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AHST 298.71: Surgical Internship / Missoula

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**MISSOULA COLLEGE UM
SURGICAL TECHNOLOGY DEPARTMENT**

COURSE SYLLABUS

COURSE NUMBER AND TITLE: AHST 298 SURGICAL INTERNSHIP

DATE REVISED: Spring 2015

SEMESTER CREDITS: 5

CONTACT HOURS PER SEMESTER: 200 plus call

CLINICAL HOURS PER WEEK: 40 plus call

PREREQUISITE COURSES:

All Surgical Technology first and second semester courses must be completed prior to AHST 298. Students who become out of sequence will be require to reapply to the program and repeat AHST 115, AHST 215, AHST 250 and AHST 251. Each case may be handled on a case by case basis. Refer to The University of Montana catalog.

INSTRUCTOR: Linda Strelnik CST/CSFA BS
Clinical Coordinator
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(406) 360-2503
Office: COT Admin. Bldg
Office Hours: By appointment

Butte: Linda Strelnik, CST/CSFA BS
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406 690-4965

COURSE DESCRIPTION:

This course is an internship offered during the final semester of study. A student is assigned a preceptor for each clinical experience. This internship is designed to increase the student's competencies as first scrub on minor and major procedures and assistant circulator on minor and selected major cases preparing them for initial employment while increasing occupational awareness and promoting professionalism. Students are also required to take call for emergency surgeries alongside experienced hospital staff.

COURSE GOALS:

The learner will possess entry level skills as a first scrub and a second circulator on minor and major procedures in preparation for employment. The Internship is designed to increase the student's self-confidence and over-all performance as a Surgical Technologist.

STUDENT PERFORMANCE OUTCOMES:

Upon completion of AHST 298, the student will:

1. Possess entry-level minor and major scrub and assisting circulator skills in preparation for employment.
2. Possess increased organizational and decision making skills by way of increased responsibilities as first scrub and assistant circulator on more complex major procedures.
3. Possess mature and professional demeanor in handling constructive criticism and the stress of the OR.
4. Possess strong surgical conscience.
5. Possess ability to work as a member of a team by demonstrating courtesy and tact when dealing with patients, instructors, preceptors, and other health team members.
6. Possess "patient first" attitude in all areas of the surgical technology profession.

METHODS OF INSTRUCTION:

1. Students are placed in clinical satellite areas throughout Montana in an attempt to satisfy course goals and the student goals for employment. Students seeking the opportunity to complete a portion of AHST 298 Surgical Internship in a facility other than the hospitals which were used for clinical rotations during AHST 251 Surgical Clinical II may be required to complete an interview process with the desired facility and/or have demonstrated exceptional clinical skills, application of strong surgical conscience and aseptic technique, and a strong work ethic, as evidenced by a Scrub Evaluation average score of 90% or greater in AHST 251.
2. Students are scheduled for a 40-hour week. Shifts may vary depending on preceptor assignment. In addition, students are expected to participate in emergency call rotation of approximately one night a week and one weekend during the internship.
3. Students are assigned a preceptor to guide them toward course goals and act as a liaison between clinical coordinator and student.
4. Students are required to write 12 new cases studies during Internship for cases that they have scrubbed on and have not participated in prior to Internship. Two per week.

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: | | | |
| <input type="checkbox"/> Bronchoscopy | | | |
| <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 | | | |
| | | | 10 diagnostic endoscopy cases may be applied only toward the Second Scrub Role cases. <input type="checkbox"/> Refer to Objective II. C. |
| | | | 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.

STUDENT PERFORMANCE OUTCOME ASSESSMENT METHODS AND GRADING PROCEDURES:

- | | | |
|----|--|-------|
| 1. | Weekly evaluation of student by preceptor, supervisor and/or campus clinical educator. | 70% |
| 2. | Professionalism Grade | 5% |
| 3. | Clinical case study for 12 new cases to include: | |
| a. | Clinical Log Form: "Scrub Role Duties Form" | |
| b. | Clinical Record of Cases Performed: Procedure Log | 25% |
| | | <hr/> |
| | Total | 100% |
1. Students will also be required to complete a self evaluation twice during the internship period. One evaluation will be during the second week and one during the fourth week of the internship.
 2. **Students must maintain an average of 80% or greater on their case studies AND on their Weekly Clinical Evaluations in order to pass this course.**
 3. **Students must e-mail a list of all scrubbed cases to Linda Strelnik each Friday, by 8 pm. Please include if 1st or 2nd scrubbed.**

Missoula student notebooks will be due in my office on **Monday, May 11, of final week by 10:00am**. There is a 10% deduction on the overall grade for each day late. Outreach students will be by arrangement

Final evaluations will be determined by your campus clinical educator.

GRADING SCALE:

A grade = 93-100%

B grade = 86-92%

C grade = 80-85%

Any percentage less than 80 will receive F grade.

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.

In addition, no student is permitted in any clinical site at any time other than their scheduled time printed on their AHST 298 Surgical Internship Schedule or Call Schedule. Students who gain access to the clinical sites at other than scheduled times will be dismissed from the program.

ATTENDANCE POLICY:

Internship attendance is mandatory since it is impossible to make up clinical experiences. Therefore, 1% deduction for each absence will be deducted from the final grade. Instructor discretion and preceptor input will determine if student is meeting course goals. No changes in clinical schedules or call schedules will be accepted without prior instructor approval.

If you must be absent, you must contact the clinical site at least 30 to 45 minutes prior to the start of your shift. This allows for staffing alterations as needed. **Also**, you must contact your instructor via phone. This must also be accomplished 30 to 45 minutes before the beginning of your assigned shift. Failure to notify both will result in an additional 1% reduction in your overall grade. Chronic car problems, finances, jobs, or job interviews are not valid excuses for missing a clinical day.

Tardiness will not be tolerated. If you find that you will be tardy, it is considered your professional obligation to notify the facility of your lateness and when they might expect you. Under the discretion of the instructor, a 1% deduction may be implemented for tardiness.

A written excuse may be requested for missed clinical days. If a student is absent for two consecutive days, a written medical excuse is required.

CLINICAL SITE PHONE NUMBERS:

The student is responsible for obtaining necessary clinical phone numbers to report illness/emergency.

OTHER POLICY:

Preliminary assigned case study research is due at the beginning of each clinical day for those cases to be scrubbed and used as part of the 12 new case studies. Students will receive a "0" for each missing or incomplete case study.

It is imperative that the student come to the clinical day prepared. In cases assigned that are unfamiliar or complicated, the student is expected to have prepared the night before the case.

Completed case studies may be reviewed by the preceptor and/or instructor. Completed case studies must be kept in the student's internship notebook and will be reviewed at least once a week by the clinical instructor. Notebooks are to be taken to the clinical area each day. Case studies from the previous week are to be complete by the following Monday morning and in the proper area of the notebook.

If it is determined by the preceptor or the instructor that the student is not prepared for the case, the student, under the discretion of the preceptor or instructor, may be sent home. In those cases, the student will receive a 20% reduction in the professionalism grade for the day.

IMMUNIZATIONS:

All required immunizations/exams must be completed and placed in the student file prior to the beginning of internship. These immunizations include:

1. HBV: A series of three plus a titre must have been completed
2. TB testing: documentation must be received
3. CPR for Health Care Providers
4. Baseline Eye Exam
5. University Immunization Requirements/Flu shot, Tdap, MMR, Varicella
6. Personal Health Insurance

ATTIRE AND HYGIENE:

Students are to arrive at their internship sites in appropriate attire. Sloppy or inappropriate dress will be grounds for dismissal from the clinical site.

Surgical attire will be worn by all students. The scrub attire must remain the property of the hospital and are laundered in their facility. Attire is to include:

1. Disposable hat
2. Scrub top
3. Scrub pants
4. Name tag identifying you as a student from the College of Technology
5. Shoes for the OR only, or covered with shoe covers
6. Protective eyewear

Avoid wearing jewelry. Only two pierced earrings per ear are allowed, and they must be post earrings. Perfumes are not permitted in the OR. Nail polish or acrylic nails are not allowed according to AORN Standards. Nails must be kept short and clean. Men must be clean-shaven or wear a hood to cover their beard. Visible tattoos must be covered according to hospital policy. No other piercings must be visible. Hospital or facility policy must be followed.

STANDARD PRECAUTIONS:

Students will adhere to Standard Precautions at all times during their internship. All students are to double glove and wear protective eyewear. Without this protective attire, the student will not be allowed to participate in the clinical area as a surgical technologist in the scrub role.

Any student experiencing a blood borne pathogen exposure should immediately report to the clinical instructor/preceptor with a subsequent visit to the Curry Health Center if in Missoula. In cases of exposure in satellite sites, please contact the instructor/ surgical charge nurse for further instruction. Students will be liable for the cost of baseline testing and any follow-up treatments.

BREAKS:

As internship students, breaks are handled in the same manner as for the staff. Breaks are taken at convenient times to reduce interruption of patient care. In an eight hour shift, you are entitled to two 15 minute breaks and one 30 minute lunch break. You are encouraged to eat your lunch away from the unit—this will depend on the facility. If you are working a 12 hour shift, you are entitled to three 15 minute breaks, and one 30 minute lunch break.

CONFIDENTIALITY:

Patient confidentiality is essential at all times. Breach in patient confidentiality is subject to immediate dismissal from the program. Breach in confidentiality is a serious offense and will not be taken lightly. Do not remove surgery schedules from the department and only discuss patient issues with appropriate personnel and in appropriate locations.

BACK GROUND CHECKS:

Students *may* be required to provide a Criminal Back Ground Check to certain Internship facilities prior to starting any clinical rotations. Any costs incurred will be the responsibility of the student. One web site to obtain an acceptable back ground check is:
www.mybackgroundcheck.com

CONDUCT:

Students will conduct themselves as mature, competent, professionals at all times in the work place. Avoid visiting in groups, especially around the surgery desk. Try to find things to help out within the unit if the schedule is light. Assist the staff by demonstrating teamwork and initiative. Remember you are a guest in your clinical facilities. They are looking at you as a potential employee, and teamwork is essential to the success of the surgical experience for the patient. ***Aeger Primo! Patient First!***

ACADEMIC HONESTY:

Students must practice academic honesty. Academic misconduct is subject to and academic penalty by the course instructor and/or disciplinary sanction by the University of Montana. All students must 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>.

Academic misconduct is defined as all forms of academic dishonesty, including but not limited to:

1. Plagiarism
2. Misconduct during and exam or academic exercise
3. Unauthorized possession of an exam or other course materials
4. Tampering with course materials
5. Submitting false information
6. Submitting work previously presented in another course
7. Facilitating academic dishonesty
8. Altering academically related documents

REQUIRED TEXTBOOKS:

Pathology for Health-Related Professions

Author: Ivan Damjanov
Publisher: Saunders

Alexander's Surgical Procedures

Author: Rothrock/Alexander
Publisher: Mosby

Surgical Technology for the Surgical Technologist
AST

Surgical Technology Principles and Practice

Author: Fuller

Instrumentation for the OR

Author: Brooks
Publisher: Mosby

Pocket Guide to the Operating Room

Author: Damjanov
Publishr: Saunders

Surgical Instruments: A Pocket Guide

Author: Wells, Bradley

Publisher: Saunders

Pharmacology for the Surgical Technologist

Author: Snyder/Keegan Publisher: Saunders

Syllabus: AHST 298 SURGICAL INTERNSHIP

Please read and sign the following:

I have read the course syllabus and material for **AHST 298 SURGICAL INTERNSHIP**. I am aware of the course content, requirements, necessary written work, grading scale and attendance policy. I have had an opportunity to ask questions and have them answered. Please submit this signed form or email this statement of understanding, to Linda Strelnik, Clinical Coordinator, by **March 20, 2015 by 4:00pm**. This form will be placed in your student file.

Name: _____

Signature: _____

Date: _____