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AHST 250.02: Surgical Clinical I/Butte

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MISSOULA COLLEGE UM
SURGICAL TECHNOLOGY

COURSE SYLLABUS
Fall 2018

COURSE NUMBER AND TITLE: AHST 250 SURGICAL CLINICAL I

COURSE DEVELOPED BY: Katie Geiger

CREDITS: 4

PREREQUISITES: AHST 100, AHST 115, AHST AH154, AHST 215, and concurrent enrollment in AHST 200 and AHST 201. Students who are out of sequence will be required to reapply to the program and repeat AHST 115 and AHST 215 before entering the clinical area. Returning students will be handled on a case by case basis.

INSTRUCTOR NAME: Katie Geiger, CSFA CST BS

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Adjunct Faculty

Morgan Gilkey, CST

Nicole Rogers-Norton, CST BS (Billings)

Wendy Frank (Billings)

Megan Arntson, CST (Butte)

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	CMC Surgery Desk	406.327.4224
	St James Surgery	406.723.2676
	St Vincent Hospital	406.237.4400
	Billings Clinic	406.657.4165
	Yellowstone Surgery	406.237.5905

OFFICE LOCATION: Missoula College, 307

OFFICE HOURS: By appointment

RELATIONSHIP TO PROGRAM:

Upon completion of this introductory clinical course, the student will be able to demonstrate proficient surgical technologist skills which enable them to perform safely and efficiently in the first scrub role during minor procedures and matriculate to more complex skills and concepts.

COURSE DESCRIPTION:

This course is a supervised clinical experience in local hospital surgical settings focusing on gaining surgical technologist experience on minor surgical procedures and fulfilling the weekly objectives.

BEHAVIOR EXPECTATIONS:

Clinical rotations are a reflection of not only yourself to a facility, but of the program as well. Proper workforce behavior is expected and required.

This includes, but is not limited to:

- Attending assigned days, locations, and times without fail.
- No gossip, professional discussions only, you are a guest.
- Do not ask to switch clinical locations, this can be viewed as rude as these locations have made time and effort to host you.
- Under no circumstances are controlled substances allowed. The use of controlled substances can result in an immediate dismissal from the program.

STUDENT PERFORMANCE OUTCOMES:

The desired outcome for the learner is to demonstrate clinical proficiency to an employment-acceptable level in minor surgical procedures. The learner is not expected to be clinically proficient in the more complex procedures. Emphasis will be on the surgical technologist role, but the learner will also have experience with the patient care role and the second assistant circulator role.

Upon completion of AHST 250, the student will be able to:

1. Progress from the second scrub role on minor procedures to the first scrub role on minor procedures in a variety of specialty areas.
2. Progress from observation to second circulating on minor procedures (in accordance with hospital policy regarding circulating personnel).

3. Demonstrate proficiency, efficiency, aseptic technique, and safety in the first scrub role during a minor procedure.
4. Document supervised circulating and scrubbing clinical experiences in minor surgical areas using the Clinical Procedure Log and the Scrub Role Duty Form.
5. Critique each clinical performance objectively and realistically. Complete the required Case Study Forms.
6. Demonstrate thorough understanding and application of aseptic technique and a strong surgical conscience.
7. Accomplish the Weekly Objectives satisfactorily
8. Meet the benchmark of 12 cases first scrubbed.

Information from Surgical Technology Core Curriculum, 6e, page 175. **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
☒ Cardiothoracic			
☒ ENT			
☒ Eye			
☒ GU			
☒ Neuro			
☒ Ob-Gyn			
☒ Oral/Maxillofacial			
☒ Orthopedics			
☒ Peripheral vascular			
☒ Plastics			
Optional:			
Diagnostic Endoscopy:			
☒ Bronchoscopy			
☒ Colonoscopy			
☒ Cystoscopy			
☒ EGD			
☒ ERCP			
☒ Esophagoscopy			
☒ Laryngoscopy			
☒ Panendoscopy			
☒ Ureteroscopy			

10 diagnostic endoscopy cases may be applied **only** toward the Second Scrub Role cases.
 ☒ Refer to Objective II. C.

Optional:
Labor & Delivery

5 vaginal delivery cases may be applied **only**
toward the Second Scrub Role cases.
☒ Refer to Objective II. C.

Totals	120	80	40
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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.

STUDENT PERFORMANCE ASSESSMENT METHODS AND GRADING PROCEDURE:

1. Weekly evaluations by clinical instructor of student using the Fall Clinical Evaluation Form or Circulating Clinical Competency Performance Evaluation and instructor/staff observation of supervised clinical practice with an oral evaluation.
2. Satisfactory completion/check off of the Weekly Objectives. Failure to satisfactorily meet the required Weekly Objectives may result in failure of the course.
3. Procedure performance checklist by staff in various areas adjacent to operating room
 - a. Scheduling Desk (if applicable)
 - b. Surgery Core-Evaluation form
 - c. Endoscopy-Experience paper due for this rotation & evaluation form
 - d. Central Processing Department
4. Required written work for each assigned case due upon arrival at the scheduled clinical site (pre-operative sections of the Case Study Forms)
5. If a student has not completed the pre-operative portions of the case study forms upon arrival at the clinical site for the day, they may be sent home at the discretion of the instructor, and also receive a 5% deduction of the grade on their Clinical Evaluation Form for that week, & a deduction from the Professionalism grade.
6. **Students required to send a list of all scrubbed cases each week electronically to Jill Davis no later than each Friday @ 7pm. Note if 1st or 2nd scrub.**
7. Required written work for each assigned case due by the following Monday at 0800. (completed Case Study Forms, Scrub Role Duty Form & Fall Clinical Evaluation) Online students will arrange a time to submit work to their clinical instructor.
8. There is a maximum of two Case Study Forms per clinical day required (correct format must be used).
9. **Daily** updates of Scrub Role Duty Form and Clinical Procedure Log
10. A Case Study Form and Prep Diagram are posted on Moodle. Please make copies from this blank form for those that you need.

Weekly Clinical Evaluation/performance by instructor/ Professionalism Grade 80%
Completed written work to include: 20%

- a. Case Study Forms
- b. Scrub Role Verification Form
- c. Clinical Procedure Log
- d. Completed Scrub Evaluation
- e. Completed Weekly Objective Form

Professionalism Grade

Students must maintain an average of 80% or above on the Weekly Clinical Evaluations, AND an average of 80% or above in the graded Case Studies in order to pass this course.

There may be a one percent reduction from the final grade average for each absence and/or tardy occurrence.

Each completed Case Study has a point total of 230 points. Approximately 2 or 3 Case Studies from each week will be graded.

A Grade = 93-100%

B Grade = 86-92%

C Grade = 80-85%

Any final averaged score less than 80% will result in failure of the course, or an average of less than 80% on the Weekly Clinical Evaluations OR 80% average in the Case Studies 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. This includes students who repeatedly break aseptic technique and show a lack of awareness for the sterile boundaries.

A final evaluation will be conducted at the conclusion of the clinical rotation during final week. Evaluations will be conducted during an individual meeting with your clinical instructors. Scheduling for this evaluation will be announced.

COURSE OUTLINE:

Case observation records (Scrub Role Duty Forms and Clinical Procedure Log) must be completed for all procedures with emphasis on the following specialties:

1. General Surgery-Minor Procedures
2. Endoscopic/Diagnostic Procedures
3. Gastro-Intestinal/Rectal Procedures
4. Otorhinolaryngologic Procedures
5. Orthopedic Procedures
6. Laser Procedures and Radiation Safety
7. Obstetric/Gynecologic Procedures

REQUIREMENTS:

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

1. CPR for the Health Care Provider
2. Baseline Retinal Exam
3. PPD for Tuberculosis-two tests
4. Proof of Health Insurance
5. Hepatitis B Series (HBV) and titer
6. MMR if born after 1956
7. Tdap
8. Background check as required by clinical facilities
 - a. Any discrepancy noted in the Background check may be a reason to exclude a student from the clinical sites. Students unable to enter the clinical sites may not continue in the program.
9. Flu vaccination and proof of Tdap vaccination
10. Signed Confidentiality Statements for each hospital.
11. Completion of specific hospital orientation

DAILY CASE ASSIGNMENTS:

The clinical instructors will design the clinical schedules and assignments. During AHST 250 Surgical Clinical I, the student will be in the clinical setting three days per week for a six hour shift each day. Missoula students will be in the clinical setting on Wednesday, Thursday, and Friday. The day shift schedule at St. Patrick Hospital and Community Medical Center will be from 0630-1230. There may be an afternoon shift at SPH from 1100-1700. Students in the Endoscopy Department or working with an HCA will work from 0800-1400.

During these clinical hours, students will be assigned a specific "line" of cases. The student will work with a CST and other team members with the same assignment. The exception to this is when a student is assigned to work in the CORE, ENDO, or with an HCA or CNA.

Clinical days and times for Butte and Billings students will be arranged with their instructor.

Specific student assignments will be made a day in advance when possible. This will allow the student time to research and prepare for each case. It is the student's responsibility to obtain their next day's assignment prior to leaving the clinical site. The location of the posted clinical assignments will be determined on the first clinical day.

ATTENDANCE POLICY:

It is impossible to make up clinical experiences. Therefore, **repeated absences or tardiness may result in failure of course AHST 250.** Instructor discretion will determine if the student is meeting course objectives.

Both your instructor and scheduled clinical site must be notified 30 minutes prior to the start of each scheduled clinical shift in the event of an absence or tardiness.

A written medical excuse is required for each clinical day missed for illness. In the case of an ill child, a written medical excuse is encouraged. A job interview, work, routine doctor appointment, car repairs, etc. are NOT acceptable reasons to miss clinical time.

The student is encouraged to meet with instructors if he/she is having problems meeting the requirements of attendance in the clinical rotation. It is understood that emergencies arise in people's lives; situations will be approached on a one to one basis in order to best meet the needs of the student and the program. Attendance and punctuality are factors in your clinical evaluation. Communication is of the utmost importance if the student is having difficulties in meeting the clinical objective in regard to attendance or punctuality.

ATTIRE AND HYGIENE:

Students are to arrive at the hospital wearing appropriate attire. Sloppy or inappropriate dress will be grounds for dismissal from the clinical site that day, which will be treated like 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. Attire will include:

1. Disposable surgical hat-please do not wear the cloth hats that may be available.
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 are allowed. **NO** other visual piercings are permitted. If there are any questions regarding this policy, please see your instructor. Specific facilities may have policies regarding visible tattoos.

Bathe daily and wear deodorant or antiperspirant. Do not use products that are perfumed, as these can be offensive to patients or others around you. Fragrances such as perfumes, colognes, or shaving lotions may not be worn. Men must be clean shaven during the clinical rotation, or cover facial hair with a hood.

Nail polish or acrylic nails are not allowed 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 pairs of gloves, (double glove) 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 incident should immediately report to the clinical instructor. **Missoula students must go to Curry Health Center.** Online students in Butte will then report to the ER of St James 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 your patient is not interrupted. During a six hour shift, you are entitled to one 15 minute 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. The hospitals are non-smoking facilities.

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 patient information, cases or hospital information in a public place, or in any way violates HIPPA, will be dismissed from the program. This policy is taken very seriously and there is zero tolerance for breaks in confidentiality!

PARKING:

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

At SPH, you may park on the streets in the vicinity of the hospital. DO NOT park in the lots designated for employees, the parking garage, or the hospital parking lot. If you park in the Safeway lot, you will be towed. At CMC, you may park in any of the lots designated for employees, which in the front of the hospital are south of the grass island.

REQUIRED TEXTBOOKS:Surgical Technology Principles and Practice

Author: Fuller
Publisher: Saunders

Surgical Technology Principles and Practice Workbook

Author: Fuller
Publisher: Saunders

Surgical Technology for the Surgical Technologist

5th Edition
AST

Instrumentation for the Operating Room (Optional)

Author: Brooks
Publisher: Mosby

Instrument Pocket Guide (Optional)

Author: Wells
Publisher: Saunders

Pocket Guide to the Operating Room

Author: Goldman
Publisher: Davis

SUGGESTED REFERENCE MATERIALS:

Subscription to the Association of Surgical Technologists (AST) publication.

SUPPLIES:

1. Protective eyewear
2. Comfortable shoes for surgery only
3. Student nametag/Hospital ID Badge
4. Large three ring binder (3") with divided sections

5. Small spiral notebook/pen

CONDUCT:

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>

Remember that students are guests of the clinical sites. Avoid visiting in large groups, as this can create traffic barriers and distractions. Keep noise to a bare minimum. 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 will demonstrate a safe level of practice and knowledge of surgical techniques at all times, or will be removed from the clinical setting. If a student’s performance, written assignments or clinical practice prove to be unsatisfactory, a student contract will be completed. Patient safety and care is of the utmost importance and will not be compromised.

Syllabus Acknowledgement
AHST 250
Surgical Clinical I

I have read the course syllabus and packet material for AHST 250 Surgical Clinical I. I understand the course content, course requirements, necessary written work, grading scale, professionalism grade, Student Conduct Code and attendance policy.

Name: _____

Signature: _____

Date: _____

Missoula Students, please digitally submit to Katie Geiger on or no later than October 27, 2018.