

**HOUSTON COMMUNITY COLLEGE SYSTEM
COLEMAN CAMPUS
SURGICAL TECHNOLOGY PROGRAM
SRGT 1361 CLINICAL-SURGICAL TECHNOLOGY/TECHNOLOGIST
CRN# 77174, 77227, 77228, 77229 & 77230 – Fall 2015
Various Hospital Locations | 6:30a-3 :00p | Fridays
3 Hour Clinical Course/ 8 hours per week | 16 weeks**

Instructors:

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1900 Pressler Suite 426
Office Hours by Appointment only

COURSE DESCRIPTION

A health-related work-based learning experience that enables the student to apply specialized occupational theory, skills, and concepts. Direct supervision is provided by the clinical professional.

PREREQUISITES:

SRGT 1405 or concurrently enrolled in it
SRGT 1409 or concurrently enrolled in it
HITT 1205/1206 or concurrently enrolled
in it
SCIT 1407 or concurrently enrolled in it

PURPOSE AND RATIONALE

The purpose of this course is to allow the learner to apply surgical skills to actual surgical setting by orienting with a circulatory and first or second scrub with a clinical instructor assigned at the institution. The learner will view surgical procedures and perform in adjunct areas in surgery. The learner can see the roles of the surgical technologist/scrubbed surgical team. This rotation will begin with dome observations. This allows the learner to see the sterile field boundaries and responsibilities of the surgical team. This should assist in eliminating the new member contaminating the field.

Assignment in Central Processing area allows the learner to assemble, wrap, sterilize, store instruments/sets and apply the process of decontamination learned in class. The learner is assigned to an attendant in holding area where communication skills are utilized with the patient, family, and surgical team, transporting the patient with the staff person, learn how to clean the surgical room between cases. The class will meet weekly to discuss clinical rotation. The learner will have an opportunity to ask questions about the clinical rotation and practice job tasks.

LEARNING OUTCOMES

As outlined in the learning plan, Apply the theory, concepts, and skills involving specialized materials, tools, equipment, procedures, regulations, laws, and interactions within and among political, economic, environmental, social, and legal systems associated with the occupation and the business/industry and will demonstrate legal and ethical behavior, safety practices, interpersonal and teamwork skills, and appropriate written and verbal communication skills using the terminology of the occupation and the business/industry.

COURSE GOALS

The learner will:

- Follow the patient during the perioperative phases
- Preoperative

Check consent for procedures and view checklist with Registered Nurse

Transport patient to surgical suite safely with attendant or circulator/staff person

Assist the patient from stretcher to OR table with supervision

- Intraoperative

Observe anesthesia, induction and extubation techniques

Prepare surgery for the procedure based on the surgeon preference card with surgical staff

Assist in gathering equipment for the procedure

Scrub and assist

Second scrub on various procedures – Student MUST double glove

Learn how to anticipate the surgeon during surgical procedure by observation of his/her technique

Assist with removing surgical attire, contaminated instruments and drapes

- Post-operative

Transport patient to (PACU) Post Anesthesia Care Unit with anesthesiologist, and surgical team (staff RN) and/or surgeon

Observe postoperative care management

REQUIRED TEXTBOOKS

Required: Surgical Technology Principles and Practice, Fuller, latest edition

RECOMMENDED TEXTBOOK

Rothrock, Alexander, Alexander's Surgical Procedures, Latest Edition, Elsevier.

Goldman, Maxine, Pocket Guide to the Operating Room, Latest Edition, F.A. Davis

Reference Material: Web Moodle
Peer review journal articles

ASSIGNMENT OF GRADE

Grade Assignments		Grade Scale
Written Assignments	30%	90-100 = A
Attendance	10%	80 - 89 = B
Instructor Evaluation	45%	70- 79 = C
Preceptor Evaluation	10%	60- 69 = D
Moodle Utilization	5%	0- 59 = F

Guidelines for Attendance Grade

- 0 Day - 100%
- 1 Day - 90%
- 2 Days - 80%
- 3 Days - 70%
- 4 Days - Administrative Withdrawal

A GRADE OF "C" IS REQUIRED TO PASS THE COURSE.

COURSE REQUIREMENTS

The major requirements are:

1. Reading the assigned readings prior to class
2. Completion of all exams within one week of the time given
3. Class and lab attendance according to catalog requirements
4. Mandatory practice of all techniques presented in the lab
5. Completion of all assignments
6. Attendance monitored (3) absents or less
7. Tardies (3) equal (1) day of absent
8. All students **MUST** double glove while in the scrub role

CONFERENCE TIME

Instructor's conference time is posted in SRGT department and also by appointment.

POLICIES AND PROCEDURES

The student may find the following information in the student handbook, college catalogue, and syllabus:

Withdrawal Policy
Refund Policy
Plagiarism Policy
Grading Scale
Attendance Requirements
Letter of Acceptance of Policy (sign and return to instructor)
Weekly Progress Report

PRESENTATION OF COURSE MATERIAL

The classroom instructor will be available to facilitate learning by giving lectures, leading class discussion, and giving assignments as well as administering assessment tools (exams and quizzes). The student will be expected to participate in the presentation of the material taught in the class by being prepared for each class presentation.

ADA CONSIDERATIONS

The Houston Community College System does not discriminate on the basis of disability in the recruitment and admission of students or the operation of any of its programs and activities. The designated office for compliance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 is the HCCS Access and Equity office at 713-718-8606. In order to serve you better, Disability Support Services \Counselors (DSSC) recommend that you meet with them at least 60 days prior to the beginning of the term. Qualifying individuals under the Americans with Disabilities Act (ADA) guidelines who require reasonable accommodations should report to the ADA counselor at the campus within the first week of the start of the semester. If the course instructor believes you can benefit from ADA counseling, after informing you, he/she may refer you to the ADA office or inform the ADA office. Students must have had recent contact with the ADA office and documented ADA support for reasonable accommodations to occur in the course. The current ADA counselor for Coleman campus is Dr. PatraUgwu.

SCAN SKILLS- SECRETARY'S COMMISSION ON ACHIEVING NECESSARY SKILLS

In 1988, the American Society for training and development conducted a study with the U.S. Department of Labor to identify skills that employers want to see in entry-level employees. This course incorporates the following SCAN competencies: Interpersonal, Information, Systems, Technology, Basic Skills, Thinking Skills and Personal Qualities. Resources: the student will Time: review the class agenda and test schedule and prepare a study schedule that allows them to study consistently in preparation for each test.

- I. Resources: the student will: review the class agenda and test schedule and prepare a study schedule that allows them to study consistently in preparation for each test.

- II. Interpersonal: the student will: Participates as member of a team: form study groups and show up at appointed times to study with the group. Works with diversity: study with fellow students regardless of sexual orientation, race, religion, or gender.
- III. Information: the student will use computers to process information: take lecture notes from computer generated class presentations. Use computers to process information, download class syllabus, course supplements and other information from the program web page and internet.
- IV. Basic Skills: the student will: Listening: receive the lecture, presentation material and record this information in proper note taking format. Speaking: properly phrase questions and responses during class. Reading: complete reading assignments according to the syllabus. Writing: complete written assignments.
- V. Thinking Skills: the student will: Creative Skills: adept basic positions to non-routine positions when called for during practical exams. Decision Making: Determine the appropriate sequencing of multiple procedures. Seeing Thing in the Mind's Eye: be able to conceptualize how the internal body part will look when the body is manipulated (turned/rotated).
- VI. Personal Qualities: the student will: responsibility: follow the Program Student Handbook code of ethics and the AST scope of practice. Sociability: work as a part of the class in study and practical situations. Self-Management: determine how long the semester is, how many tests and practical exams they have and how to quantify their time to be prepared for all of it. Integrity/honesty: Sign- in/Sign out only for self, not cheat on practical or written exams, bring personal mistakes to the attention of the instructor.

COURSE OBJECTIVES

Task #1 – Observation of Surgical Procedure from Dome

1. Define and describe in detail the procedure(s) observed.
2. Name the anatomical site that may have been shaved for the procedure(s) indicated.
3. Name and describe the type of anesthesia used during the procedure(s). State and name any item(s) that you recognize which may be associated with the administration of anesthesia. Give names of drugs and equipment used.
4. List any anatomical structures you were able to distinguish as well as adjacent anatomy around the surgical site.
5. Name the patient's position for the surgical procedure. Identify what precautions you think were taken to ensure proper body alignment.
6. Make a diagram which shows the physical environment of the operating room and label each item shown.
7. Define the term surgical team; state your own observation of the performance of the surgical team. Define the term teamwork and give a definition of what teamwork means to you as well as how important teamwork is in the OR environment.
8. State personal feelings experienced during or after observation of surgery.
9. State any breaks in aseptic technique.
10. State any questions you might have.

Task #2 - Follow the patient through preoperative, intraoperative, and postoperative phases of surgery. During the intraoperative phase observe the surgical procedure being performed.

1. State the patient's feelings prior to entering the OR.
2. Define and describe in detail the procedure(s) observed.
3. Name the anatomical site that may have been shaved for the procedure(s) indicated.
4. Name and describe the type of anesthesia used during the procedure(s). Give names of equipment and drugs.
5. Given the instruments listed below, state the type of tissue and/or manner in which the instrument was used.
 - a. Scalpel – handle and blade
 - b. Scissors - mayo and metz
 - c. Clamps - mosquitoes, criles, peon, sarot, collier
 - d. Grasping - towel clip, allis, babcock, oschner, mass general or tissue forceps.
 - e. Retractors - deavers, richardson, army-navy, self-retaining retractors.

Note: it may not be possible to distinguish the types of instruments which are being used. Do the best you can in visualizing the manner the instrument was being used.

6. Describe any sterilization observed while observing surgery. Did you have to “flash” an instrument? What process of sterilization did the instruments have to go through?
7. Define and describe the surgical procedure the patient experienced.
8. Describe the report given to the recovery room personnel by the OR staff.
9. List the priority preparations the PACU personnel initiated as soon as the patient arrived in their area?
10. Describe the patient's reaction in PACU.
11. Explain how long the patient was in PACU.
12. Explain how the "experience of surgery" affects the patient and his/her family including patient's feelings, life role, and personality.
13. Name and state forms and their purpose in patient's chart.

14. Describe the consent form. Define informed consent.

Task #3 - Function in the Decontamination and Processing Area

1. Describe/draw the physical layout of the area; state why it is necessary to have a specific decontamination area in the O.R. plan.
2. State why personnel actively involved in surgical procedures bring soiled equipment to the decontamination area.
3. Explain in detail how each of the following is processed:
 - a. Instruments
 - b. Basins, pans, and trays
 - c. Other miscellaneous equipment
4. Describe methods used in handling sharps, such as blades, needles and sharp points on instruments.
5. Describe method used as items leave decontamination area to be prepared for sorting and packaging.
6. State which guidelines you used in sorting instruments, etc, into specific sets or groups.
7. Name the types of indicators which may be used to indicate an item has been in a sterilizer. Describe the methods of closing and sealing packages and how this indicates the sterilizing agent to be used.
8. Name materials used for wrapping, and give one example of an item sterilized in each.
9. Define/describe the process of sterilization with:
 - Loading phase
 - Heating phase
 - Cooling and drying phase
10. Describe/name sterilizer(s) used. State the time and temperature used for each cycle.
11. Describe the placement of sterile supplies in appropriate areas when finished with cycle.
12. Name the biological indicators (critter) utilized for steam, gas, and sterrad

Task #4 - Function as a Nursing Assistant/Attendant/PCA

1. Describe or sketch the physical layout of the department.
2. Describe how you:
 - Cleaned rooms between cases
 - Perform errands as indicated
 - Transporting patients to OR
 - Go to x-ray or blood bank as needed
3. State how contaminated items are disposed. List the different color containers used during clean up and how separation of articles are designated.
4. State the type of solution used in cleaning rooms and describe in detail how the room, equipment, and furniture is cleaned after the surgical procedure.

Task #5 - Second Scrub for Assigned Procedure(s)

1. Define the purpose of the surgical scrub.
2. List the items needed to perform a surgical scrub.
3. Describe the proper technique of scrubbing.
4. Define the technique utilized to properly dry hands and arms after scrubbing.
5. Define the proper technique utilized to don a sterile gown and gloves.
6. Define the proper technique in gowning and gloving another person.
7. Describe proper technique for moving within the sterile field.
8. Describe how you assisted the scrub nurse in setting up for the procedure.
10. Describe proper procedure for "breaking down" the case at your clinical site.

Requirements Prior to Entering the Clinical Area SRTG 1361

1. Physical
2. Proof of personal health insurance
3. Hepatitis B series completed
4. Current on ALL immunizations
5. TB Skin Test
6. Complete Health Care Provider CPR
7. Handbook signed & turned in
8. Lab coat & Patch
9. Eye wear – goggles
10. Picture ID, purchased through the program
11. Drug Screen
12. Background Check
13. Confidentiality Agreement
14. Bloodborne Pathogen and OPIM Inservice
15. Signed Acknowledgement of Bloodborne Pathogen, OPIM Inservice, and student responsibility of wearing appropriate PPE in the clinical area
16. HIPPA Inservice and Testing
17. Appropriate HCC Coleman uniform

PROFESSIONAL BEHAVIOR

- A. The behavior of the surgical technologist should inspire patient confidence. One must endeavor to treat patients with kindness and insure preservation of the patient's privacy.
- B. **Never** discuss history or information found on patient's reports with patient or family members. Patient charts and all other records should be kept out of the reach of unauthorized persons.
- C. **Do not** discuss matters pertaining to patient's care with associates in corridors, elevators, or public areas in or outside the hospital. Conversation, especially which is not intended for the patient's hearing, should not be discussed within the patient's listening environment.
- D. The consumption of beverages and food is prohibited in the operating rooms but is allowed in designated areas.
- E. Smoking is prohibited in and around the hospital.
- F. Gum chewing is prohibited in any of the clinical areas.
- G. Always introduce yourself and wear your nametag.

PROFESSIONAL APPEARANCE

- A. Attire for students while attending class is navy blue scrub clothes which consist of a v-neck top and full length pant. Attire for students going to and from the clinical area is a white knee length lab coat with HCC Coleman College for Health Sciences emblem on the left upper arm over presentable navy blue scrubs with the Coleman logo on the left chest area. Attire, while on duty in the clinical area, is scrub clothes provided by the hospital or by the student. Scrub tops and any hanging strings **MUST** be tucked in to the scrub bottoms at the appropriate size. Cloth hats are **not** to be worn by the student while at the clinical site.

B. STUDENT APPEARANCE

1. Students are required to take all necessary care for personal hygiene and cleanliness.
 2. Strong perfumes or shaving lotion **should not** be worn.
 3. Beards and mustaches should be kept well groomed, and neatly trimmed and of moderate length.
 4. Make-up suitable for daytime wear is permitted.

5. Fingernails **must** be kept short. Fingernail polish/stickers/shellac, gel/acrylic, sculptured nail, press-on nails are not allowed.
6. Jewelry is to be kept to a minimum. This is to include: engagement ring and wedding ring only, earrings-small studs no bigger than the diameter of a , **no** bracelets or necklaces. All rings must be removed when the student is ready to scrub. Students **must** abide by individual hospital policy when in clinical.
7. Women must wear bras.
8. False eyelashes or eyelash extensions are not acceptable.

IN THE OPERATING ROOMS:

1. Scrub attire is furnished and maintained by SOME of the Hospitals and will be worn only in designated areas such as:
 - a. Operating Room
 - b. Labor & Delivery
 - c. Recovery Room (PACU)
 - d. Central Processing
2. Lab coats will be worn over scrub clothes when leaving the unit to go to another area in the hospital.
3. Warm-up jackets or an approved garment may be worn over scrub attire in the OR per individual hospital policy. Warm-up jackets **must** be **completely** buttoned and not tied around the waist.
4. Comfortable, low-heeled shoes should be worn. They must be kept clean. Open-toe shoes or sandals must **not** be worn. Clog type or slip on shoes must **not** be worn. Shoe covers **MUST** be worn.
5. Headgear/headcovers are disposable and should be worn properly with **complete** coverage of hair. Males with beards **MUST** wear a hood-type of headgear. Cloth headgear must **not** be worn at the clinical site.

6. Identification nametags/badges are part of the complete uniform and **MUST** be worn at **all** times. Students are responsible for purchasing and maintaining their HCC and hospital issued nametags/badges. **Failure to wear identification nametags will result in student dismissal from clinical that day.**
7. Protective eye wear **MUST** be worn while scrubbed or observing surgical procedures in the operating room.
8. If scrub attire has to be worn outside the operating room, the student **must** wear a lab coat at some institutions. The lab coat **MUST** be completely buttoned. Some institutions require that you change your operating room attire when re-entering the surgical suite. At the end of the workday lab coats **MUST** be worn while returning to your car or mode of transportation. Shorts and street clothes **ARE NOT** to be worn to the clinical site. **Some hospitals do allow use of personal scrubs. These institutions will be identified prior to presenting at the clinical site.*
9. A Doctor's appointment is not considered an emergency. If a student leaves the clinical site **at any time** prior to the completion of their shift they shall be counted absent for the **entire** day. All absences are to be made up after the regular semester is over and prior to the next semester beginning. A grade of Incomplete will be submitted until all absences are made-up. Only three absences are allowed per semester.

Clinical

1. Students are expected to attend clinical sessions on a daily basis and to remain in the assigned area. If a student is going to be tardy or absent during the clinical rotation, they must notify the assigned hospital and contact the instructor **at least** 30 minutes prior to the shift.
2. Students **must** report to the clinical site dressed and ready to begin duty at 6:30 A.M. **Students are not to leave their assigned area until the completion of the shift.** Doctor's appointments and other personal appointments should be scheduled after clinical hours. **Students do not have permission to leave early for any**

reason. If an emergency should arise and the student must leave clinical; notify the charge person and instructor. It will be considered an absence. **If a student leaves the clinical site at any time prior to the completion of the shift, they shall be counted absent for the entire day.**

All spring and summer absences are to be made up after the regular semester practicum is over and prior to the next semester beginning. Absences may not be made-up during Spring Break or any school Holiday. A grade of Incomplete will be submitted until absences are made-up and no more than three absences are acceptable or can be made-up.

CLINICAL PRACTICUM

Clinical Practicums are designed to acquaint the student with procedures, policies, techniques and problems encountered in the practice of surgical technology and represent the minimum standards for entry into the profession.

Clinical Practicums are progressive in that each one provides fundamentals needed to advance to a higher level. Even with this progressive sequence, there is a built-in amount of repetitiveness. This repetitiveness is for the strengthening of competencies.

The student, by actual performance of clinical assignments based on instructional objectives, gains confidence and proficiency. Students are given basic instruction in class, lab instruction and lab practice time. In the clinical area, students are expected to function in a scrub role in all surgical procedures. During the first clinical PRACTICUM, SRGT 1361, the learner scrubs, gowns and gloves to become a member of the sterile surgical team, and to be able to function in the sterile environment. As the learner begins scrubbing assignments in each surgical specialty he/she double scrubs with hospital personnel. He/she may assume first scrub position as confidence, dexterity, and knowledge of the role is acquired. The learner may also assist the R.N. in the role of circulating.

CLINICAL ASSIGNMENTS AND ROTATIONS

One of the most important areas of your education is the Clinical Educational Plan. During your clinical practicum you will be assigned to affiliated hospitals for specific experiences. Some hospitals provide specific surgical specialties such as cardiovascular or neurosurgery. Therefore, each student may have to rotate to these institutions for those surgical specialties.

During the first semester you will be assigned in the following areas:

1. Instrument processing
2. Nursing assistant/attendant
3. Observation
4. Orientation to scrubbing
5. Follow the patient

Toward the end of the semester you will spend approximately one day in observation and two (2) days scrubbing in order to prepare you for the following semester.

POLICIES, RULES & REGULATIONS

1. Each affiliated institution has its own manual of policies, rules, and regulations, you must be familiar with each in order to perform and assure a safe environment for the patient and yourself.
2. While rotating in each affiliating institution you are subject to all rules and regulations of that institution. Failure to comply may result in dismissal.

INJURIES AND INCIDENT REPORTS

All injuries and accidents incurred during clinical performance must be reported to your immediate supervisor and an incident report must be completed. Notify your instructor as soon as possible. A copy of the incident and report will be placed in your file.

If the incident involves a patient, the report must be made immediately following the incident and a copy must be given to the program coordinator.

CLINICAL COMPETENCY EVALUATION

Each student enrolled in the Surgical Technology Program will be responsible for documentation of competency in each of the several categories of examinations. The clinical competency evaluation is designed to insure that the student has successfully combined knowledge gained in the classroom and in the laboratory with the clinical aspects of his/her training.

Student participation in clinical education begins with an observation period during which he/she is given specific objectives while observing the surgical team function. The student progresses into a phase in which he/she assists a registered nurse or technologist in basic preparation of supplies and equipment used during surgical procedures with assigned hospital personnel. As the student completes the first semester he/she progresses into the second semester, thus gaining experience in various techniques and procedures. He/she will gradually move into a stage of independent clinical performance that of actually scrubbing in a first scrub role under the direct supervision of the operating room staff and instructors. The student continues to function in this manner throughout the third semester.

DISMISSALS

A student may be subject to dismissal for any of the following reasons:

1. Excessive or unexcused absences or tardiness in the classroom or clinical areas.
2. Unprofessional, unethical and/or dishonest behavior (lying, stealing, cheating on exams or papers, drinking alcoholic beverages, unauthorized use of drugs, lack of concern for patient care, abandonment of patient, untidy appearance).
3. Failure to maintain academic grades in theory and clinical performance (disorganization or insecurity in work performance). Leaving laboratory practice early or without permission and/or demonstrating an unwillingness to practice laboratory procedures.
4. Insubordination to the instructor. Refusing to follow instructions, not submitting to authority. (Leaving the assigned clinical area and wandering about the surgical suite without permission).
5. Using profanity or being disrespectful to the instructor. Throwing a temper tantrum or raising your voice to the instructor or assigned hospital preceptor.
6. Poor peer and staff relationships (actions which display poor attitude, agitator, troublemaker, laziness). Gossiping or causing dissention among the class members.
7. Unprofessional conduct in the classroom or clinical area. (Verbal or physical assault) Use of profanity or defamation of character of peers, staff or instructors will not be tolerated.

8. Wearing of O.R. attire outside of hospital, or not adhering to policy of keeping fingernails short, and/or gum chewing. Wearing shorts to clinical or inappropriate clothing attire. Stealing hospital scrubs. Falsifying records. (Signing in on an absent day or signing in for another student)
9. Failing a course in two consecutive semesters.
10. Abandoning a patient during a surgical procedure. This does not imply that you may not be relieved. This means that you may not leave a patient once you have scrubbed in because you do not like the environment or other surgical team members unless you have been relieved by hospital staff.
11. Usage of social media pertaining to patients and hospitals may result in your termination in this program. Posting/taking pictures or video is prohibited at the clinical site.

Syllabus is subject to change

**HOUSTON COMMUNITY COLLEGE
COLEMAN HEALTH SCIENCES DIVISION
SURGICAL TECHNOLOGY DEPARTMENT
CLINICAL OPERATING ROOM I
SRGT 1361**

I, _____, understand my clinical hours are 6:30 am to 3:00 P.M. This means I will **not** leave my assigned area until 3:00 p.m.

I understand if I leave the clinical area without permission or notifying the hospital, Clinical Instructor or preceptor, I may be automatically be dropped from the program. Leaving the clinical site without permission may be interpreted as a self initiated withdrawal from the program. I understand that my attendance is 10 % of my clinical grade. It is my responsibility to call my clinical site and my instructor if I am unable to attend clinical. If I do not do this, I will have to make-up two days instead of one day. I understand that I am expected to be on time for my clinical day. I understand that I will be counted absent if I am more than 30 minutes late. All clinical absences must be made up at the end of the semester. My required papers for this course will be due on the Thursday following that clinical day of rotation. I also understand that any papers turned in later than one week will not be accepted and I will receive a grade of 0.

Student Signature

Date

XXX-XX-
Student Social Security Number

Instructor Signature

Date

Student _____

Hospital _____

Date _____

- 5. Accomplishes without supervision
- 4. Accomplishes with little supervision
- 3. Accomplishes with minimal supervision
- 2. Needs careful supervision
- 1. Needs intense supervision
- 0 Fails in performance
- N/A Not applicable

<u>FOLLOW THE PATIENT AND OBSERVATION</u>	
1. Comforts the patient prior to entering the operating room.	
2. Assists with transferring patient into O.R.	
3. Stands by patient during induction.	
4. Remains in room and observes patient preparation.	
5. Assists with transferring patient to PACU.	
6. Stays at bedside until patient responds verbally.	
7. Assists with transporting patient to own room or assists in preparing patient to go home.	

Student Strengths:

Student Weaknesses:

Preceptor PRINTED Name and Initials

Student _____

Hospital _____

Date _____

- 5. Accomplishes without supervision
- 4. Accomplishes with little supervision
- 3. Accomplishes with minimal supervision
- 2. Needs careful supervision
- 1. Needs intense supervision
- 0 Fails in performance
- N/A Not applicable

DECONTAMINATION AND PROCESSING AREA	
1. Familiarization of area	
2. Process instrument sets	
3. Process endoscopes	
5. Process miscellaneous equipment	
6. Other	
SUPPLIES AND STERILIZATION	
1. Sort instruments into specific sets or groups	
2. Proper use of specific indicators	
3. Wrap items in proper wrapping	
4. Load sterilizer – set time	
5. Unload sterilizer	
6. Placement of sterile supplies in appropriate area	
7. Other	

Student Strengths/Weaknesses:

Preceptor PRINTED Name and Initials

Student _____

Hospital _____

Date _____

- 5. Accomplishes without supervision
- 4. Accomplishes with little supervision
- 3. Accomplishes with minimal supervision
- 2. Needs careful supervision
- 1. Needs intense supervision
- 0 Fails in performance
- N/A Not applicable

<u>NURSING ASSISTANT/ATTENDANT</u>	
1. Knows layout of operating room suite	
2. Gathers supplies and equipment as requested	
3. Restocks work area	
4. Sanitation – Routine cleaning – Suction bottles, etc.	
5. Follows instructions as indicated	
6. Transports patients into operating room	
7. Comforts patient	
8. Restocks and cleans assigned area	
9. Properly handles contaminated linen and trash	
10. Assists in lifting and positioning patients	

Student Strengths:

Student Weaknesses:

Preceptor PRINTED Name and Initials

Student _____

Hospital _____

Date _____

- 5. Accomplishes without supervision
- 4. Accomplishes with little supervision
- 3. Accomplishes with minimal supervision
- 2. Needs careful supervision
- 1. Needs intense supervision
- 0 Fails in performance
- N/A Not applicable

SCRUBBING	
1. Properly performs the act of scrubbing	
2. Properly dries hands after scrubbing without contaminating	
3. Properly puts on a sterile gown without contaminating	
4. Properly puts on sterile gloves	
5. Properly gowns and gloves another person	
6. Moves around in the sterile field competently without contaminating	
7. Assists scrub person in setting up for a procedure	
8. Properly removes soiled gown and gloves after procedure	
9. Other	

Student Strengths:

Student Weaknesses:

Preceptor PRINTED Name and Initials

**HOUSTON COMMUNITY COLLEGE
SURGICAL TECHNOLOGY PROGRAM
COLEMAN HEALTH SCIENCE CENTER**

SRGT 1361

CRITERIA FOR CLINICAL EVALUATION BY INSTRUCTOR

Your instructor is required to give you a letter grade in the clinical area after each specialty rotation utilizing these criteria. There are 15 behaviors that will be evaluated. 5 is the highest score that can be obtained for each behavior. 75 is the maximum score that can be achieved. Listed below is the grading scale and criteria.

Grading Scale:

68-75 = A

60-67 = B

53-59 = C

45-52 = D

Below 45 = F

Alertness in Clinical:

- 5 - consistently alert and responsive in clinical
- 4 - generally alert, seldom non-responsive in clinical
- 3 - occasionally seems pre-occupied
- 2 - often seems pre-occupied and mind wanders during clinical

Rate of Progress:

- 5 - progressed far above expectations
- 4 - progressed above expectations
- 3 - progressed as expected
- 2 - not progressing as expected; even with repeated exposure to tasks

Understanding of Theoretical Concepts:

- 5 - communicated in depth knowledge of each procedure
- 4 - communicated above average knowledge of each procedure
- 3 - communicated average knowledge of most procedures
- 2 - communicates below average knowledge of basic concepts
- 1 - communicates consistently inadequate understanding of basic knowledge

Understanding of Clinical Application:

- 5 - easily and quickly relates theory to all clinical procedures
- 4 - transfers theoretical knowledge to most clinical procedures
- 2 - can usually relate theory to repeated clinical procedures
- 1 - consistently exhibits the inability to apply theory to general clinical application

Instructor Criteria
Page 2

Follows Procedures as Instructed:

- 5 - consistently completes delegated tasks or assignments as instructed
- 4 - generally completes assignments or tasks delegated and described
- 3 - completes the assignment or task usually as instructed
- 2 - often does not follow instructions and/or does not complete task
- 1 - habitually disregards/misunderstands instructions and fails to perform delegated task

Surgical Team Communication and Rapport:

- 5 - possesses excellent team communication skills and consistently displays consideration, support, empathy, and professionalism
- 4 - possesses very good communication skills and displays consideration support, and professionalism
- 3 - possesses adequate communication skills and usually establishes good team rapport
- 2 - possesses only fair communication skills and often fails to gain team confidence or trust
- 1 - possesses poor communication skills and often shows disrespect, discourtesy, and impatience

Safety:

- 5 - work is essentially flawless, student has the instructor's complete trust in his/her ability to practice safe patient care
- 4 - work is relative error-free and does not require re-checking; student demonstrates good safety judgments
- 3 - work is acceptable, non-critical errors are occasional but patient safety is never overlooked
- 2 - demonstrated negligence or carelessness fairly often, requires close supervision
- 1 - habitually shows disregard for patient safety; student is careless and exhibits poor judgment with regard to patient safety in clinical situations

Personal and Professional Appearance:

- 5 - consistently maintains a professional appearance that perfectly meets the requirements of the school
- 4 - always presents a neat, tidy, well groomed appearance
- 3 - usually presents a neat, tidy, well groomed appearance
- 2 - occasionally presents an untidy appearance, has been counseled for inappropriate attire or uncleanliness more than once
- 1 - often appears in clinical setting unclean or inappropriately dressed

Verbal Communication:

- 5 - communication is consistently positive, goals oriented, and clear as to meaning and intent
- 4 - receives constructive criticism well or verbally expresses thought well
- 3 - communicates thoughts and ideas satisfactorily with clarity
- 2 - often communicates comments angrily, negatively and/or unclear as to intent
- 1 - generally communicates negatively or destructively

Instructor Criteria
Page 3

Judgment:

- 5 - consistently displays correct and sound decision making
- 4 - generally makes sound and correct decisions
- 3 - demonstrates good decision making in most situations
- 2 - often makes poor decisions; cannot or does not assimilate proper information and sound judgment
- 1 - consistently makes poor decisions based on inaccurate information or poor attitude

General Attitude:

- 5 - always enthusiastic, pleasant and tactful; is positive towards peers and hospital staff
- 4 - generally pleasant, tactful and courteous and is generally positive towards peers and hospital staff
- 3 - occasionally tactless when provoked but usually courteous and pleasant; satisfactorily relates with peers and hospital staff
- 2 - Often defensive, rude, or uncooperative, requires occasional counseling by the instructor
- 1 - consistently rude, uncooperative, hostile, or tactless requires frequent counseling by the instructor

Dependability:

- 5 - assumes full responsibility for self and is consistently self-directed and dependable; requires little direct supervision or rechecking
- 4 - is highly dependable in most situations; assumes full responsibility for actions, requires minimal supervision
- 3 - dependable and knows his/her limitations; asks for assistance when necessary
- 2 - Often undependable; does not assume self-responsibility for actions, requires fairly close and constant supervision
- 1 - consistently undependable, requires continuous and direct observation

Initiative:

- 5 - consistently seeks new learning experiences above those required, enthusiastically performs assignments
- 4 - generally seeks new learning experiences, readily accepts assignments
- 3 - displays an average/adequate enthusiasm for assignments; does what is expected
- 2 - does only what is expected; often wastes time
- 1 - consistently does not use time constructively; must be coached to produce

Instructor Criteria
Page 4

Punctuality:

- 5 - no tardies
- 4 - 1 tardy
- 3 - 2 tardies
- 2 - 3 tardies
- 1 - 4 or more tardies

Attendance:

- 5 - no absences
- 4 - 1 absence
- 3 - 2 absences
- 2 - 3 absences
- 1 - 4 absences

**HOUSTON COMMUNITY COLLEGE
COLEMAN HEALTH SCIENCE CENTER
DEPARTMENT OF SURGICAL TECHNOLOGY**

**SRGT – CLINICAL ACKNOWLEDGMENT OF SHARPS SAFETY &
AWARENESS**

The Centers for Disease Prevention and Control (CDC, 2012) estimates around 384,325 percutaneous Needle Stick Injury (NSI) occurs among Health Care Workers annually, but half of those injuries are under-reported. A needle stick injury has been defined by Muralidhar et al (2010) as "...wounds caused by sharps such as hypodermic needles, blood collection needles, IV cannulas or needles used to connect parts of IV delivery systems, scalpels, suture material, etc."

NSI is the major mode of transmitting blood borne pathogens such as hepatitis B (HBV), hepatitis C (HCV), and human immunodeficiency virus (HIV) to health care providers. A report from the CDC (2012) underlines the importance that all health care workers report and document every needle-stick to ensure timely post-exposure follow-up such as testing and treatment. Please also see the Association of Surgical Technologists (AST) Standards of Practice for Sharps Safety and Use of the Neutral Zone (April 9, 2014) Therefore:

- The ST student acknowledges that there is always the chance of an occurrence of a Needle Stick Injury, especially within the Operating Room environment

- The ST student acknowledges that although the chances of being exposed to blood-borne pathogens such as HBV, HIV, HSV is small, it does exist

- Thus the ST student, by virtual of his/her signature below, acknowledges said risk of an occurrence of a Needle Stick Injury within the Hospital's Peri-Operative Services

Students Name: _____ **DATE:** _____

CDC. (2012) Health Hazard Evaluation Report 2011-0063-3154. Retrieved from CDC.gov/
Muralidhar S, Sing P.k., Jain R.K., Malhotra M & Bala M. (March, 2010). Needle stick injuries among health care workers in a tertiary care hospital of India. From *Indian Journal of Medical Research*; 131, pp 405-410. Retrieved from <http://icmr.nic.in/ijmr/2010/march/0306.pdf>