to know why they need to learn something before attempting to learn it.
- Adults will invest considerable energy in something they want to learn and perceive as valuable to learn.
- Adult learners expect to be treated with respect and are capable of self-direction.
- Adults bring with them a volume of experience, including a variety of experiences in learning. These experiences may have been positive or negative and influence the learners approach to new learning.

Providing Feedback to Students

Effective feedback is offered on a continuous basis during each course and throughout the program.

The most useful feedback to students includes both general and specific information. Specific feedback should be directly related to the students' performance. The purpose of feedback is to:

- Reinforce the learner
- Inform the learner of a way to improve the skill
- Motivate the learner

The **Feedback Sandwich** is useful because it is a short and relatively easy way to provide immediate feedback to students in a clinical setting. The University of Minnesota has developed a guide to the Feedback Sandwich, available at:

<http://www.nursing.umn.edu/Preceptors/informaiton/feedback.html>

The *sandwich* describes the process of reinforcing the learner with a positive comment, followed by a specific constructive suggestion on how to improve, ending with another positive comment or motivational comment. The constructive comment is "sandwiched" between two positive remarks, making the feedback more positive and "digestible" or "palatable." The goal is to provide feedback in a constructive manner that builds on student strengths, while continuing to improve skills and overall performance.

Following is an example of a feedback sandwich. This might be a beginning level student who just performed a patient assessment. The preceptor validates the aspects of the patient/client encounter that the student did well and then provides specific ideas about the areas that need improvement. Then the preceptor reinforces the contributions the student made. As you can see, this kind of feedback is immediate, short, and communicated in a positive manner.

- **Reinforce:** I am very impressed with the back table set up. You are coming in with some very strong basic skills.
- **Inform:** You need to work on passing instrumentation. The surgeon often had to correct the direction of the instrument.
- **Motivate:** I can tell that you really care about your aseptic technique.

Specific feedback is best when planned for, so before precepting a student for a specific skill, think about the elements you will be watching for, so you can plan your feedback as a sandwich. You will find your students asking for the "sandwich" as well!

Adapted from: University of Minnesota, School of Nursing (n.d.). Feedback Sandwich.
<http://www.nursing.umn.edu/Preceptors/information/feedback.html>

Ten Tips to Becoming a Successful Mentor

1. Maintain a positive attitude.
2. Practice what you preach. Anything less destroys your credibility.
3. Think out loud. This gives the student an opportunity to understand why you do what you do.
4. Provide positive feedback for a job well done.
5. Assist the student to learn from his/her mistakes.
6. Never abandon the student. As the student gains confidence and skills, he/she will begin to work independently. Until that time arrives, he/she will need and want supervision.
7. Always give clear and complete instructions.
8. Inform the student of the resources that are available to meet his/her needs.
9. Provide simulation experiences to allow the student an opportunity to practice new experiences.
10. Stay approachable, flexible and honest.

Chapter 3: Guidelines for Surgical Technology Skills Lab

Lab Objectives

At the completion of the laboratory portion of STPI, the student should be able to demonstrate skill in:

1. The practice of Universal Precautions.
2. General patient care and safety.
 - a. Preoperative patient care
 - b. Intraoperative patient care
 - c. Postoperative patient care
3. The surgical scrub.
4. Gowning and gloving self and others.
5. Removing gown and gloves, self and others.
6. Handling and opening of sterile supplies.
7. The sterilization process.
8. Setting up a basic back table.
9. Draping and setting up of Mayo stand.
10. Draping C-Arm
11. Counting procedures.
12. The passing and application of drapes.
13. Loading and passing of needles, blades, clips, ties, and sponges.
14. The safe handling, passing, and disposal of sharps.
15. Preparing and delivering medications within the sterile field.
16. The pouring of solutions.
17. Filling a bulb syringe.
18. Identification and proper care and handling of basic surgical instrumentation, equipment, and supplies.
19. Anticipating the sequence in basic surgical procedures.
20. Preparing and applying dressing materials.
21. Proper removal of drapes and containment of biohazardous materials.
22. Safe break down of the sterile field.
23. Transport and transfer of surgical patient

Lab Assessment and Remediation

Assessment Plan

1. **Instrument Exams (35%):** Unit Instrument exams will be given for each specialty, a Mid-term, and a Final Comprehensive Exam.
2. **Surgical Skill Assessments (35%):** Students will be required to show skill mastery by return demonstration. Students will not advance to the next skill until the current skill is performed at a satisfactory level. Students will be allowed 3 attempts to show skill mastery. The student's grade for each skill is dependent on which attempt was successful

3. **Lab Practical (10%):** Students will be formally tested in lab in lab demonstration. The lab practical exam is designed to evaluate a student's ability to combine individually mastered skills and perform them in a time-controlled setting. Students will be tested individually. Students will be required to perform each task correctly in the time allotted. Points will be deducted for recognized/corrected breaks in technique. If a student has trouble with a particular skill, the instructor will identify that and it will be recorded as such on the exam. To give the instructor the opportunity to identify all strengths and weaknesses, students will be allowed to finish the entire demonstration. This ensures that students will receive a complete and accurate grade.

Students will be given two attempts to satisfactorily complete the lab practical. Instructors will be required to schedule review sessions with all students having an unsuccessful attempt to review the lab practical. During the meeting both the instructor and student will review technique, identify strengths and weaknesses and formulate a plan for remediation if needed.

Students must achieve a 90% or higher in the Lab Practical to advance in the program.

4. **Career Success (20%):** Students will be evaluated by assessment of conduct, communication, image, values, and ethics exhibited during the course.
- **Conduct:** Reliability: attendance, punctuality, time management, follows published policies, professional demeanor: respects relationships, non-judgmental; empathy; enthusiasm; patience; confidence, open-minded; motivation.
Quality of work/work ethic: Uses resources; flexibility/adaptability; preparedness; desire to learn.
Responsibility; dependability; accountable
Initiative (undertaking & completing tasks)
 - **Communication:** Appropriate language/terminology as a professional activity: verbal, nonverbal, written/electronic
Collaboration: Resolves conflict/team player; supportive; willing; helpful
Courtesy; demonstrates respect for patients, families & team members incorporating cultural sensitivity, and an understanding of diversity, equity, and inclusion
 - **Image:** Conformance to dress code for each setting; wears ID appropriately; well-groomed personal presentation.
 - **Values:** Advocacy of Cherokee Nation Core Values
Compassion, Excellence, Humility, Integrity, Justice, Teamwork, Culture
 - **Ethics:** Confidentiality (HIPPA/FERPA compliance); discretion; fairness; responsibility; citizenship; professional code of ethics

Remediation Plan

Instructors should provide students with consistent and timely feedback as mandated by Standard IV.A. of the standards and guidelines for accreditation in surgical technology.

Academic/Clinical Intervention Forms: These forms are designed to provide instructors and students with a form of clear, concise written communication in regards to performance level. Students will be issued an Academic/Clinical Intervention Form any time performance is deemed unacceptable. There are a variety of methods that instructors can recommend to students such as additional laboratory hours, 1:1 instruction or supplies for extra practice.

Lab Written Warnings: Students deemed unsafe, unprofessional or unable to perform satisfactorily in lab, will receive a written warning. The warning will indicate a recommended course of action. Once a student receives a written warning, they will be evaluated during each subsequent lab session. If no noted improvement is made after 2 laboratory sessions, the student will receive their second written lab warning. Two written warnings addressing the same issue in STPI is cause for possible program dismissal.

Formal Reprimand: This form should be utilized to follow an unsuccessful Academic/Clinical Intervention communication. The document outlines specific steps student must take to be in compliance with Cherokee Nation W.W. Hastings Hospital Surgical Technology Program policies. Continued noncompliance with program policies is cause for program dismissal.

Lab Maintenance

Lab Instructors are responsible for the daily maintenance of the Surgical Technology Skills Lab, including supplies, stocking and organization. Students are responsible for personal lab supplies. Lab Instructors are responsible for the cleaning of floors and removal of trash.

Supplies

Supply needs must be submitted to the Program Director.

- Supplies will be ordered at the beginning of each month.
- Order forms are to be submitted to the Program Director via email only
- Instructors should monitor lab supply needs to ensure sufficient supplies are available for learning activities, keeping in mind that supplies are ordered on a monthly basis only.

Lab supplies should be stocked before and after each scheduled lab class.

- Stocking duties should be shared and rotated amongst instructors
- If an instructor is not able to restock after an open lab session due to timing and/or an excess of students in lab it should be noted and stocking will be done prior to the next lab class.

Safe Sharps Handling Procedure

1. Students **must** be doubled gloved when handling any sharps.
2. Students will handle sharps **only in the presence of an instructor.**
3. Instructors covering open lab sessions may choose to not allow sharps practice if they feel student numbers in open lab are too excessive for the instructor to adequately supervise each student.
4. Students **must** be wearing protective eyewear at all times when handling sharps.
5. Students **must** notify the instructor **immediately** if a needle stick or other incident involving sharps occurs.
6. Students are not allowed to remove **any** sharps or related materials from the ST Lab.
7. Students **must** dispose of sharps in the proper receptacles at all times.
8. Any student in violation of the Safe Sharps Handling Policy will be **immediately** dismissed from lab.
9. Students with more than one (1) violation will be counseled and receive a laboratory warning.
10. Students who are deemed unsafe to handle sharps after continuous practice, review of policy, 1:1 counseling, additional lab hours, and laboratory warnings will be unable to continue in laboratory.

Student Exposure/ Sharps Injury Policy

Any lab incidents such as a needle stick or fluid splash must be reported to the lab instructor and the Program Director immediately.

Procedures for Accidental Sharps injury and Fluid Exposure

All needle sticks and fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

1. If a student sustains a puncture wound:
 - Withdraw the needle or other object immediately.
 - Immediately wash hands/area of puncture wound using soap and water; follow application of povidone iodine and/or alcohol.
 - Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
 - Wipe away any blood.
2. If a student receives a spray of splash fluids:
 - To eyes, nose or mouth – irrigate with a large amount of water.
 - To a break in the skin, follow procedure for puncture wound (above).
3. The student will report the incident immediately to the lab instructor and program director. The student must complete an exposure form.
4. The instructor will log the incident in the Sharps Injury Log, located in the ST skills lab.
5. The student will receive a risk assessment and determination of sharps handling competency by the lab instructor prior to continued usage of sharps in the lab setting.
6. If the student is deemed unsafe they will receive remediation for the skills, they are deemed unsatisfactory.

Chapter 4: Guidelines for Surgical Technology Clinical Practicum

Clinical Objectives

At the conclusion of the entire clinical practicum (SUR142 and SUR143) the student should be able to:

- Demonstrate correct use of medical terminology.
- Demonstrate knowledge of body organization and terms of reference.
- Discuss the relationship between humans and pathogenic and nonpathogenic bacteria.
- Demonstrate procedures for the care and handling of drugs and solutions.
- Demonstrate knowledge and ability to accurately calculate dosages of liquids and solids.
- Assess the patient's responses to illness and hospitalization to include assessment of the physical, spiritual, and psychological needs of the patient.
- Demonstrate the process used to obtain an informed consent for a surgical procedure and/or treatment.
- Demonstrate the required preoperative, intraoperative, and postoperative routines; i.e. chart review; patient identification; patient transportation; surgical positioning; operative site preparation; handling, labeling, and containment of specimens; use of thermoregulatory devices; vital sign measurement and recording; case documentation; etc.
- Apply the concepts of asepsis, i.e. sterilization, disinfection, antisepsis.
- Identify, care for, handle, and assemble basic surgical instruments, surgical supplies, suture materials, stapling devices, surgical needles, accessory and specialty equipment.
- Demonstrate correct draping procedures.
- Demonstrate techniques for opening and preparing supplies and instruments needed for any operative procedure, with maintenance of asepsis at all times.
- Demonstrate knowledge of relevant anatomy, indications for surgery, patient preparation, special equipment and supplies, purpose and expected outcomes, and possible complications for the selected procedures.
- Demonstrate proper care and handling of surgical specimens.
- Practice within the legal and ethical guidelines for the surgical technologist.
- Demonstrate ability to anticipate the needs of the surgeon, surgical team and surgical patient.

The surgical technology student should strive to demonstrate and/or gain the general knowledge of the procedure scrubbed.

General Knowledge

- Relevant anatomy
- Pathology
- Diagnostic procedures/tests
- Special preoperative preparation
- Special instruments, supplies, drugs
- Special equipment
- Intraoperative preparation
- Surgical procedure
- Prognosis
- Postoperative care and complications

Core/Specialty Surgical Services

- General and rectal surgery
- OB/GYN surgery
- Orthopedic surgery
- Ear, Nose, and Throat surgery
- Genitourinary surgery
- Oral/Maxillofacial surgery
- Ophthalmic surgery
- Plastic surgery
- Neurosurgery
- Thoracic surgery
- Cardiac surgery
- Peripheral Vascular surgery
- Pediatric surgery
- Trauma surgery

Clinical Case Requirements

1. The total number of cases the student must complete is 120.
2. Students are required to complete 30 cases in General Surgery. Twenty (20) of the cases must be in the First Scrub Role. The remaining 10 may be in either the first or second scrub role.
3. Students are required to complete 90 cases in various surgical specialties. Sixty (60) of the cases must be in the First Scrub Role and evenly distributed between a minimum of 4 surgical specialties with a minimum of 10 first scrub in each of the 4 surgical specialties. The remaining 30 cases may be in either the first or second scrub role in any surgical specialty.
4. The clinical instructor is required to verify through the surgical rotation documentation the students' progression in First and Second Scrubbing surgical procedures of increased complexity as he/she moves towards entry-level graduate abilities.
5. Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.
6. Observation cases must be **documented**, but do not count towards the 120 required cases.
7. **Counting Cases**
 - Cases will be counted according to surgical specialty. Examples:
 - 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.
 - 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.

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum# of Second Scrub Cases That Can be Applied towards 120 cases
General Surgery	30	20	10
Surgical Specialties: • Cardiothoracic • ENT • Eye • GU • Neuro • Ob-Gyn • Oral/Maxillofacial • Orthopedics • Peripheral Vascular • Plastics • Procurement/Transplant	90	60	30
Diagnostic Endoscopy” • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy			10 diagnostic endoscopy cases may be applied toward the second scrub cases.
• Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases.
Totals	120	80	40

First and Second Scrub Role and Observation

As defined by ARC/STSA 6th Core Curriculum

First Scrub Role

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.

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

Second Scrub Role

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 in its entirety by completing any of the following:

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

Observation Role

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.

Clinical Evaluation Plan

During the student's clinical education, the staff Surgical Technologists, Clinical Instructor, and Program Director on an ongoing basis will evaluate his/her performance. The student is evaluated on specific Surgical Technologist duties as well as on their overall performance. A student's overall performance is assessed by the clinical instructor and the staff Surgical Technologist during each clinical rotation and at predetermined intervals.

Conferences will be scheduled at the end of each semester by the clinical instructor and program director. Performance of clinical competencies is measured using a variety of assessment tools which include the following:

1. Weekly Preceptor Evaluations: Students are paired with a preceptor each clinical day. The preceptor is an employee of the clinical agency who is either a Surgical Technologist or a Registered Nurse in the scrub role. The preceptor works closely with the student throughout the day and will be asked to complete an evaluation based on the student's performance for the day. Preceptor evaluations will be distributed and collected by the student. **Students are required to turn in 1 preceptor evaluation each week to their clinical instructor. The clinical instructor will review and sign the evaluation.**
2. Clinical Notebook: Students are responsible for maintaining a clinical case log. Students will obtain signatures for each of the procedures being logged in their clinical notebook. Signatures may be obtained from the preceptor and/or clinical instructor who observed the case. These forms will serve as verification for procedures being reported. **Clinical Instructors are responsible for reviewing each of their clinical students' logs on a weekly basis for review and verification. Instructors will be responsible for "approving" all cases logged by their respective students as well as recording the case log grade.**
3. Case Studies: Students are required to complete post-operative case studies during clinical rotation. These forms are extremely detailed and will allow faculty to assess a student's ability to recall information, recognize patterns, and identify equipment, supplies and instrumentation. These forms will provide students with their own 'preference card' system for use as reference. Students will be able to categorize these reports and begin to see the similarities between different surgical procedures which will aid them in beginning to anticipate sequential steps common to most. **Clinical instructors are responsible for correcting each of their assigned clinical students' operation reports based on the program grading rubric. Instructors are also responsible for recording op report grades.**
4. Clinical Case Requirement Tally Sheets: This form monitors students' current standing in regards to program clinical case requirements. Students must document General and Specialty cases. **Instructors are responsible for reviewing tally sheets weekly and formulating a plan of action for the next clinical rotation. Clinical instructors should review these forms with each student.**

5. Journal Entry log – Journal logs will be completed for each clinical day. This log will be used as documentation of the students' perceptions of their performance and any information they would like to include. **Instructors will review each of their assigned clinical students on a weekly basis. Instructors are also responsible for recording journal grades.**

Clinical Site Visit Responsibilities

- Clinical Instructors are required to make, at a minimum, weekly site visits to assigned clinical sites.
- During site visits instructors will observe each of their assigned students in the clinical setting.
- Instructors should ensure that each visit is sufficient in length and frequency to observe and evaluate the student performing clinical competencies.
- During clinical site visits Instructors should communicate to clinical preceptor student's clinical objectives, expectations and behavior while in the clinical setting.
- Instructors are required to give each student timely feedback about his/her performance, providing suggestions for improvement.
- Instructors are responsible for arranging the student's clinical schedule or ensure that an appropriate schedule is arranged. This will be accomplished by working with Surgical Department to arrange for surgical cases and corresponding preceptors to meet clinical case requirements.
- If the clinical instructor's evaluation of the student's behavior or health status indicates that the student is unlikely to provide safe patient care, the clinical instructor has the responsibility to deny the student access to clinical learning experiences.
- Clinical Instructors will also:
 - Guide the preceptor in his/her role. Confer with the preceptor to resolve problems, offer suggestions, give support, and request feedback about student progress.
 - Assist the preceptor to identify appropriate learning experiences for the student.
 - Be available by phone for consultation at all times while the student is in the clinical site.
 - The clinical instructor determines if the student demonstrates reasonable competence.
 - Be actively available for student questions and guidance.

Student Injury-Exposure to Blood or Body Fluid

Any clinical incidents such as a needle stick or fluid splash must be reported to the Clinical Coordinator and the Program Director immediately.

If a student becomes injured during a clinical day, the Clinical Coordinator and Program Director must be notified, and the proper incident report completed immediately.

Procedures for Accidental Exposure to Blood or Body Fluid

All contaminated needle sticks or bloody body fluid splash to mucous membrane or open skin should be treated as if there is a potential risk of pathogen exposure.

1. If a student sustains a puncture would:
 - Withdraw the needle or other object immediately.
 - Immediately wash hands/area of puncture wound using soap and water; follow application of povidone iodine and/or alcohol.
 - Encourage increased bleeding for a few seconds and use gentle pressure at the site of the puncture.
 - Wipe away any blood.
2. If a student receives a spray of splash of body fluids:
 - To eyes, nose or mouth – irrigate with a large amount of water.
 - To a break in the skin, follow procedure for puncture wound (above).
3. The student will report the incident immediately to the clinical coordinator. The student must complete an exposure form according to the policy of the clinical facility. The clinical coordinator should ensure the program director has been notified.
4. The student will follow the clinical facilities procedures for reporting and follow-up of the exposure. Any required incident report should be completed before leaving the facility.
5. The student will seek a risk assessment and determination of recommended screening, treatment and/or follow up from the clinical site Infection Control Practitioner or Clinical Coordinator.