Surgical Technology Program

SURG 443: Clinical Practice for Surgical Technology

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SURGICAL TECHNOLOGY PROGRAM
Clinical Externship

The goals of the Clinical Externship is to give the student opportunities to apply theoretical concepts learned in the first semester to clinical practice in the second semester, and to prepare the student for the work environment. Emphasis will be placed on acquiring psychomotor skills with a strong cognitive foundation. Upon completion of the Clinical Externship the learner should be able to

1. Describe the physical layout of the operating room suite.

2. Define the roles of the O.R. Team members and the Surgical Services staff members.

3. Demonstrate competency in the role of the scrub assistant at the level of an Advanced Beginner.

4. Develop initiative and demonstrate confidence in identifying and meeting his/her learning and working needs.

5. Communicate and work effectively with all members of the O.R. Team.

6. Develop a working knowledge of specialty procedures, instruments and equipment.

Clinical Externship

The Roles and Responsibilities of the Team

There are five key players in the Clinical Externship: the Student surgical technologist, the Preceptor, the Perioperative Nurse Educator, the O.R. Clinical Manager, and the Program Instructor. The role and responsibilities of each player are defined below:

The Student

The success of the Student is dependent upon his/her full knowledge and participation in the program. The Student is expected to

1. Identify his/her learning needs and develop ongoing goals and objectives in collaboration with the Preceptor, Perioperative Nurse Educator and the Program Instructor.
2. Coordinate with the Preceptor and Clinical Manager to obtain an appropriate learning opportunity either in an O.R. or an ancillary department.
3. Prepare for the learning experience by obtaining information from a variety of resources: O.R. textbook, publications, manuals, or the Preceptor and/or other experts in the area.
4. Actively participate at O.R. Report, Hospital in-services, and workshops.
5. Complete the Skills Assessment checklist.
6. Keep an up-to-date record of all surgical experiences.

The Preceptor

The Primary Preceptor is a Registered Nurse or Surgical Technologist who is assigned to facilitate the learning of the Student. He or she acts as a role model, an instructor, a counselor and a buddy. Once the Student has achieved basic skills, the Preceptor may opt to assign the Student to other clinicians as needed to increase the Student's skills inventory. The responsibilities of the Preceptor include:

1. Assist the Student in identifying his/her learning needs.
2. Coordinate with the O.R. Nurse Manager and the Student in making appropriate assignments to meet the Student's learning needs.
3. Serve as a role model, a clinical resource and a guide to the Student and any Secondary Preceptors.
4. Assist in providing clinical instruction in a nurturing environment.
5. Assist in socializing the Student to the O.R. environment.
6. Collaborate with the O.R. Perioperative Nurse Educator and the Instructor in evaluating the Student's performance. Complete all written evaluations in a timely manner.
7. Collaborate with the Educator and the Instructor in identifying performance and/or behavior problems and assist in the problem-solving process.

Perioperative Nurse Educator

The Educator acts as the liaison between the Student, the Instructor and the O.R. staff. His/her responsibilities include:

1. Collaborate with the Preceptor, the Student and the Instructor in identifying the student's learning needs and appropriate learning experiences to meet them.
2. Assist in the development of the Preceptor's teaching skills.
3. Assist in the evaluation of the Student's performance.
4. Confer weekly with the Clinical Manager and the Instructor with regards to the student's progress.

Clinical Nurse Manager/ O.R. Director

The actions of the Nurse Manager are central to the success of the program. In the absence of a Perioperative Nurse Educator, the Manager's responsibilities will include all of those listed immediately above and

1. Ensure support for the program from nursing staff, anesthesia staff and surgeons.
2. Plan for staffing such that appropriate staff is available to meet the learning needs of the Student.
3. Monitor the performance of the Preceptor.
4. Confer weekly with the Nurse Educator and the Instructor with regards to the Student's progress.

Program Instructor

The Instructor may be the Director of the Program or her delegate employed by the College. The Instructor serves as a liaison between the Program, the Student and the O.R. Staff. S/He has the responsibility to

1. Make weekly clinical site visits to confer with the Student, Nurse Educator and/or Manager.
2. Provide descriptive documents to the Student, Nurse Educator and Manager regarding the Roles and Responsibilities of the members of the Clinical Experience Team.
3. Provide evaluative documents to the members of the Team and assistance with the completion of these documents.
4. Provide guidance to the Preceptors and Nurse Educator in meeting the learning needs of the Student.
5. Provide assistance in identifying learning and/or behavior problems and in the problem-solving process.
6. Monitor the Student's progress and give regular verbal feedback to the student.
7. Provide written and clinical resources to both Student and Preceptor as needed.
8. Maintain all documentation with regards to the Student's progress.

POLICIES

HOURS

To complete SURG 443, the student must complete a minimum of **500 hours** in Clinical training. The student is assigned to at least one clinical site for 18 weeks broken into two (2) 9-week rotations. The student is to attend the clinical site Monday, Tuesday, Thursday and Friday with noted holidays and Spring Break excepted.

The student is to arrive at least 15 minutes before the Day Shift begins. Day Shifts are either 7:00 am to 3:30 pm or 8:00 am to 4:30 pm. The student is to work eight hours with two 15 minute breaks and one 1/2 hour lunch break. These hours are to be documented on the **Student Time Card** and verified and signed daily by the Nurse Manager or his or her delegate. ***See Appendix A for a sample Time Card.**

ATTENDANCE

The Student is to notify the Instructor AND the Clinical Site BEFORE the start of shift if the student will be late or absent. The Student is expected to keep the phone numbers of the Instructor and the Clinical Site with them at all times.
If the O.R. management finds the absenteeism to be excessive, they may request the student be removed from the site. There is no assurance that another clinical site may be obtained for the student. Therefore the student may be subject to disciplinary action including possible dismissal from the program.

> **NOTE**: A student who has sustained an injury that leaves an open or draining wound **may not scrub** on a surgical procedure until the wound has closed or formed a scab that is not easily opened by repeated scrubbings of the hands and arms. If the student has pain that must be treated by a controlled substance, he or she is excused from Clinical until medication is no longer needed.

POLICY AND PROCEDURE
FOR STUDENTS INJURED, OR EXPOSED TO BODY SUBSTANCES
AT CLINICAL ROTATION SITE

- Definitions: "Body Substances" include tissue and/or body fluids, especially blood and fluids contaminated with blood. "Exposure" means the substance contacted bare or broken skin and/or mucous membranes. The student should Immediately report accident, injury, needle stick, splash, or other exposure to body substances. Report to the Instructor of the Surgical Technologist program and the O.R. Nurse Manager or Charge Nurse.
- Follow the Hospital's protocol for employees regarding accidents or body substance exposures.

a. Obtain treatment.
b. Complete all mandatory hospital forms (except Worker's Comp)
c. Keep copies for your records
d. Complete the Surgical Technology Program's Incident Report
e. Complete **the San Mateo Community College District Workers' Compensation form (Available online. See the Instructor for assistance)**
f. Submit all forms to the Program Instructor ASAP

POLICIES

WORKER'S COMPENSATION

If the Chancellor's Office of the San Mateo Community College District accepts the Workers' Compensation claim forms, a copy will be sent to the student. If not, the student is obligated to pay the fees for treatment rendered. The student is advised to keep these forms and any correspondence in a safe place for up to four (4) years. If the healthcare facility where treatment was obtained bills the student, he or she should submit a copy of the Workers' Compensation forms to the hospital billing office.

***See Appendix E for a sample of the Incident Report form.**

DUTIES

The Surgical Technology Student is assigned such duties as to meet the Weekly Objectives and the Program Objectives.

The Student is NOT to substitute for a member of the hospital staff. A hospital-employed surgical technologist or perioperative nurse in the Scrub Role must be on duty in the operating room where the student is assigned. The responsibility of the care of the patient belongs to the hospital staff, only.

DRESS CODE

- The Student is to wear fresh scrub clothes, hats, masks, and shoe covers (PRN) assigned to him or her by the hospital.
- All hair must be covered by a hat or hood as needed.
- Closed-toe and closed-heel shoes with leather uppers must be worn for safety.
- Masks must be worn in the Restricted Areas.
- Goggles or face shields must be worn when scrubbed.
- No jewelry may be worn on the hands, arms, or around the neck. Piercings such as stud earrings are allowed as long as they are completely covered by a hat or clothing.
- A Skyline College name badge must be visible on the scrub suit.
- Nails are to be kept short. No nail polish or artificial nails shall be worn.

COMMUNICATION DEVICES

- No cell phones, electronic notebooks or pads, laptops or personal music devices shall be brought into the Operating Room.
- For safety purposes, it is recommended that electronic devices be locked in the student's car.

POLICIES

SURGICAL ROTATION CASE REQUIREMENTS

Surgical Specialty	Total # of Required Cases	Minimum # of First Scrub Cases	Maximum # of Second Scrub Cases Applicable to 120 Total
General Surgery	30	20	10
Surgical Specialties: • Cardiothoracic • ENT • Eye • GU • Neurosurgery • Ob-Gyn • Oral/ Maxillofacial • Orthopedics • Peripheral Vascular • Plastic/ Reconstructive • Recovery/ Transplant	90	60	30
Diagnostic Endoscopy: • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy			10 Diagnostic Endoscopic cases may apply toward Second Scrub cases
Labor & Delivery			5 vaginal delivery cases may be applied toward the Second Scrub cases
TOTALS	120	80	40

The Student is responsible for documenting his/ her cases. The student must be able to verify these case experiences with the Nurse Manager or Nurse Educator at the Clinical Site.

See the next page for an explanation of the documentation process.

POLICIES

1. Total number of cases the student must complete = **120.**
2. Students must complete **30 cases in General Surgery** of which **20** must be in the **First Scrub Role.**
3. Students must complete **90 cases in a variety of surgical specialties**. **Sixty** of these cases must be in the **First Scrub Role**. These must be evenly distributed among a minimum of **5 surgical specialties**. NOTE: a maximum of 15 cases may be counted in any one surgical specialty.
4. Surgical Rotation documentation is required to verify the students' progression in First and Second Scrubbing surgical procedures of increasing complexity as the students develop competencies at the level of an entry-level graduate or Advanced Beginner.
5. Diagnostic endoscopic cases and vaginal delivery cases are not required. However, 10 diagnostic endoscopic cases and 5 vaginal delivery cases may be applied toward the maximum number of Second Scrub Role requirements.
6. Observation cases must be documented, but do not apply toward the 120 required cases.
7. **Documenting Cases**

   Cases are documented according to surgical specialty. Examples:

   A. A Trauma patient requiring a splenectomy and repair of a LeFort I fracture. The splenectomy is documented under General Surgery and the LeFort I is documented under Oral/ Maxillofacial surgery.

   B. A patient requiring a breast biopsy followed by a mastectomy. These procedures are for the same condition, breast cancer, on the same breast. This is documented under General Surgery as one case.

***See Appendix G for Instructions on how to use the Clinical Case Tracking Log**

DEFINITION OF ROLES

FIRST SCRUB ROLE

To document a case in the First Scrub Role, the student must meet all of the following criteria demonstrating independence:

- Verify supplies and equipment needed for the procedure
- Set-up the sterile field with the needed instruments, supplies, equipment, medications and solutions.
- Perform all surgical counts before, during and after the procedure.
- Pass instruments and supplies to the sterile surgical team members during the procedure.
- Maintain sterile technique by recognizing breaks in technique and demonstrating knowledge of appropriate corrections.

POLICIES

SECOND SCRUB ROLE

To document a case in the Second Scrub Role, the student has demonstrated that s/he has not met all 5 of the criteria for the Frist Scrub Role. The student has participated in the surgical procedure by completing any or all of the following activities throughout the case:

- Sponging the wound
- Suctioning the wound
- Cutting sutures
- Holding retractors
- Manipulating an endoscopic camera

OBSERVATION ROLE

The student in the Observation Role has not met any of the criteria for the First or Second Scrub roles. These must be documented but are not applied toward the required case count.

STUDENT PROGRESS EVALUATION

The Student's progress in the Externship shall be documented in four ways:

- Weekly Clinical Evaluations completed by the Preceptor and reviewed by the Instructors
- Final Clinical Rotation Evaluations completed in collaboration by Preceptors, Nurse Educators and Nurse Managers of the Clinical Site
- Completion of the Clinical Skills tracking form which requires signatures of Clinical Staff who verify the student's acquisition of the skills.
- Completion of a Clinical Journal submitted to weekly to the Instructor

***See Appendix B for a sample of the Weekly Clinical Evaluation form.**
***See Appendix C for samples of the Final Rotation Evaluation forms.**
***See Appendix D for a sample of the Clinical Skills tracking form.**
***See Appendix F for instructions and a sample of the Clinical Journal**

SURGICAL TECHNOLOGY PROGRAM

Weekly Objectives

Each Student learns in his or her own way at his or her own speed. The Objectives are to be used as a guide to direct the Student's learning. They are useful in tracking the Student's progress. When an objective for a given week is not achieved, (due to lack of opportunity or other event) the objective may be carried over to the next week. If the Student is having trouble achieving an objective, the Student and the Instructor should be notified in a timely manner.

For each week, there is a brief description of the focus or primary learning point. The objectives reflect the focus plus any previous week's points. Following each set of objectives is a list of suggested activities that could be used to help the Student achieve these objectives. Activities may be individualized by the Student and the Preceptor as necessary.

By the end of the program, the Student should have achieved all of the objectives, barring lack of opportunity.

WEEKLY CLINICAL OBJECTIVES

Week One

Focus: The Primary Focus is an Orientation to the Surgical Services Department. The Secondary Focus is on basic skills regarding the role of the Surgical Tech.

By the end of the week, the Student shall be able to

1. Describe the layout of the department including the location of the Control Desk, the changing rooms, the Control Desk, Preop Holding Area, Storage Rooms, Decontamination and PACU.

2. State the full names of the Clinical Manager, Nurse Educator, and the Preceptor.

3. State the telephone number of the unit.

4. Describe how and where case assignments are made, when and where Morning Report is given, and the date and time of any weekly in-services or meetings.

5. Locate the policy and procedures for gowning and gloving and decontamination.

6. Locate the Job Description of the Surgical Technologist, the Infection Control Manual, the Disaster Manual and the MSDS.

7. Assist in opening sterile supplies using aseptic technique.

8. Scrub, gown and glove self.

9. Maintain aseptic technique with minimal breaks.

10. Assist with room turnover.

Suggested Activities:

Go on a "Scavenger Hunt". Look for Sterile Forceps, Extremity Drapes, Local Anesthetics, Positioning Equipment, Large Sharps Disposal Containers, Policy & Procedure Manuals, the O.R. Telephone Number, Fire Extinguishers, the PACU, Steris and Steam autoclaves, Warm Blankets, Extra Caps and Masks, the Crash Cart. Keep a list of the locations. Ask questions from everybody. Have fun!

Week Two

Focus: The Primary focus is orientation to the Role of the Surgical Technologist. A secondary focus is to continue to orient to the department and related departments.

By the end of this week, the Student shall be able to

1. Meet previous objectives.

2. Obtain his/her assignment and prepare for the case by reading about the procedure in Alexander's or other appropriate resource.

3. Check the supplies and equipment against the surgeon's preference card.

4. Prepare the O.R. for the case: obtain equipment and supplies as needed; open supplies with minimal breaks in Aseptic Technique

5. Set up Mayo stand with guidance.

6. Prepare sutures with guidance.

7. Pass drapes in correct sequence.

8. Pass instruments accurately and safely.

Suggested Activities:

Enter the O.R early and begin by surveying the room for the "basic equipment". Check the supplies and instruments against the preference card. Offer to retrieve any items needed so you can learn where to find them. When scrubbed, offer to get the drapes in order and/or set up the Mayo stand. Ask for a drawing of the "standard" set-up for the Mayo stand and the back table. If there is no standard way of setting up, make a large drawing of the design your preceptor uses. Post this on the wall to use when setting up. Be sure to label the items on your drawing. Start your Journal.

Weeks 3 through 5

Focus: The Primary focus is on the role of the First Scrub. A Secondary focus is on Sterile Processing.

By the end of these weeks, the student shall be able to

1. Complete all previous objectives.
2. Obtain all supplies and equipment needed for the cases.
3. Set up the drapes and the Mayo stand for routine cases without guidance.
4. Set up the back table with guidance.
5. Assist with draping two types of cases without guidance.
6. Pass instruments accurately and safely 90% of the time with guidance.
7. Pass sutures accurately. Distinguish Absorbable from Non-Absorbable sutures.
8. Perform Sponge & Needle Counts with the Circulator accurately.
9. Identify and correct breaks in Aseptic Technique with minimal assistance.
10. Assemble a Major and a Minor Instrument set with minimal assistance.
11. Operate a Flash autoclave with minimal assistance.
12. Operate a Steris Autoclave with minimal assistance.

Suggested Activities

Offer to set up the back table for biopsies, hernias, simple laparoscopic procedures. Review the surgeon's preference card the night before and look up every suture listed on the card. Ask to be responsible for all the counts while the Preceptor passes the instruments. Set up every Mayo stand with guidance. Spend a week or more in the Central Processing Department assembling and wrapping sets. Whenever there is free time in the O.R., offer to help in the decontamination room so you can learn the procedures and the function of the equipment.

Week 6

Focus: The Primary focus is on the role and responsibilities of the Circulator.

By the end of this week, the Student shall be able to

1. Complete all the objectives for the previous weeks.

2. **Assist the Circulator** with routine duties:

    A. Setting up the room
    B. Obtaining supplies and instruments before and during the procedure
    C. Opening supplies and Equipment
    D. Checking-in the patient
    E. Preparing the patient for anesthesia (Positioning, applying monitoring devices, giving emotional support)
    F. Positioning for the procedure
    G. Performing the skin prep
    H. Inserting a urinary catheter
    I. Monitoring the Sterile Field
    J. Arrange and turn-on equipment such as the ESU, suction, power instruments, microscope, hypothermia machine, sequential compression device, light sources, Endoscopic equipment, tourniquet, other.

3. Review the policies for obtaining specialty items such as blood, medications, Central Supply items, special order supplies.

4. Describe the precautions to take in the use of the equipment listed in #2(I).

5. Identify the best and worst times before and during a procedure when a scrub person should ask for help from the circulator.

Suggested Activities

Ask the Clinical Manager for opportunities to assist a circulator in his/her duties. Review positioning, prepping anesthesia techniques in either Alexander's or Berry and Kohn. Prepare for the procedure by reading the description in Alexander's. Seek out additional information about the equipment from the manufacturer's manuals on file in the O.R. suite. Ask the circulator to show you the documentation necessary to complete an operation.

Weeks 7 through 10

Focus: The Primary focus is on performing in the role of the First Scrub with increasing accuracy and speed. The Student should concentrate on anticipating the surgeon's preoperative and intraoperative needs.

By the end of these weeks, the Student shall be able to

1. Complete all the previous objectives competently and consistently.

2. Scrub at least three basic cases such as biopsy, hernia, hand case Independently.

3. Identify supplies basic to all routine cases.

4. Demonstrate draping independently for all four basic types of cases: Lithotomy, Laparotomy, Head & Neck, Extremity.

5. Demonstrate confidence in Aseptic Technique.

6. Identify sutures and their applications for routine cases.

7. State the names and actions of medications for routine cases.

8. Handle medications safely and accurately.

9. Communicate with all Team members appropriately and effectively.

Suggested Activities

Find three routine General Surgery cases and become proficient in these. Ask your Preceptor to stand back and let you perform without coaching. Create Medication flash cards to help you learn the names and actions of meds from the preference cards. The night before a procedure, review the appropriate Journal entry if you have one. Find specialty equipment and supplies you have not been exposed to yet, and learn all you can about them. Attend in-service workshops.

Week 11 (Week 1 of the Second Rotation)

Focus: The Student should orient to the new facility and the staff.

By the end of this week, the Student shall be able to

1. Complete the orientation process as described in Week 1, Rotation #1.

2. Identify to the Preceptor, Nurse Educator, and/or Clinical Manager his/her learning needs.

3. Demonstrate confidence in Aseptic Technique: opening supplies, maintenance of the sterile field.

Suggested Activities

Coordinate your orientation with your new Preceptor and Clinical Manager. Share with them your O.R. Experience Record and Skills List. Second Scrub on very simple procedures at first until you feel confident to try more complicated surgeries. You will be awkward in this new setting and will make simple mistakes. THIS IS NORMAL! Have a sense of humor about it and don't dwell on it. It will go away once you begin to get used to the new routine.

Week 12

Focus: Second Scrub position to learn the routines of new O.R.

At the end of this week, the Student shall be able to

1. Demonstrate increasing confidence in scrubbing on routine cases with unfamiliar surgeons.

2. Assist the circulator with duties described in Week 6 with increasing confidence.

Suggested Activities

Second Scrub on all the procedures with which you are familiar. This will take the pressure off you to be at your best. Make a plan with your Preceptor when you can start learning new procedures in the surgical specialties. Identify persons who are good resources for information in several surgical specialties. Ask if you can scrub with these Resource People when you and your Preceptor think you are ready.

Weeks 13 through 15

Focus: The Primary focus now is on developing speed and accuracy. A Secondary focus is on assisting the Circulator.

By the end of these weeks, the Student shall be able to

1. Demonstrate competence in all previous objectives with increasing speed and accuracy.

2. Complete at least 75% of the Skills List.

3. Accurately identify instruments common to at least 4 surgical specialties.

4. Show behaviors that demonstrate a developed surgical conscience:

    a. Uses effective assertive communication
    b. Acknowledges breaks in techniques; corrects them in a timely manner
    c. Makes economical use of supplies
    d. Collaborates on patient care activities
    e. Demonstrates sterile boundaries

Suggested Activities

Continue to seek out new procedures in a variety of surgical specialties. Use the Skills List as a guide to develop your inventory of surgical technology. Make time for skills acquisition by scrubbing cases that will finish before 2:30 p.m. Then, use the remaining time to learn new equipment, assist with circulating, or transporting patients and materiel. Spend some time in Central Service learning new sets of instruments. If your hospital has a Labor and Delivery department, ask for permission to scrub on a Cesarian Section.

Weeks 16 through 18

Focus: The Primary focus is on Independence. The Secondary focus is on expanding the Student's skills and knowledge of surgical specialties.

By the end of these weeks, the Student shall be able to

1. Complete all previous objectives at the level of an Advanced Beginner.

2. Set-up and scrub for at least 5 different cases.

3. Demonstrate knowledge of instrumentation, sutures and medications of at least 4 different specialties.

4. Accurately and safely handle medications.

5. Perform First Scrub duties in an efficient, organized manner with minimal supervision at least 50% of the time.

6. Conduct him or herself as a professional member of the surgical team.

Suggested Activities

Continue to seek opportunities to complete your Skills List before graduation. Collaborate with your Preceptor and the Clinical Manager on a plan to develop your knowledge of surgical specialties. For example: scrub on as many ENT cases you can in one week. Then, assist the circulator on ENT cases for a few days.
If you haven't already done so, submit applications to prospective employers now. Remember to make appointments for interviews on your own time. If you have absences to make up, make arrangements with the Clinical Manager now.

Appendix A: Sample Time Card

SURGICAL TECHNOLOGY PROGRAM

Student Time Card

To complete this program, the student must acquire a minimum of 500 hours of clinical experience. Extra hours have been added to the Clinical Schedule to allow for illness. However, these hours are NOT to be squandered on "personal time off". Attendance is mandatory and tardiness is unacceptable. Therefore, this form has been created to keep a record of the student's hours.

Each shift is eight (8) hours long and does not include two 15-minute breaks and 30 minutes for lunch. The day shift begins and ends per the O.R. policy. If the surgery schedule ends early, the student is expected to find other learning opportunities until the end of shift.

Time In and Time Out must be verified by the Preceptor or Clinical Manager with his or her signature on the day of record. Time Out for lunch is recorded, also.

Name _____ **Date** _____
(Print Student's Name) (First Day of Week)

	Time In	**Out**	**Time In**	**Out**	**Signature**
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
			TOTAL HOURS		

Appendix B: Sample Weekly Evaluation

SURGICAL TECHNOLOGY PROGRAM
STUDENT WEEKLY EVALUATION

EVALUATOR: _____
STUDENT: _____

DATES OF WEEK:_____
Evaluator: Please rate the Student's progress. A HIGH score means the Student has achieved the objective at the level of an Advanced Beginner and needs very little prompting to perform this skill. Please make specific descriptions of any problems noted in the Comments section.
Rating Scale: 5 = Excellent, 4 = Good, 3 = Acceptable, 2 = Poor, 1 = Unacceptable

1. Follows Aseptic Technique	**High**				**Low**
Scrubs w/o contaminating, efficiently	**5**	**4**	**3**	**2**	**1**
Gowns & Gloves w/o contaminating, efficiently	**5**	**4**	**3**	**2**	**1**
Sets-up sterile field w/o contaminating	**5**	**4**	**3**	**2**	**1**
Distinguishes between Sterile & Non-Sterile areas	**5**	**4**	**3**	**2**	**1**
Maintains sterile field	**5**	**4**	**3**	**2**	**1**
Recognizes breaks by self and others	**5**	**4**	**3**	**2**	**1**
Corrects breaks in professional manner	**5**	**4**	**3**	**2**	**1**

Comments:

2. Follows Standard Precautions	**High**				**Low**
Handles sharps per Hospital policy	**5**	**4**	**3**	**2**	**1**
Uses Protective measures and equipment	**5**	**4**	**3**	**2**	**1**
Demonstrates attention to safety requirements	**5**	**4**	**3**	**2**	**1**

Comments:

3. Preoperative Activities	High				Low
Asks Questions, Uses Dr.'s Preference card	5	4	3	2	1
Preparation is efficient and organized	5	4	3	2	1
Displays knowledge of essential supplies & equipment	5	4	3	2	1
Assist with supplies and equipment	5	4	3	2	1
Assists with patient (when time allows)	5	4	3	2	1

The Student is able to describe the procedure:

Very Well ☐ Above Average ☐ Acceptable ☐ Unacceptable ☐

Degree of Independence:

Less than 50% ☐ 50-75% ☐ 75-90% ☐ 90% or better ☐

Comments: _____

_____

4. Intraoperative Activities	High				Low
Attentive to Sterile Field and to Teammates	5	4	3	2	1
Passes Instruments Safely and Effectively	5	4	3	2	1
Displays Knowledge of Medications	5	4	3	2	1
Handles Medications Safely and Effectively	5	4	3	2	1
Makes Appropriate Choices	5	4	3	2	1
Demonstrates Cost Containment Practices	5	4	3	2	1
Initiates/ Performs Counts Correctly & Efficiently	5	4	3	2	1

Degree of Independence:

Less than 50% ☐ 50-75% ☐ 75-90% ☐ 90% or better ☐

Comments: _____

_____

5. Postoperative Activities **High** **Low**

Handles Specimens per Hospital Policy (PRN)	**5 4 3 2 1**
Cares for Instruments & Equipment per Policy	**5 4 3 2 1**
Disposes of Trash & Linen Appropriately	**5 4 3 2 1**
Assists with Room Turnover	**5 4 3 2 1**

Degree of Efficiency & Independence:

Less than 50% ☐ 50-75% ☐ 75-90% ☐ 90% or better ☐

Comments: _____

_____

6. Professionalism	**High Low**
Always Prompt to Site/ Returns from Breaks Timely	**5 4 3 2 1**
Dresses Appropriately per Policy	**5 4 3 2 1**
Attends Morning Report & In-services	**5 4 3 2 1**
Accepts Constructive Criticism	**5 4 3 2 1**
Seeks out new or additional activities	**5 4 3 2 1**
Communicates Appropriately & Effectively	**5 4 3 2 1**
Exhibits a courteous demeanor	**5 4 3 2 1**

Comments:_____

_____

Preceptor's Signature:_____

Student's Comments: _____

_____

Student's Signature: _____

Program Instructor's Signature: _____

Appendix C: Final Clinical Evaluations

SURG 443: Clinical Practice for Surgical Technology
EVALUATION Rotation #1

Student: _____Date_____

Evaluator(s): _____

Evaluator: Upon completion of this program, the student should be able to perform at the level of an Advanced Beginner (better than a Beginner but not as good as an Experienced ST). Circle the number that corresponds to the level of proficiency where the student is **NOW**. Please consider that the student has nine (9) more weeks to train.
SCALE: 1 = Not acceptable; 2 = Poor; 3 = Acceptable; 4 = Good; 5 = Excellent

Criteria:_____

1. The Student scrubs independently on at least (3) procedures. Please list these procedures: 1. _____ 2. _____ 3. _____	**1**	**2**	**3**	**4**	**5**
COMMENT:					
2. The Student makes an effort to obtain daily assignment; obtains info re Dr's preference card, procedure, A & P.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
3. Student is able to distinguish between Sterile and Unsterile areas:	**1**	**2**	**3**	**4**	**5**
4. Student follows principles of asepsis consistently.	**1**	**2**	**3**	**4**	**5**
COMMENT:					

5. Student identifies when aseptic technique is broken by self or others.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
6. Student selects appropriate correction when break occurs.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
7. On routine cases, Student sets up Mayo and back table in an organized manner.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
8. Student demonstrates knowledge of instruments for at least (2) surgical specialties.	**1**	**2**	**3**	**4**	**5**
List these specialties: _____ _____					
COMMENT:					
9. Student correctly identifies sutures and their appropriate uses.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
10. Student correctly identifies drugs, their actions and uses.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
11. Student accurately labels and measures meds; Student provides info to surgeon, anesthesia care provider, and nurse re name and quantity of meds used.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
12. Student performs accurate sponge and sharps counts in timely & efficient manner.	**1**	**2**	**3**	**4**	**5**
COMMENT:					

13. Student demonstrates increasing speed in passing instruments and sutures in a safe manner.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
14. Student demonstrates increasing ability to anticipate surgeon's needs.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
15. Student communicates with team members in appropriate and effective manner.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
16. Student accepts constructive criticism.	**1**	**2**	**3**	**4**	**5**
COMMENT:					
17. Student seeks new or additional activities	**1**	**2**	**3**	**4**	**5**
18. Student is punctual.	**1**	**2**	**3**	**4**	**5**
COMMENT:					

Evaluator's Signature: _____Date: _____

Student's Comments:

Student's Signature: _____

SURG 443: Clinical Practice for Surgical Technology
FINAL EVALUATION

Student: _____Date_____

Evaluator(s): _____

Evaluator: To pass this course, the student's technical and professional skills must be at the level of an Advanced Beginner. This is defined as a professional capable of making choices an demonstrating independent practice more than 90% of the time on cases for which s/he has experience. S/he must be independent on at least 5 different surgical procedures covering a variety of surgical specialties. Thank you.

Criteria/ Category

1. Student scrubs independently on at least 5 different procedures. (Please list these procedures) — PASS FAIL

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____

   COMMENT:

2. Student makes effort to obtain assignment; prepares by obtaining information re Dr's preference card, procedure, A & P. — PASS FAIL

   COMMENT:

3. Student follows principles of asepsis consistently. — PASS FAIL

   COMMENT:

4. Student consistently identifies when aseptic technique is broken. — PASS FAIL

   COMMENT:

5. Student makes appropriate correction when breaks occur. PASS FAIL

COMMENT:

6. On routine cases, student sets up Mayo stand and back table in an organized and efficient manner. PASS FAIL

COMMENT:

7. Student demonstrates knowledge of instrumentation in at least four (4) surgical specialties. PASS FAIL

COMMENT:

8. Student correctly identifies sutures and their appropriate usage. PASS FAIL

COMMENT:

9. Student correctly identifies meds, their uses and actions. PASS FAIL

COMMENT:

10. Student accurately labels meds; student provides info to surgeon, anesthesiologist & circulator re name and quantity of meds used. PASS FAIL

COMMENT:

11. Student initiates sponge and sharps counts; student performs counts accurately and in a timely and efficient manner. PASS FAIL

COMMENT:

12. Student demonstrates increasing speed in passing instruments and sutures in a safe manner. PASS FAIL

COMMENT:

13. Student demonstrates increasing ability to anticipate surgeon's needs. PASS FAIL

COMMENT:

15. Student responds to constructive criticism professionally. PASS FAIL

COMMENT:

14. Student communicates with team members in an appropriate and effective manner. PASS FAIL

COMMENT:

15. Student is punctual. PASS FAIL

COMMENT:

16. Student uses free time effectively; e.g./ cleaning, picking cases, assisting other O.R. teams. PASS FAIL

COMMEMT:

17. Student demonstrates principles of cost containment. PASS FAIL

COMMENT:

18. Student demonstrates characteristics and skills of a surgical technologist at the level of an Advanced Beginner and is employable. PASS FAIL

COMMENT:

Evaluator's Signature: _____

Student's Comments:

Student's Signature: _____

Appendix D: Clinical Skills Form

NAME _____

STUDENT SKILLS CHECK LIST

Student: Ask a nurse or surgical tech at your Clinical Site to **initial** your ability to perform these skills. Then, have them **sign next to their initials** at the end of this form.
Evaluator: Please observe the student for competency in the following skills. Verify by signing at the end of this form. Thank you

	PASS	FAIL	NO.EXP
1. TRANSPORTING PATIENTS TO O.R.			
a. stretcher	_____	_____	_____(Initial)
b. bed	_____	_____	_____
c. crib	_____	_____	_____
d. wheelchair	_____	_____	_____
2. SECOND CIRCULATING DUTIES			
a. preparation of patient for anesthesia			
1. transfer patient from stretcher to O.R. table	_____	_____	_____
2. secures patient, use of arm-boards	_____	_____	_____
3. Position for spinal/epidural	_____	_____	_____
b. positioning of patient on O.R. table			
1. supine	_____	_____	_____
2. jackknife	_____	_____	_____
3. lithotomy	_____	_____	_____
4. fracture table	_____	_____	_____
5. supine for hand	_____	_____	_____
6. supine for knee arthroscopy	_____	_____	_____
7. lateral for chest/kidney	_____	_____	_____
8. head and neck	_____	_____	_____
9. lateral for total hip	_____	_____	_____
10. prone	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
c. preparation of patient			
1. assist w/skin prep	_____	_____	_____
2. assist w/ limb prep	_____	_____	_____
3. assist w/ tourniquet	_____	_____	_____
4. assist w/ urethral catheterization	_____	_____	_____
d. assist in draping	_____	_____	_____
e. suction device, use of; attaching	_____	_____	_____
f. positioning of spotlight	_____	_____	_____
g. attachment of Bovie	_____	_____	_____
h. assist w/ care of specimens			
1. tissue for routine examination	_____	_____	_____
2. cultures	_____	_____	_____
3. tissue for frozen section	_____	_____	_____
4. amputated limbs	_____	_____	_____
5. washings	_____	_____	_____
i. assist w/ dressings			
1. abdominal	_____	_____	_____
2. soft tissue limb	_____	_____	_____
3. mastectomy	_____	_____	_____
4. head	_____	_____	_____
5. eye	_____	_____	_____
6. cast/splint	_____	_____	_____
j. transfer patient to Recovery bed	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
k. aseptic procedures			
1. pouring solutions	_____	_____	_____
2. opening envelope wrapper	_____	_____	_____
3. opening peel-packs	_____	_____	_____
4. opening sutures and needles	_____	_____	_____
5. opening hypodermic needles	_____	_____	_____
6. opening knife blades	_____	_____	_____
7. catheters, tubes, wire, etc. in plastic tubing	_____	_____	_____
l. Standard Precautions			
1. use of barriers	_____	_____	_____
2. disposal of sharps	_____	_____	_____
3. disposal of linen/ trash	_____	_____	_____
4. disposal of body contaminated fluids	_____	_____	_____
m. anesthesia cleanup (if applicable)	_____	_____	_____
3. DUTIES OF THE SCRUB TECHNOLOGIST			
a. scrubbing hands	_____	_____	_____
b. gowning	_____	_____	_____
d. gloving			
1. open method	_____	_____	_____
2. closed method	_____	_____	_____
3. changing contaminated glove	_____	_____	_____
4. gloving surgeons	_____	_____	_____
e. setting up for:			
1. major abdominal case			
a. open	_____	_____	_____
b. laparoscopy	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
2. minor case	_____	_____	_____
3. minor ortho case	_____	_____	_____
4. arthroscopy	_____	_____	_____
5. chest	_____	_____	_____
6. vascular	_____	_____	_____
7. eye	_____	_____	_____
8. ear	_____	_____	_____
9. nose/throat	_____	_____	_____
10. GYN laparoscopy	_____	_____	_____
11. vaginal case	_____	_____	_____
12. plastic: face/eyes	_____	_____	_____
13. grafts/flaps	_____	_____	_____
f. handling sutures/ ligatures			
1. ties	_____	_____	_____
2. tie on a passer	_____	_____	_____
3. threading sutures	_____	_____	_____
4. retention stitch	_____	_____	_____
5. atraumatic sutures	_____	_____	_____
6. skin staples	_____	_____	_____
7. wire sutures	_____	_____	_____
8. following continuous stitch	_____	_____	_____
g. draping			
1. eye	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
g. draping			
2. head & neck	_____	_____	_____
3. arm/hand	_____	_____	_____
4. shoulder	_____	_____	_____
5. leg / foot	_____	_____	_____
6. chest	_____	_____	_____
7. vascular	_____	_____	_____
8. eye	_____	_____	_____
9. ear	_____	_____	_____
10. nose/throat	_____	_____	_____
11. GYN laparoscopy	_____	_____	_____
12. vaginal case	_____	_____	_____
13. plastic: face/eyes	_____	_____	_____
14. grafts/flaps	_____	_____	_____
15. total hip	_____	_____	_____
16. total knee	_____	_____	_____
17. hip fracture	_____	_____	_____
18. craniotomy	_____	_____	_____
19. microscope	_____	_____	_____
20. C-arm	_____	_____	_____
h. instrument handling			
1. putting blades on scalpel handles	_____	_____	_____
2. passing instruments to surgeons	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
3. retractor holding	_____	_____	_____
4. cutting sutures	_____	_____	_____
5. holding hemostats for tying	_____	_____	_____
6. staples	_____	_____	_____
7. dermatome	_____	_____	_____
8. power saw/drills	_____	_____	_____
9. laparoscopy equipment	_____	_____	_____
10. Arthroscopy equipment	_____	_____	_____
11. Phaco/IA equipment	_____	_____	_____
12. Da Vinci Robot	_____	_____	_____
j. counts			
1. sponge	_____	_____	_____
2. needles/ sharps	_____	_____	_____
3. instrument	_____	_____	_____
k. care of specimen on surgical field			
1. routine	_____	_____	_____
2. frozen section	_____	_____	_____
3. cultures	_____	_____	_____
4. limb	_____	_____	_____
5. washings	_____	_____	_____
l. bowel or isolation technique	_____	_____	_____
m. hook-up Bovie/suction	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
n. dressings			
1. abdominal	_____	_____	_____
2. soft tissue limb	_____	_____	_____
3. mastectomy	_____	_____	_____
4. head	_____	_____	_____
5. eye	_____	_____	_____
6. cast/splint	_____	_____	_____
7. perineal	_____	_____	_____
o. cleanup instrument tables at end of case	_____	_____	_____
p. retrieving sterile instruments from autoclave	_____	_____	_____
q. retrieving instruments from Cidex	_____	_____	_____
5. STERILE PROCESSING			
a. Hand washing instruments	_____	_____	_____
b. Using Washer/Sterilizer	_____	_____	_____
c. Using Flash Autoclave	_____	_____	_____
d. Using Sterrad	_____	_____	_____
e. Soaking Items in Cidex	_____	_____	_____
f. Assembling Instrument sets	_____	_____	_____
g. Packaging for Sterilization			
1. Peel-packs	_____	_____	_____
2. Trays/ Cases	_____	_____	_____
6. MISCELLANEOUS			
a. Orientation to Cystoscopy Room	_____	_____	_____
b. Set-up Microscope	_____	_____	_____

CHECK LIST (continued)	PASS	FAIL	NO.EXP
c. Set-up Endoscopy Equipment	_____	_____	_____
d. Set up Hypo/Hyperthermia Blanket	_____	_____	_____
e. Set up Uterine Evacuator	_____	_____	_____
f. Set up Liposuction machine	_____	_____	_____
g. Set up Headlights	_____	_____	_____
h. weekly cleaning/outdating	_____	_____	_____
i. picking cases	_____	_____	_____
j. Labor & Delivery			
1. Scrubbing on C-Section	_____	_____	_____
2. Assist w/ vaginal delivery	_____	_____	_____

Initial	**Signature**	**Initial**	**Signature**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Revised 2013/ AE

APPENDIX E: Incident Report (Sample)

SKYLINE COLLEGE SURGICAL CAREERS
INCIDENT REPORT

Name:	Home Phone:	Date:
Address:		
Date of Incident:	Time:	Specific Location where injury occurred
Briefly describe the type of injury or exposure, where on the body, and the size of injury		
Names and Telephone Numbers of any Witnesses:		
Reported to (Name, Title, Tel. #)		
TREATMENT RECORD		
Treatment/ Counseling Provided:		
Name of Healthcare Provider:	Signature:	
Location:	Date:	Time:
For Skyline College Use Only		
Date Received:	Time:	Received by:
Action Taken:		

Appendix F: Clinical Journal Sample Entry

SURGICAL TECHNOLOGY PROGRAM

DAILY CLINICAL JOURNAL

Purpose: The purpose of the journal is to

- Document the case so the information can be used as a reference
- Increase retention of the learning experience
- Decrease the stress of the experience
- Provide the opportunity to ask the instructor questions about the procedure
- Provide the Instructor with another way of assessing the Student's comprehension of the concepts of surgical interventions

Instructions:

Using the format found on the next page, the student is to fill in the information and complete a narrative of the surgical procedure from preop to post-op to the best of his or her ability. One (1) journal entry is required per day, four in one week. These are to be typed and may either be handed in as a hard copy, or emailed to the instructor.

Due Date:

Four (4) journal entries are due every Wednesday the week following the week of the entries. For example: Week 1 = Monday, Tuesday, Thursday, Friday. These entries are due the <u>following</u> <u>Wednesday</u>. Failure to submit the entries on time will drop the score on the weekly quizzes by 5 points per day they are late. Failure to submit entries at all will result in a zero (0) score for that week's quiz.

CLINICAL JOURNAL

(Sample Entry)

Date: _____ Student Name: _____

Procedure: _____

Preceptor: _____(Full name)_____

Position:_____ Prep: _____

Draping:_____ Medications: _____

_____

Instruments: _____

_____

Equipment:_____

_____

Sequence of the Procedure: The surgeon made an incision in the left groin 2 inches above the inguinal area. He dissected with Metzenbaums down to the fascia and then used the Bovie to stop all the bleeders. When he came to a large bleeder, he cross-clamped it with a Mayo clamp and then tied the ends with 3-0 Vicryl. At the peritoneum, he took a knife and made a nick and then opened it the rest of the way with a etz scissors. Then he "explored" the abdomen with his finger. He asked for a Babcock clamp and grasped the appendix. Then he did some more dissection with the scissors and the Bovie. When the appendix was clear of all attachments to the mesoappendix, he put a straight Kelly across the base and cut the appendix off with the Bovie. Then he made a purse string suture of 3-0 silk on a taper needle and pushed the stump into the Cecum. All instruments that touched the appendix were placed into a "dirty" basin on the back table and not touched again until the end of the case. The surgeon irrigated the wound with warm saline and antibiotic solution. Then he closed the fascia and the peritoneum with 2-0 Maxon. The muscle was closed with more Maxon. He closed the skin with staples and 2 Adsons with teeth. My Preceptor used the stapler even though he said he wasn't supposed to. The dressings were Telfa and 4x 4's.

Comments: I felt like I was really part of the team. My Preceptor let me pass all the instruments because he was assisting the surgeon. Dr. B. was very nice and he said I did very well. This was only my second Appendectomy. The appendix looked icky, not at all like it does in the book and not like the last one. Dr. B said it was "hot". What does that mean?

APPENDIX G: Case Tracking Log
Sample of Instructions/ Summary

INSTRUCTIONS ON USING YOUR CLINICAL CASE TRACKING LOG (Version 2.0 - 2007)

1. Welcome to the 2007 version of the Clinical Case Tracking Log (CCTL). This software has been updated from previous versi should be compatible on most current Microsoft Windows© based operating systems.

2. To get started, insert the CD-R disc into your computer's CD drive. This will be the D-drive on most computers.

3. If the CD does not Run immediately, click the Start button and then click My Computer. You will now see an icon named DVD Drive (D:). Click this icon to Run the CD in your drive.

4. The MS-EXCEL© icon will appear, with the CCTL tag, on your desktop. You must now Save and re-name this file. To do so, your Tool Bar and then click Save As. Re-name your file and move it to a File location of your choice. It may be very handy to ju file on your Desktop.

5. IMPORTANT: This program runs MS-EXCEL© in the background. Because there is no auto-save feature built int EXEL©, **YOU MUST SAVE YOUR DATA FREQUENTLY,** or you may loose all or part of your work.

6. There are 19 weeks shown for each case activity. Check the dates and correct them as needed.

7. The Index of Cases was set up for you so that you can enter and track important course and personal data as neede

8. The totals boxes will automatically tally as you enter your completed cases on each of the work sheets. The overall automatically tally on the Program Totals for your overall case summaries.

9. When you have successfully copied the CCTL program to your computer, please return the CD to your professor.

10. You are now ready to get started and best of luck to you from the entire CCTL team.

This Excel Spreadsheet will be found on WebAccess or directly from the Instructor. See sample of Final Summary on the next page.

ATTENTION: DO NOT EDIT THIS PAGE

CLINICAL CASE LOG SUMMARY PAGE

NAME:

	GEN. SUR.	GENITO.	OB. GYN.	ORTHO.	CORE-ENDO.	SP-ENDO.	PLASTICS	ORAL. MAX.	OPHTHAL.	PERI VAS	CARDIO	NEURO	OTORHIN	TOTALS
TOTAL CORE INDEPENDENT LEVEL-1	0	0	0	0										0
TOTAL CORE INDEPENDENT LEVEL-2	0	0	0	0										0
TOTAL CORE INDEPENDENT LEVEL-3	0	0	0	0										0
TOTAL CORE INDEPENDENT NO LEVEL					0									0
TOTAL NUMBER OF INDEPENDENT CORE CASES	0	0	0	0	0									0
TOTAL SPECIALTY INDEPENDENT LEVEL-1							0	0	0	0	0	0	0	0
TOTAL SPECIALTY INDEPENDENT LEVEL-2							0	0	0	0	0	0	0	0
TOTAL SPECIALTY INDEPENDENT LEVEL-3							0	0	0	0	0	0	0	0
TOTAL SPECIALTY INDEPENDENT NO LEVEL						0								0
TOTAL NUMBER OF SPECIALTY INDEPENDENT CASES						0	0	0	0	0	0	0	0	0
TOTAL NUMBER OF ALL CASES SCRUBBED (SP & SI)	1	0	0	0	0	0	0	0	0	1	0	0	0	2

ATTENTION: DO NOT EDIT THIS PAGE

1