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AHST 251.02: Surgical Clinical II / Butte

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Missoula College UM

Surgical Technology Program

Course Syllabus

COURSE NUMBER AND TITLE: AHST 251 Surgical Clinical II Outreach

DATE REVISED: Spring 2016

SEMESTER CREDITS: 5

PREREQUISITE COURSES: All required courses in the Surgical Technology Program in the previous spring semester, and second year fall semester must have been completed with a grade of 80% or better in order to progress to AHST 251. Refer to The University of Montana catalog. Any student who is out of sequence will be required to reapply to the program and repeat AHST 115, AH ST 215 and AHST 250. Returning students will be handled on a case by case basis.

INSTRUCTOR: Linda Strelnek CST/CSFA, BS Clinical Coordinator
Debbie Fillmore CST/RN MEd Program Director
Nicole Rogers-Norton, CST Site Coordinator-Billings

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Nicole Rogers-Norton 690-4965

CLINICAL PHONE NUMBERS:
St. Vincent Hospital 237-4400
Billings Clinic 657-4165
Yellowstone Surgery Center 237-5905
St James Healthcare-Deann 560-3419
Community Hospital Anaconda 563-8580

OFFICE HOURS: by appointment

RELATIONSHIP TO PROGRAM:

This second clinical rotation provides the student with the necessary circulation and scrubbing experience and exposure to more complex surgical procedures. If successfully completed, the student will enter the Internship phase of the curriculum.

COURSE DESCRIPTION:

This course will include both circulating and scrubbing clinical experiences in a variety of more specialized major surgical areas under the direct supervision of the instructor and/or staff.

STUDENT PERFORMANCE OBJECTIVES:

Upon completion of AHST 251, the student will be able to:

1. Progress from the first scrub role on minor procedures to the first scrub role on major procedures in a variety of more specialized areas.
2. Demonstrate absolute understanding and the ability to consistently apply sterile technique and recognize any breach in technique.
3. Progress from the second circulator role on minor procedures to second circulator role during major procedures in a variety of more specialized areas (in accordance to hospital policy regarding circulating personnel).
4. Demonstrate comprehension of patient care in the pre-op, intra-op, and post-op stages, by completing the Case Definition, and all pre-op portions of the Case Study Form for each assigned case.
5. Demonstrate comprehension of the surgical procedure by successfully completing a detailed case post op progression for each assigned case.
6. Demonstrate proficiency, efficiency, aseptic technique and safety in the first scrub role during major procedures in a variety of specialties.
7. Document all supervised clinical experiences on the Scrub Role Duties Form and the Procedure Log for cases performed.
8. Critique each clinical performance objectively and realistically. Complete the required Case Study Forms
9. **An average of 80% must be earned in each of the following areas: the Clinical Evaluations, Professionalism Grade and in Case Studies in order to pass this course.**
10. Students should have met the benchmark of 45 cases first or second scrub.

Instructor discretion will determine if the student is meeting Weekly Course Objectives. **Failure to meet course objectives will result in failure of this course.**

Any student consistently & repeatedly demonstrating unsafe clinical practice or compromising patient/staff safety will be removed from the clinical setting *and* at the discretion of the clinical instructor, failure of the course may result.

STUDENT PERFORMANCE ASSESSMENT METHODS AND GRADING PROCEDURES:

1. Weekly scrub evaluations and weekly objective review of the student by clinical instructor using the Spring Clinical Evaluation Form & the appropriate Weekly Objective Form.
2. Required written work for each assigned case due upon arrival at the scheduled clinical site (pre-operative sections of Case Study Forms) – maximum of two required per clinical day
3. Scrub Role Duty Form updated *daily*
4. Procedure Log updated *daily*
5. **Students required to e-mail Linda Strelnik each Friday evening, no later than 8pm with a list of 1st and 2nd scrubbed cases from the week & what specialty they were logged under on the Procedure Log.**
6. Clinical Evaluation signed by student with their comments, critique, & goals.
7. Required work submitted by the following Monday in Butte, and by arrangement in Billings.

Clinical Evaluations of student performance by instructor: 80%

Completed written work to include:

- a. *Completed* Case Study Forms
 - b. *Completed* Scrub Role Duties Form
 - c. *Completed* Procedure Log
 - d. *Completed* Clinical Evaluation 15%
- Professionalism Grade 5%

Scrub Role Duty points and Procedure Log points will be added to the Case Studies for that week. Graded Case Studies will be averaged for 15% of the final grade.

The complete Clinical Evaluation will comprise 80% of the final grade. A Professionalism grade will be 5% of the overall and weekly grade. **Students must maintain an 80% average in the Case Studies, the Professionalism Grade and**

the Weekly Clinical Evaluations, and successfully fulfill all Weekly Objectives in order to pass this course.

There will be a 1% reduction of the final grade average for each absence or tardy occurrence. Approximately 3 case studies from each week will be graded.

An individual evaluation will be conducted at the conclusion of this course with the clinical instructors.

A grade = 93-100%

B grade = 86-92%

C grade = 80-85%

A final percentage of less than 80% in either the Written Work or Scrub Evaluations will result in the failure of the course.

In addition, no student is permitted in any clinical site at any time other than their scheduled time printed on their AHST 251 Surgical II Clinical Schedule. Students who gain access to the clinical sites at other than scheduled times will be dismissed from the program.

Any student consistently & repeatedly demonstrating unsafe clinical practice or compromising patient/staff safety will be removed from the clinical setting *and* at the discretion of the clinical instructor, failure of the course may result. This includes students who repeatedly break aseptic technique and show a lack of awareness for the sterile boundaries.

CORE CURRICULUM FOR SURGICAL TECHNOLOGY, 6th edition

SURGICAL ROTATION CASE REQUIREMENTS

Goal Statement: The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist. As stated in CAAHEP Standard II. Program Goals, C. Minimum Expectations:

“To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Objectives:

I. The surgical technology program is required to verify through the surgical rotation documentation the students’ progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.

A. While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.

B. No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.

II. Students must complete a minimum of 120 cases as delineated below.

A. General Surgery cases

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

B. Specialty cases

1. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either the First or Second Scrub Role.

a. A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a **minimum of four** surgical specialties.

(1) A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of **four** surgical specialties (40 cases total required).

(2) The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.

b. The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role.

C. Optional surgical specialties

1. Diagnostic endoscopy cases and vaginal delivery cases are **not** mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.

a. Diagnostic endoscopy cases **must** be documented in the category of “Diagnostic Endoscopy”, rather than by specialty.

b. Vaginal delivery cases **must** be documented in the category of “Labor & Delivery” rather than in the OB/GYN specialty.

D. Case experience in the Second Scrub Role is **not** mandatory.

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

F. Counting cases

1. Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to II. C.1.a. above).

2.Examples of counting cases

a. 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.

b. 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.

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

Surgical Category	Total # of Cases Required	Minimum # of First Scrub Cases Required	Additional first or second scrub role cases that can be applied towards minimum of 120
General Surgery	30	20	10
Surgical Specialties:	90	60	30
<input type="checkbox"/> Cardiothoracic			
<input type="checkbox"/> ENT			
<input type="checkbox"/> Eye			
<input type="checkbox"/> GU			
<input type="checkbox"/> Neuro			
<input type="checkbox"/> Ob-Gyn			
<input type="checkbox"/> Oral/Maxillofacial			
<input type="checkbox"/> Orthopedics			
<input type="checkbox"/> Peripheral vascular			
<input type="checkbox"/> Plastics			
Optional:			
Diagnostic Endoscopy:		10 diagnostic endoscopy cases may be applied only toward the Second Scrub Role cases.	
<input type="checkbox"/> Bronchoscopy		<input type="checkbox"/> Refer to Objective II. C.	
<input type="checkbox"/> Colonoscopy			
<input type="checkbox"/> Cystoscopy			
<input type="checkbox"/> EGD			
<input type="checkbox"/> ERCP			
<input type="checkbox"/> Esophagoscopy			
<input type="checkbox"/> Laryngoscopy			
<input type="checkbox"/> Panendoscopy			
<input type="checkbox"/> Ureteroscopy			
Optional:			
Labor & Delivery		5 vaginal delivery cases may be applied only toward the Second Scrub Role cases.	
		<input type="checkbox"/> Refer to Objective II. C.	
Totals	120	80	40

Surgical Technology Program

FIRST AND SECOND SCRUB ROLES AND OBSERVATION

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.

1. Verify supplies and equipment needed for the surgical procedure.
2. Set up the sterile field with instruments, supplies, equipment, medications(s) and solutions needed for the procedure.
3. Perform counts with the circulator prior to the procedure and before the incision is closed.
4. Pass instruments and supplies to the sterile surgical team members during the procedure.
5. 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.

COURSE OUTLINE:

It is realized that surgical schedules and student opportunities will vary. However, it is a course goal to have student gain experience in the following areas:

1. Peripheral Vascular
2. Cardiothoracic
3. Genitourinary
4. Ophthalmic
5. Neurologic
6. Plastic and Maxillofacial
7. Major General Cases

REQUIREMENTS:

All required immunizations/exams must be completed and up to date with verification on file prior to a student's admission to the clinical area. The requirements are as follows:

1. Current CPR for the Health Care Provider
2. Baseline Retinal Exam
3. PPD for Tuberculosis (current)
4. Proof of Health Insurance
5. MMR, Tdap, Flu
6. Hepatitis B Series (HBV) & titre
7. Background check as required by hospital facilities.

ATTENDANCE POLICY;

- ❖ Punctual clinical attendance is mandatory. It is impossible to make up clinical experiences. Therefore, at the instructor's discretion, a 1% grade deduction for each absence or late arrival may be subtracted from the final grade.
- ❖ No changes in the clinical schedule will be accepted without prior instructor approval.

- ❖ Repeated absences or tardiness may result in the failure of course AHST 251. Instructor discretion will determine if the student is meeting course objectives.
- ❖ Both your instructor and clinical site must be notified at least 30 minutes prior to the start of your assigned shift in the event of an absence or tardiness.

Students are encouraged to meet with their instructor if he/she is having difficulty meeting the attendance requirements in the clinical rotation. A written medical excuse/release is required for each clinical day missed. In the case of an ill child, a written medical excuse is encouraged. Job interviews, appointments, car repairs, etc. are not acceptable reasons to miss clinical time.

OTHER POLICY:

Preliminary assigned Case Study research is due at the beginning of each clinical day for those cases that were assigned to be scrubbed. Students who have not completed the required pre-op work for assigned cases will have a reduction from their Professionalism grade and also a 10% reduction from the final grade of that particular case study.

Completed Case Studies, along with the Scrub Role Duties Form, any experience essays, and completed Clinical Evaluation Form are due by arrangement for the online students. Case Study folders turned in late will receive a reduction in the Professionalism grade.

Qualified students with disabilities may receive accommodations in this course if possible. Please speak with me in my office and be prepared to provide a letter from your DSS Coordinator.

SUPPLIES:

1. Protective Eyewear
2. Shoes dedicated to surgery
3. Hospital ID Badge
4. Large 3-ringed binder (3") with divided sections for each week
5. Small spiral notebook/pen for taking notes

ATTIRE AND HYGIENE:

Students are to arrive at the clinical site in appropriate attire. Sloppy or inappropriate dress will be grounds for dismissal from the clinical site that day, which will result in an absence. Proper surgical attire must be worn by all students. The scrub clothing is hospital property and must remain at the facility for proper laundering. Proper attire will include:

1. Disposable surgical hat
2. Scrub top
3. Scrub pants
4. Hospital ID Badge
5. Shoes designated for the OR only
6. Shoe covers (optional)
7. Protective eyewear

Avoid wearing jewelry in the OR. Two pierced earrings (small) per ear are allowed, but not recommended. No earrings that dangle will be permitted. NO other visual piercings are permitted. Any visible tattoos must be covered with clothing or make-up.

Bathe daily and wear deodorant or antiperspirant. Do not use products that are perfumed, as these may be offensive to patients or others around you. Fragrances such as perfumes, colognes or aftershave lotions may not be worn. Males must be clean shaven during the clinical rotation, or facial hair must be covered with a hood. Nail polish or acrylic nails are not permitted in the OR. Nails should be kept short and clean.

STANDARD PRECAUTIONS:

Students are expected to adhere to Standard Precautions at all times during their clinical experience. All students will wear two pair of gloves, and protective eyewear for all cases. In the event that a student is not following Standard Precautions, the student, at the discretion of the instructor may be sent home and given an unexcused absence for the day.

Any student experiencing a blood-borne pathogen exposure should immediately report their clinical instructor and follow up will be done with the Infection Control Personnel at the appropriate hospital. Billings students will report to the Occupational Health Department of their clinical site. Students will be liable for the cost of baseline testing and any follow-up treatments.

BREAKS:

Breaks may be taken at a time when the care of the patient is not interrupted. During the 8 hour shift, you are entitled to two 15 minute breaks and a 30 minute lunch break. You may be asked to take your break out of the surgical department or in the cafeteria. Staff lounges need to be available for hospital personnel. Please make sure that the staff member with whom you are working is aware that you are leaving for a break, and that it is an appropriate time in regard to patient care and room flow.

Also be aware that you must remain on the hospital campus during breaks. All clinical sites are non-smoking facilities, and you may not smoke on the campus.

HOSPITAL POLICY AND PROCEDURES;

Policy and procedures vary from facility to facility. Students must abide by the policies and procedures of a particular clinical site. Become familiar with the location of the manuals at each facility that you visit. When you have free time, please feel free to peruse these manuals for valuable detailed information.

CONFIDENTIALITY:

Patient confidentiality is essential at all times. Any student who discusses patients, cases, or hospital information outside critical information needed for a specific case, or in a public area will be dismissed from the program. This policy is taken very seriously and there is zero tolerance for breaches in confidentiality!

PARKING:

When parking at a clinical site as a student, you will need to park in designated areas. You will be advised by your clinical instructors on where to park.

REQUIRED TEXTBOOKS:

Instrumentation for the OR

Author: Brooks

Publisher: Mosby

Surgical Technology for the Surgical Technologist
AST/Delmar

Alexander's Surgical Procedures
Author: Rothrock/Alexander
Publisher: Mosby

Surgical Instruments: A Pocket Guide
Author: Wells, Bradley
Publisher: Saunders

Pathology for Health-Related Professions 4th Edition
Author: Ivan Damjanov
Publisher: Saunders

Pocket Guide to the Operation Room
Author: Damjanov
Publisher: Saunders

Surgical Technology Principles and Practice
Author: Fuller

Surgical Technology Principles and Practice Study Guide
Author: Fuller

Please remember as students you are guests of the clinical sites. Avoid visiting in large groups, as this can create traffic barriers and distractions. Always keep noise to a minimum and do not create extra work for the staff. If you remove something, replace it when finished. Be courteous and take the time each day to thank those on your team for their guidance and assistance.

STUDENTS ARE TO BE FAMILIAR WITH AND FOLLOW THE UNIVERSITY OF MONTANA STUDENT CONDUCT CODE AND THE STUDENT CONDUCT CODE FOR SURGICAL TECHNOLOGY. STUDENTS ARE TO CONDUCT THEMSELVES IN A MATURE, PROFESSIONAL MANNER AT ALL TIMES. PLAGIARISM, COPYING OF ANY SECTIONS OF THE CASE STUDY FORM FROM ANOTHER STUDENT OR MISREPRESENTATION OF CASES PARTICIPATED IN WILL RESULT IN FAILURE OF THIS COURSE.

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University. All students need to be familiar with the Student Conduct Code. The Code is available for review online at <http://www.umt.edu/SA/VPSA/index.cfm/page/1321>.

SYLLABUS ACKNOWLEDGEMENT
AHST 251
Surgical Clinical II

I have read the entire course syllabus and packet material for AHST 251 Surgical Clinical II. I understand the course content, course requirements, necessary written assignments, grading scale, professionalism grade, and attendance policy.
I agree to follow the University of Montana Student Conduct Code and Surgical Technology Conduct Code.

Printed Name: _____

Signature: _____

Date: _____

Billings Students return to Nicole Rogers-Norton, course instructor no later than January 25, 2016

Butte Students return to Linda Strelnek, course instructor no later than January 25, 2016.