



# Surgical Technologist

**Student  
Clinical Handbook/Syllabus  
Class #37**

**2024-2025**

*Revised April 2, 2025*

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## INTRODUCTION

We have a sincere interest in you as an individual, and look forward to helping you achieve your goal of becoming a Surgical Technologist.

Your primary responsibility this year will be to learn to be a safe, skillful, and responsible Surgical Technologist. This Clinical Handbook contains policies and procedures of Surgical Technologist. Students are expected to adhere to these policies and procedures.

Students in Surgical Technologist must also adhere to the policies and procedures outlined in the Student Handbook of Great Plains Technology Center. Policies are subject to change; upon notification, students are responsible to adhere to any policy change.

We wish you success in the achievement of your occupational objective.

## **COMPLIANCE STATEMENTS**

### NOTICE OF NONDISCRIMINATION

***Great Plains Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, this is to include genetic information, as well as sexual orientation, gender identity, gender expression, age, or disability in admission to its programs, services, or activities, in access to them, in treatment of individuals, or in any aspect of their operations. Great Plains Technology Center also does not discriminate in its hiring or employment practices***

Non-Discrimination. Except to the extent permitted by law, the Facility, the School, Clinical Coordinator, School Program Faculty, Clinical Staff/Instructors and Students shall not discriminate on the basis of race, color, creed, sex, this is to include genetic information, as well as sexual orientation, gender identity, gender expression, age, religion, national origin, disability or veteran's status in the performance of this Agreement. As applicable to the School, the provisions of Executive Order 11246, as amended by EO 11375 and E) 11141 and as supplemented in Department of Labor regulations (41 CFR Part 60 et. SEQ.) are incorporated into this Agreement and must be included in any subcontracts awarded involving this Agreement. The School represents that, except as permitted by law, all services are provided without discrimination on the basis of race, color, creed, sex, age, religion, national origin, disability or veteran's status that it does not maintain nor provide for its employees any segregated facilities, nor will the School permit its employees to perform their services at any location where segregated facilities are maintained. In addition, the School agrees to comply with Section 504 of the Rehabilitation Act and the Vietnam Veterans Era Assistance Act of 1974, 38 U.S.C. Section 4212.

Title IX Coordinator	Valerie Anderson	(580) 351-6761
504 Coordinator	Kristy Barnett	(580) 250-5531
Investigator	Justin McNeil	(580) 250-5601
Investigator	Morgan Gould	(580) 250-5553

No Discriminación. Salvo en la medida permitida por la ley, el Fondo, la Escuela, Coordinador Clínico, Programa de Escuela de la facultad, personal clínico / instructores y estudiantes no podrá discriminar sobre la base de raza, color, credo, sexo, esto es incluir información genética, como así como la orientación sexual, identidad de género, expresión de género,

edad, religión, origen nacional, discapacidad o estado de veterano en el cumplimiento de este Acuerdo. Según sean aplicables a la Escuela, las disposiciones de la Orden Ejecutiva 11246, modificado por el EO 11375 y E) 11141 y complementado en el reglamento del Departamento de Trabajo (41 CFR Parte 60 et. SEC.) Se incorporan a este Acuerdo y debe ser incluido en los subcontratos que adjudique en la participación de este Acuerdo. La escuela representa que, con excepción de lo permitido por la ley, todos los servicios se proporcionan sin discriminación por motivos de raza, color, credo, sexo, edad, religión, origen nacional, discapacidad o estado de veterano que no mantiene ni proporcionar a sus empleados las instalaciones segregadas, ni permitirán la Escuela de sus empleados para llevar a cabo sus servicios en cualquier lugar en el que se mantienen las instalaciones segregadas. Además, la Escuela se compromete a cumplir con la Sección 504 de la Ley de Rehabilitación y la Ley de Asistencia Era veteranos de Vietnam de 1974, 38 USC Sección 4212.

Preguntas, quejas, o para más información con respecto a estas leyes pueden ser recibidas por el coordinador de quejas at Great Plains Technology Center, 4500 W. Lee Blvd., Lawton, OK or Great Plains Technology Center, 2001 E. Gladstone, Frederick, OK.

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### **NONIMMIGRANT ALIEN STUDENTS**

This school is authorized under Federal law to enroll nonimmigrant alien students.

### **USEPA REQUIREMENTS**

Great Plains Technology Center is in compliance with USEPA requirements for asbestos. Management plan is on file in Building 500.

### **MINUTE OF SILENCE**

Great Plains Technology Center will observe one minute of silence each school day pursuant to SB-815. The time will be announced by a designated tone on the public address system.

### **CAMPUS SECURITY ACT**

In order to comply with federal regulation 34 CFR 668.36 Campus Security Act, the Campus Crime Report for Great Plains Technology Center is available on our web site at [www.greatplains.edu](http://www.greatplains.edu). The report lists statistics of the crime committed on Great Plains Campuses over a 3-year period and information/policies regarding campus crime.

### **DRUG-FREE SCHOOLS**

Using alcohol and other drugs carries risks. Alcohol and drugs impair your judgment. They make you more likely to hurt yourself or others, to have trouble with the law, to do poorly at work and school, and to have relationship trouble. Alcohol and drugs also have specific health risks. They may damage major organs, increase your risk of cancers, and even cause death.

There are three alcohol and drug treatment centers serving Comanche, Tillman and Kiowa counties — they are: Reflections, Southwestern Medical Center; Silver Linings, Comanche County Memorial Hospital; and Taliaferro Community Health Center.

All students have a right to attend school in an environment conducive to learning. Since alcohol and other drug use is illegal and interferes with both effective learning and the health of people, the Great Plains Technology Center has a fundamental, legal and ethical obligation to prevent drug

use and to maintain a drug-free educational environment.

Because of the abuse of alcohol, tobacco and drugs and their continuous promotion in our society, the Great Plains Technology Center provides drug education units, which are integrated within the standard curriculum. These units help prepare students to make the proper decision concerning drug and alcohol use.

Drug use, possession (including paraphernalia), and sale on the school grounds and at school functions will not be tolerated. Specific infractions and appropriate disciplinary actions are listed in the GPTC Student Handbook. Some possible actions include, suspension, expulsion, and/or referral to the local law enforcement agency.

A copy of the Drug-Free Schools Policy and the GPTC Student Handbook will be available to students online at [www.greatplains.edu](http://www.greatplains.edu). Continual education will be provided by drug education seminars, teacher in service training, and student instruction. It is indeed our goal to achieve a drug-free educational environment.

Beginning January 4<sup>th</sup>, 2006, existing students enrolled in medical programs which have clinical affiliations that require drug screening prior to clinical placement may be subject to drug testing prior to their clinical experience. This requirement will be determined by the policies of each clinical affiliate in which the student may be assigned for clinical experiences. If the urine drug screen indicates a positive for the presence of unauthorized (illegal or non-prescribed) drugs, the student will have two options: accept this result and be dismissed immediately or submit to a hair follicle drug screen which will be at the direction of the school. This screen would be at the student's expense. If the retest confirms the results of the first test, the student will be immediately dismissed from the program due to their inability to complete the clinical portion of their instruction.

## **Drug Screen Policy – Adult Medical Programs**

Students notified of initial acceptance into adult medical program have a conditional admission pending attendance of mandatory meeting, appropriate CPR certification, negative drug screen, clear background check, suitable physical exam, and payment of tuition and fees prior to the start date of the program.

Students in medical programs are required to be screened for substance abuse prior to clinical practicums. The purposes of the drug screen policy are to comply with regulations of area health care agencies, to provide optimal care to patients, and to support the school policy related to illicit use of substances as stated in the Great Plains Technology Center (GPTC) Student Handbook and the Policies and Procedures book. Students must abide by the drug screen policies of each health care agency in which a student is assigned for clinical practicums. Area agencies require that students not be involved in the use, or possession of alcohol or non-prescribed drugs. Also, students may not use prescription drugs illegally.

Students will submit authorization allowing a facility, designated by GPTC, to test body fluids for the presence of illicit drugs. In addition to initial screening that will occur when the student is admitted to a medical program, students may be subject to testing when requested by a specific clinical agency or for cause; such as, slurred speech, impaired physical coordination, inappropriate behavior, or pupillary changes.

**Initial Drug Screening.** Student failure to submit to a drug screen, attempting to tamper with, contaminate, or switch a sample will result in the student not being admitted into a medical program. A diluted result will require a retest, at the school's expense. An applicant with a positive drug screen will not be admitted into the program.

**Drug Screening of Existing Students.** Student failure to submit to a drug screen, attempting to tamper with, contaminate, or switch a sample will result in the student not being allowed to meet course objectives for clinical practicums; therefore, progression in the program will not be permitted. A diluted result will require a retest, at the school's expense. Students who test positive for illicit drug use may not continue in clinical practicums and therefore cannot meet objectives for clinical courses. Following school policy, they will be dismissed from the program and may apply for readmission. In order to be considered for readmission, the student must submit a letter from a treatment agency verifying completion of a drug treatment program. Readmission is not guaranteed. If a student is readmitted and tests positive for substance abuse a second time, the student is not eligible for further admission. If a student tests positive for a prescribed drug, the student must submit a valid prescription, providing the drug level is within prescribed limits and that the level does not indicate abuse.

## **Appeal Procedure**

If a urine drug screen indicates positive for the presence of unauthorized (illegal or non-prescribed) drugs, the student may request a hair follicle drug screen to be performed within 24 hours of receiving the results of their drug test. (If results of urine drug screen are received on Friday, the student will have until Monday of the following week to have a hair follicle drug screen performed.) The hair follicle drug screen will be at the student's expense, performed at the agency specified by GPTC. While awaiting results of a hair follicle drug screen, the student will not be allowed to attend practicums. If the hair follicle drug screen is negative, the applicant may enter the program or a student enrolled in the program may remain in the program. If the hair follicle drug screen confirms the results of the urine drug screen, the applicant will not be admitted into the program. An existing student will be dismissed from the program and may reapply for admission.

All test results will be filed in the Health Careers Office, and shall remain confidential.

# **SURGICAL TECHNOLOGIST CLINICAL SYLLABUS**

## **Levels I, II and III**

<b>Course Title:</b>	Surgical Technologist
<b>Prerequisite:</b>	Successful completion of Level I of Surgical Technologist, or approved admission by advanced standing.
<b>Time Allotment:</b>	Total Clinical Hours 480 (Level I, II, III)
<b>Clinical Facilities:</b>	<u>Lawton, OK</u> Ambulatory Surgery Center of Southwestern Medical Center Comanche County Memorial Hospital Southwestern Medical Center Surgery Center of Lawton  <u>Altus, OK</u> Jackson County Memorial Hospital  <u>Duncan, OK</u> Duncan Regional Hospital
<b>Instructors:</b>	Livia Rocha, RN – Program Director Chelsea Blackshere, CST – Clinical Instructor

**Course Description:** Surgical technologists handle instruments, supplies and equipment necessary during the surgical procedure and work closely with surgeons, anesthesiologists, registered nurses, and other surgical personnel to deliver patient care before, during and after surgery. The major combines classroom instruction, laboratory practice, and clinical experience to ensure that each graduate meets entry-level competencies as a Surgical Technologist.

The instructional Surgical Technologist content, which is 1,185 hours of classroom and clinical instruction, is based on an occupational analysis of the surgical technology field, and is adjusted to reflect local employment. Local employment needs as determined by the instructor, administrators, and advisory committee are also considered.

Upon successful completion of the career program, the graduate will be eligible to sit for a National Surgical Technologist Certification Examination.



## **CLINICALS**

Upon completion of clinicals, the student will have information and skills enabling them to assume the responsibility to function in association with registered nurses, surgeons, and anesthesiologists to help provide quality patient care.

### **LEVEL II SPECIFIC OBJECTIVES**

1. Integrate cognitive knowledge and psychomotor skills acquired from Level I to enhance proficiencies
2. Analyze diagnostic and procedural steps for basic and complex surgical procedures to include identification of surgical incisions, care of specimen, and post-operative considerations by completing a weekly Surgical Case Management Plan.
3. Performing all essential activities of surgical patient care utilizing the principles of aseptic technique, critical thinking, and problem solving in order to adapt to the changing surgical environment
4. Discuss the anatomy, physiology, and pathophysiology of basic and complex surgical procedures
5. Assimilate knowledge of procedural step by step selecting and organizing instruments, equipment, and supplies for the delivery of patient care during the basic and complex surgical procedures with limited assistance of another team member
6. Demonstrate an understanding of electricity by applying safe patient care practices in the operating room
7. Demonstrate an understanding of robotics by applying technology to safe patient care practices in the operating room
8. Demonstrate an understanding of the principles of physics to safe patient care practices in the operating room
9. Apply cognitive and psychomotor knowledge to Clinical Practicum II

### LEVEL III SPECIFIC OBJECTIVES

1. Integrate cognitive knowledge and psychomotor skills acquired from Level II to enhance proficiencies
2. Demonstrate the ability to prioritize procedural steps and independently organize the surgical field, while considering the relevant anatomy and physiology on all surgical procedures
3. Apply principles of professional communication in a variety of demanding situations
4. Utilizing decision-making and problem solving skills in the application of Surgical Technology principles.
5. Demonstrate professional behavior consistent with legal requirements and ethical expectations consistent with the AST Code of Ethics
6. Formulate a plan for personal and professional growth by preparing a career portfolio and obtaining a position as a competent entry level Surgical Technologists
7. Demonstrate achievement of advance cognitive, psychomotor, and affective skills from the Surgical Technologist Career program core curriculum by successfully passing a national Surgical Technology certification exam

## CRITERIA FOR EVALUATION OF THE CLINICAL EXPERIENCE

### ATTRIBUTE

### BEHAVIOR MANIFESTATIONS

- |                          |  |
|--------------------------|--|
| 1. <u>Organization</u>   | <ul style="list-style-type: none"><li>a. Organization time spent in operating room nursing care.</li><li>b. Assembles all necessary equipment and supplies before beginning surgical procedures.</li><li>c. Follows through from beginning to end of project, i.e. opening supplies, scrubbing, gowning, preparing tables, and clean up.</li><li>d. Organizes preparation and anticipates surgeons' needs.</li><li>e. Completes assignment and implements proper cleaning of an operating room.</li></ul>  |
| 2. <u>Understanding</u>  | <ul style="list-style-type: none"><li>a. Shows an understanding of realistic personal and patient goals during an operative procedure.</li><li>b. Understands certain operative procedure priorities over others.</li><li>c. Able to discuss patient's diagnosis and surgical treatment, and implements his or her role on the surgical team.</li><li>d. Able to personalize operating room patient care to a particular surgical procedure, i.e., discuss instruments and suture to be used, necessary equipment and supplies to be used, etc.</li></ul>                          |
| 3. <u>Competence</u>     | <ul style="list-style-type: none"><li>a. Accomplishes stated goals, when goals are applicable.</li><li>b. Acts according to surgical procedures and patient care priorities.</li><li>c. Able to transfer theory knowledge to the clinical area, i.e., scrubbing for certain operative procedures, handling of instruments and sutures, operating sterilizers, etc.</li><li>d. Uses doctor's preference cards to implement and enhance operating room nursing care.</li><li>e. Makes pertinent observation.</li><li>f. Maintains patient and personal safety.</li></ul>             |
| 4. <u>Responsibility</u> | <ul style="list-style-type: none"><li>a. Seeks help when needed and as discrepancies appear.</li><li>b. Seeks out new learning experiences.</li><li>c. Completes daily surgical procedure list.</li><li>d. Written clinical assignments turned in on time.</li><li>e. Able to accept and initiate constructive criticism.</li><li>f. Notifies instructor concerning absenteeism or tardiness.</li><li>g. Participate in teacher-student conferences.</li><li>h. Reports errors and/or omissions to appropriate personnel.</li><li>i. Assist classmates and team members.</li></ul> |

## 5. Communication

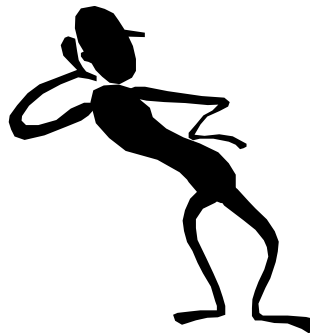
- a. Displays empathy towards patient, classmates, and team members.
- b. Demonstrates therapeutic interaction with patient.
- c. Demonstrates ability to effectively communicate with members of the surgical team.

## 6. Filling out Operating Room Forms

- a. Uses proper spelling, descriptive terms, writes legibly, and uses good grammar.
- b. Charts under correct heading.
- c. Charts in a complete, concise, accurate and neat manner.
- d. Charts pertinent observations as soon as possible, i.e., drain and where it is placed.

## 7. Professionalism

- a. Displays a dignified relationship with patients and team members.
- b. Calls attention to and reports own errors otherwise noticed.
- c. Reports all situations accurately despite reflection on self.
- d. Does not discuss the patient, his/her diagnosis or personal problems, except with staff members or instructors.
- e. Accepts suggestions and constructive criticism graciously.
- f. Recognizes and adheres to his or her limitations as a surgical technologist.
- g. Does not render a personal opinion concerning physicians, hospitals, hospital personnel or treatment.
- h. Makes changes in grooming and hygiene which improves his or her personal appearance.
- i. Follows the dress code of the school concerning hair, cap, jewelry, makeup, uniform, shoes, hose and fingernails.
- j. Demonstrates sincerity in the performance of duties.
- k. Refrains from discussing personal problems & experiences during an operative procedure.
- l. Abides by the Golden Rule when dealing with people.
- m. Does not participate in idle conversation or gossip in personnel lounge and locker rooms.



## HOSPITAL AFFILIATIONS

1. The participating hospitals provide for clinical experience. This experience is necessary to enable students to gain experience in the basic areas of surgery and other related areas.
2. The hospitals will make space available for post – clinical conferences and for personal belongings of Great Plains Technology Center students and faculty. **Any damages or loss of such personal belongings shall not be the hospital's liability.**
3. The hospital will provide the use of instructional and library resource material as may be available to Great Plains Technology Center students and faculty. The students may not check out books.
4. Daily assignments for students will be made by the Clinical Instructor and approved by the Program Director. A schedule of classes, clinical hours, days off, and holidays will be mailed to the Educational Coordinator or Director of the Operating Room. Daily assignments subject to change with one day notice.
5. Students are expected to abide by the personnel policies of participating hospitals while rotating through their clinical facility.
6. The participating hospital or clinical sites may recommend the withdrawal of a student. Final action will be taken by the Program Director.
7. The hospital will make available emergency medical care to Great Plains Technology Center students and faculty members who are assigned to their hospitals and who become ill or may be injured while at the hospital. **The cost of such treatment will be the responsibility of the sick or injured student or faculty member.**

## STUDENT RESPONSIBILITIES IN THE CLINICAL SETTING

***The following responsibilities are those that the student must assume during all clinical rotation.***

1. Follow the administrative policies, standards, and practices of the clinical facility.
2. Provide the necessary and appropriate dress/uniform.
3. Provide own transportation, meals, and living arrangements.
4. Report to the clinical facility on time, and follow all established regulations during the regularly scheduled operating hours of the facility.
5. Conform to the standards and practices established by the educational institution before publishing any material relating to clinical experience.
6. Conduct oneself in a professional manner while training in the clinical facility.
7. Be alert at all times to the needs, condition, and safety of the patient; seek supervision for any situation that the student is comfortable with or any situation requiring functions which the student is not trained for or is not considered a function of a Surgical Technologist.
8. Report all personal accidents to the instructor, and complete the school's Accident / Incident Report.
9. Report all errors concerning aseptic technique and patient care to the instructor, and complete school incident report.

**Note:** It will be left up to hospital personnel and instructors if a Hospital Incident Report form needs to be completed.

10. **INFORM INSTRUCTOR WHEN LEAVING THE DEPARTMENT FOR LUNCH OR BREAKS.**
11. The student should never scrub alone, without the permission and supervision of the Instructor.
12. Refrain from discussing any patient's condition, surgery, or history with anyone except personnel in the room as it is appropriate, and/or the instructor. The students, staff, and administration expect patient confidentiality.

## STUDENT PARTICIPATION AND CONTRIBUTION TO THE CLINICAL AREA

Each student's primary responsibility is to learn to be safe, effective, and a dependable Surgical Technologist. The following guidelines are given to aid the student in achieving this goal:

1. Carry out those duties that have been assigned by the Instructor.
2. Be alert at all times to the needs and the safety of patients. Report unusual conditions to your instructor, the circulating nurse in your assigned room, and/or O.R. Supervisor.
3. Report all accidents and errors immediately to the instructor and to the Preceptor.
4. Follow all directions and procedures as instructed.
5. Check with your instructor if you have doubt about knowledge, information, or skill necessary for an assignment.
6. Help your instructor to know what procedures you have not had the opportunity to perform. Use your initiative in finding learning opportunities.
7. If a faculty member is not available to help you with a new procedure, the assigned hospital CST or RN may assist you with a procedure if permission has been obtained from the instructor.
8. Confine eating, drinking beverages, and smoking to designated break times and areas.
9. Maintain a friendly and dignified relationship with patients, co-workers, hospital supervisors, and school faculty.
10. Avoid social contact with patients and any discussion of patients, except as necessary in the classroom or clinical area with authorized staff. Do not discuss patients in the cafeteria, elevators, etc.
11. Avoid discussing your personal life and problems with patients or hospital personnel. Leave your personal life at home.
12. Avoid gossip by refusing to repeat it, or preferably by refusing to listen to it.
13. Make your assigned clinical instructor aware of your whereabouts at all times including break times and lunchtime.
14. **NEVER LEAVE THE OPERATING ROOM FOR ANY REASON, WITHOUT NOTIFYING YOUR INSTRUCTOR.**

15. Do not leave your assigned operating room without permission.
- a. Do not loiter in the halls or enter another room just to “look”. You may enter a room if the team needs supplies, positioning help, etc. However, you must return immediately to your assigned room after completing the task.

**NOTE: Do Not** neglect your own responsibilities in your room to help out in another room.

- b. If the surgical procedure in your room is finished, notify your instructor and you will be given a new assignment.
  - c. While scrubbed, if you become ill or about to faint, immediately tell the surgeon, scrub tech, and the circulator. Replacement personnel can be obtained if necessary. NEVER break scrub for any reason without having received permission first.
  - d. You may take breaks with the person with whom you are scrubbed in with, or when that person designates. Don't exceed your time limit!
  - e. You will be sent to lunch by the instructor, or you may go when your preceptor team member goes.
16. Use clinical facility and school property carefully and correctly.
17. Follow rules and regulations of the participating clinical affiliate.
18. Report to the clinical facility in sufficient time to be ready for report assignment.
19. **NOTIFY THE INSTRUCTOR AT YOUR ASSIGNED CLINICAL AREA BETWEEN 6:-7:00 A.M., IF YOU ARE UNABLE TO ATTEND.** If he / she cannot be reached, call again in fifteen (15) minutes. Do not send messages by other students. This is your responsibility.
20. You may purchase meals in the cafeteria. Some facilities give students a reduced rate. Indian Hospital only has a cantina, so you may want to bring your lunch when assigned there.
21. Students will be expected to be knowledgeable and prepared regarding procedures and assignments for the clinical week.



## STUDENT'S USE OF PHONES AND RECEIVING MESSAGES WHILE IN THE CLINICAL AREA

Personal phone calls for students will be accepted in the respective surgical offices for Emergencies Only.

Personal phone calls should be called to the attention of the instructor, so that the information can be forwarded to the student.

Phone calls should only be made during lunch or break times. Calls must not interfere with clinical case experience. Calls should be limited to 3 minutes.

Clinical area phone numbers may be given out for Emergency messages, example: babysitter, day care facilities.

- A. Comanche County Memorial Hospital ..... (580) 355-8620
- B. Southwestern Medical Center ..... (580) 531-4727
- C. Ambulatory Surgery Center-SWMC ..... (580) 536-7533
- D. Jackson County Memorial Hospital ..... (580) 482-4781
- E. Duncan Regional Hospital ..... (580) 252-5300
- F. Grady Memorial Hospital ..... (405) 224-2290
  
- G. **Livia Rocha / Program Director**  
Office ..... (580) 250-5574  
Cell Phone ..... (405) 889-4687
  
- H. **Chelsea Blackshere / Instructor**  
Office ..... (580) 250-5681  
Cell Phone ..... (580) 512-6734



## CLINICAL UNIFORM AND GROOMING

Surgical scrubs will serve as the school uniform, which will be worn to and from the clinical areas.

1. A nametag is required, identifying the student as a Great Plains Technology Center Student.
2. A scrub jacket will be needed for the clinical areas. It must be clean and free from wrinkles. It is not to be worn inside the restricted surgical area, but will be worn over scrub clothes to and from the hospital cafeteria.
3. **Students will be sent home to change into appropriate clothing for the clinical area.**
4. Clean, black, leather or vinyl (not canvas) duty shoes must be worn in the clinical area only. These shoes are only to be worn in the clinical areas.
  - a. Shoes and laces should be cleaned or polished as often as needed.
  - b. Shoes should be of sturdy leather, which provides good support.
  - c. Canvas shoes, sandals, and clogs are not allowed. No Crocs
  - d. Shoes must be transported in appropriate container.
5. Clean undergarments must be worn under scrub clothes in the clinical area.
6. Undershirt must be same color as hospital scrubs.

### SAFETY APPAREL – CLINICAL AREAS

1. Safety glasses/goggles are required for the clinical area and must be worn at all times while in the operating room.
2. Safety glasses will be worn in the school lab area, or any time students are practicing skill assignments.
3. Students will be sent home if they fail to have safety eye wear in the clinical area.
4. Any student found not wearing safety glasses in the clinical area will have points deducted from their daily grade.

### GROOMING

1. Good **PERSONAL HYGIENE** must be maintained at all times.
  - a. Use of deodorant is required.
  - b. Special precautions should be taken to prevent halitosis. Those students, who smoke, please take special precautions in this area.
  - c. Should poor hygiene be noted, student will be counseled by instructor.

## 2. COSMETICS

- a. False eyelashes are NOT permissible in the operating room.
- b. Perfumes and colognes may not be used.

**NOTE:** Students will be asked to leave the clinical area if cologne is too strong.

## 3. FINGERNAILS

- a. Nail polish or artificial nails are NOT permissible in the operating room.
- b. Nails will be kept short and clean.

## 4. HAIR

- a. Hair should be kept neat and clean.
- b. Ribbons, flowers, conspicuous barrettes, hair rollers or bandannas may not be worn.
- c. All hair must be completely covered by a surgical cap while in the operating room. Surgeon's caps are not permitted.
- d. Beards must be neatly trimmed or shaved according to the hospital policy.

## 5. JEWELRY

- a. No jewelry at clinicals.
- b. WHEN SCRUBBING IN THE OPERATING ROOM, NO JEWELRY OF ANY KIND MAY BE WORN ON THE HANDS OR ARMS.
- c. Religious insignia or small neck chain may be worn out of sight.
- d. No other jewelry may be worn during clinical rotations.

## CHEWING GUM

May be permitted provided there is no popping or smacking of the gum. The instructor has the discretion to ask the student to discard the gum if the chewing becomes a distraction.

**(NOTE:** Some surgeons do not like people to chew gum!)

## STUDENT HEALTH REQUIREMENTS

### STUDENT HEALTH POLICIES

1. It is extremely important for the school to know the health of each student throughout the duration of the program. A physical examination is to be completed by each student at Jackson County Memorial Hospital prior to clinicals.
2. The school does not have a physician assigned to the care of students. In case of illness or emergency, each student should have the name of hospital in which you would prefer to use on record in the school office.
3. The student may be asked to contact his/her physician regarding appropriate measures to be taken in the event of exposure to infectious and communicable disease in the clinical area when deemed advisable by the faculty.
4. It is strongly recommended that each student be enrolled in some type of hospitalization insurance plan. **(Cost of insurance is the student's responsibility. The GPTC faculty or clinical affiliates are NOT responsible for injuries incurred at clinical sites or GPTC, and insurance is the responsibility of the student.)**
5. Students in the clinical area are expected to abide by the policies of the hospital in regard to illness.
6. Students absent for **three or more days**, due to illness, must have a release from the attending physician before returning to clinicals. This release will be filed with the student's records.
7. If the student becomes ill or is injured while on duty, the instructor must be contacted immediately. **The student is responsible for expenses resulting from injury in the clinical area.**
8. Any student with a noted physical need or illness is expected to be under a doctor's care and provide proof of continued treatment as necessary.
9. Physician and dental appointments should not conflict with classroom or clinical assignment.
10. **ILLNESS.** The director or school nurse may exclude from school, students with fever, sore throat, coughs or colds, conjunctivitis, ringworm, skin rash, or any other condition or illness that the school nurse suspects of being contagious. A student with a fever of 101° or greater may not attend clinicals for 24 hours after the temperature has returned to normal, per hospital policy.
11. **STUDENTS MUST BE ABLE TO MEET THE SURGICAL TECHNOLOGIST STUDENT HEALTH REQUIREMENTS THROUGHOUT ENROLLMENT IN THE PROGRAM.**
12. The hospitals will make available emergency medical care to Great Plains Technology Center School Surgical Technologist Students and faculty members who are assigned to the hospitals, and who become ill or injured while at the hospital. **The cost of such**

treatment will be the responsibility of the ill or injured student or faculty member.

13. **HEPATITIS B VACCINATIONS**. Due to the potential exposure to blood borne pathogens and body fluids, students enrolled in Surgical Technologist are required to have the series of three hepatitis B vaccinations. A positive Titer is required to prove immunity or sign a declination form, acknowledging the student's decision to refuse to take the vaccinations.
14. Pregnancy
  - a. **WARNING:** In the event that a student is pregnant, Surgical Technologist advises the student that she may be subjected to radiation and anesthesia gases, which are harmful to the unborn fetus. If a pregnant student chooses to wait entrance into the program for the safety of herself and the unborn fetus, the Surgical Technology program will hold a space for the student in the following year's class.
  - b. Special consideration is given upon request of a student due to exposure to ionizing radiation and anesthesia gases during pregnancy. Because of the increased radiation sensitivity of the developing fetus, the National Council of Radiation Protection and the U.S. Nuclear Regulatory Commission recommends "during the entire gestation period, the maximum permissible dose equivalent to the fetus from occupational exposures of the expectant mother should not exceed 0.5 rem".
  - c. The Great Plains Technology Center, in connection with the clinical affiliate, advise the highest level of caution possible and, therefore, have developed the following policies:
    - i. The student is encouraged to notify the program faculty of pregnancy. Note: This is a voluntary disclosure and the student has the right to revoke declare pregnancy worker statement. This notification must be made in writing and a signed statement of pregnancy sent to the medical advisor. This will not alter clinical rotations based upon pregnancy.
    - ii. The student may use all allotted leave prior to or after delivery and may apply for temporary interruption from campus administration. All additional days missed are to be made up. (Please refer to GPTC Student Handbook – temporary interrupt)
    - iii. If the student chooses to withdraw from the program completely, she will be reinstated at the beginning of the semester of withdrawal.
    - iv. If at all possible, the student is encouraged to attend all classroom instruction until full return to the program is made. The student should receive permission from her physician to do this.
15. The Information and Consent form that you signed for the GPTC Student Handbook also covers the Surgical Technologist Student Handbook and a copy will be kept on file by the Program Director.

***The GPTC Board of Education has approved this handbook.***

## **STUDENT HEALTH REQUIREMENT**

### **SURGICAL TECHNOLOGIST STUDENTS MUST:**

1. Provide evidence of good health, by submitting a completed Great Plains Technology Center Physical Form, which has been completed by your personal physician.
2. Submit titers and shot record as proof of immunity of current immunizations.

<b>REQUIRED IMMUNIZATIONS</b> <b><i>Must provide copy of shot record and Titer</i></b>	
MMR (Measles, Mumps, Rubella)	Received 2 doses of live measles vaccine. <b><i>Must submit positive Titer.</i></b>
Hepatitis B	Received 3 doses of Hepatitis B vaccine. <b><i>Must submit positive Titer.</i></b>
Varicella (Chicken pox)	<b><i>Must submit positive Titer.</i></b>
QuantiFeron or 2-step PPD	Must be documented
Tetanus / TDaP (within last 10 years)	Must be documented on a Shot Record
Seasonal Influenza	You will be notified when to have this done.
Covid Shot	Required by clinical sites

3. Not be infected with any infectious diseases, which could be transmitted to patients.
4. Provide a physician's statement of release regarding any physical limitations.
5. Be aware that the vaccination for Hepatitis B is required, unless a Hepatitis B declination statement is signed. A positive Titer must be on file.
6. Must not have any open lesions on hands or arms, such as psoriasis or dermatitis.

## SAFETY

### PRACTICE DRILLS

Great Plains Technology Center has, in place, an emergency situation management plan that will be reviewed with all students periodically by their instructors. (We must take these drills seriously!)

### PHYSICAL WORKING CONDITIONS AND DEMANDS

#### A SURGICAL TECHNOLOGIST MUST:

1. Be able to stand for extended periods of time.
2. Be able to meet the following physical demands: Bending, walking, standing, lifting, carrying, pushing, and handling equipment, supplies, or patients exceeding (25) pounds.
3. Have visual acuity of at least 20/30 out of one eye.
4. Have hearing capability at 0-25 DB.
5. Be able to work in environmental temperatures from 60° to 80° Fahrenheit.
6. Be aware of potential exposure to infectious diseases.
7. Be aware that exposure to latex gloves may cause the development of allergic reactions.
8. Be aware that their skin should be free and clear of conditions which would impair the integrity of their skin.



## GENERAL SAFETY REGULATIONS

### GENERAL SAFETY PRECAUTIONS

1. Maintain professional conduct.
2. Be knowledgeable of the uses of all equipment, supplies and procedures before attempting use. Students must pass instrument exam with a 100%. If second attempt is not 100%, it may be grounds for dismissal from the program.
3. Check all equipment and possible supplies for proper function before use and report any malfunction or damage immediately.
4. Handle equipment properly and carefully to prevent damage or injury to yourself or others.
5. Store equipment and supplies in proper places.
6. Use principles of body mechanics when lifting, pulling, or pushing.
7. Remove any hazardous objects or spills from floors or hallways immediately.
8. Minimize distractions to prevent accidents.
9. Never run in rooms or hallways.
10. Do not enter restricted or isolated areas unless instructed to do so in the course of clinical activities.
11. Report fire to person in charge of immediate area and follow designated hospital policy procedure.
12. Discuss any questions concerning a procedure or equipment use with an instructor.
13. Safety glasses are required for the clinical area, and must be worn at all times in the operating room, while scrubbing on a procedure, or any time when there is a possibility that a student may come in contact with a patient's body fluids.
14. **STANDARD PRECAUTIONS** must be practiced at all times.

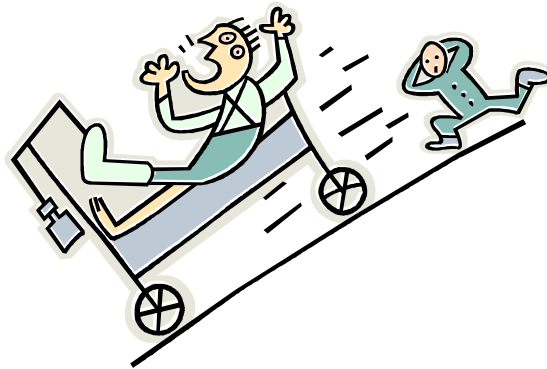


## ACCIDENTS AND ERRORS

The following guidelines should be utilized in reporting accidents or errors:

### ACCIDENTS AND ERRORS

1. The student must report all accidents or errors immediately to the preceptor in charge of the student, and to the Program Director. This is an individual responsibility.
2. The student must complete a Great Plains Technology Center School Accident / Incident Form at the time of the accident / incident.
3. The student must fill out the proper forms according to hospital policy.
4. **Failure to report an error or incident to the Clinical Instructor and Program Director could result in immediate dismissal from the program.**



## CLINICAL ATTENDANCE POLICIES

Student should be regular in attendance.

1. Attendance requirements are equivalent to those imposed upon all employees by business and industry.
2. Prompt attendance at all classes, lectures and post-clinical conferences is expected, unless cleared by Program Director.
3. The student should be dressed in scrub clothes and ready to begin clinical duty at appropriate time.
4. Medical or dental appointments should not conflict with class or clinical duties. Please make appointments after class, if possible.
5. Clinical Days for Level II are Monday through Wednesday. Clinical days subject to change depending on case load.
6. Clinical Days for Level III will be Monday, Tuesday, Wednesday, and Thursday.
7. Attendance Policy – Refer to GPTC Student Handbook.
8. Clinical time can only be made up with time for time. The student must make arrangements with Program Director for make up time.
9. Student must remain at clinicals the full time during clinical days. There will be no leaving the clinical site early unless instructed by the instructor to do so.

### TIME ON DUTY

1. Clinical hours will be 6:30 A.M. – 2:30 P.M.  
(Unless otherwise specified.)
2. Theory days for Level I, II will be from 8:00 A.M.-3:15 P.M.
  - a. Theory Days Level II – Friday
  - b. Theory Days Level III – Thursday - Friday

### TARDINESS

1. Students must be in clinical at the designated time, dressed and ready for duty, or they will be sent home. Student will be given zero for the day.
2. If the student must be tardy to clinical site, he/she must call Clinical Coordinator or Program Director between 6:30-7:00 A.M.

## INCLEMENT WEATHER OR UNUSUAL CIRCUMSTANCES

1. During inclement weather, when conditions make driving unsafe and when other schools in the county are closed, the Superintendent will make the decision regarding the operation or closing of Great Plains Technology Center.
2. If the decision is made to close the school, the various radio and TV stations will be advised as soon as possible, but not later than 6:30 A.M. Therefore, unless a radio or TV announcement is made to the contrary, Great Plains Technology Center will be open.

***Please note:*** *Lawton Public Schools or other area schools may be closed, but Great Plains Technology Center may be open.*

3. When other conditions such as power failure, water main break, etc., create an unsafe or constitute a health hazard, the same procedure as indicated above will be used to advise those concerned.
4. During clinical rotations when severe weather occurs and notification has been received that the Great Plains Technology Center will be closing, the Program Director will make the decision for the students to stay or leave.



## CLINICAL PRACTICUM OBJECTIVES

Upon completion of Clinical Competencies, the student will be able to apply the knowledge and skills stated in Level I – III. This will enable the student to be an effective member of the surgical team. The student will be able to:

1. Demonstrate responsibility by being punctual and adhering to daily attendance requirements (arrives in O.R. room in a timely fashion).
2. Demonstrate correct adherence to O.R. attire and appearance (shoes for O.R., hair covered, shoe covers, I.D. badge, no jewelry, no visible body piercing, safety eyewear utilized).
3. Demonstrate professional relationships with team members, staff, doctors, patients, peers, and instructors.
4. Seek/accept supervision and constructive criticism and takes corrective actions as needed.
5. Demonstrate a willingness to learn by performing in the 1<sup>st</sup> scrub role, effectively communicates objectives to preceptors, and limit downtime.
6. Use appropriate language, effective communication skills, avoid gossip, and demonstrate patient and peer confidentiality
7. Demonstrate procedure(s) for obtaining correct supplies, instruments and, equipment by utilizing preference cards or case cart sheets.
8. Identify and demonstrate correct care, handling & assembly of basic, specialty, and accessory instruments, supplies and equipment pre-op, intra-op, and post-operatively.
9. Identify & demonstrate correct preparation & handling of sutures and stapling devices.
10. Organize and perform set-up of back table and mayo for all types of surgical procedures.
11. Anticipate the needs of the surgeon.
12. Perform in the 1<sup>st</sup> scrub role for the entire surgical procedure.
13. Demonstrate initiative in pre/intra/post-op case preparation/clean-up procedures.
14. Demonstrate correct O.R. disinfecting routine(s) and turnover procedures.
15. Demonstrate correct operation of: Flash sterilizers, Steris sterilizers, chemical or other sterilization methods or machines as needed.
16. Demonstrates the principles of aseptic technique to include: Surgical hand scrub, gown and glove self, surgeon, and other team members, open and deliver supplies, establish and maintain the sterile field, apply sterile drapes for all procedures, attach light handles, suction, cautery, scope and cords, receive sterile supplies and equipment from circulator,

and apply surgical dressings.

17. Maintain personal safety by wearing safety glasses and lead aprons, practicing sharp(s) precautions, and following standard precautions at all times.
18. Demonstrate correct procedure for handling, labeling, and containment of specimens and/or cultures.
19. Demonstrate correct and safe handling of electrocautery, laser devices, and endoscopic equipment.
20. Accurately identify, accept, measure, and mix medications and /or solutions for use on the sterile field.
21. Demonstrate accuracy in counting of sponges, instruments, and sharps.
22. Demonstrate correct techniques of circulating duties (*as permitted by hospital policy*) to include: appropriate documentation, transporting the patient, positioning the patient, catheterization of the patient, and preparation of the operative site.

## GENERAL SURGERY OBJECTIVES

### Time Allotment:

The student will perform a minimum of 30 general surgical procedure with 20 being in the solo or assist scrub role. The student should demonstrate competence and be able to perform independently in this specialty area.

### Specific Objectives:

1. Identify and discuss common surgical approaches for general procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving general surgery.
5. List and discuss *specialty equipment* commonly used in the general procedures identified below.
6. List and discuss *specialty instruments* commonly used in the general procedure listed below.
7. List and discuss *supplies* commonly used in the general procedures listed below.
8. Participate on a variety of general surgical procedures including:
  - ❑ Appendectomy
  - ❑ Anoplasty
  - ❑ Breast Biopsy
  - ❑ Herniorrhaphy (Femoral, Incisional, Inguinal)
  - ❑ Rectal Procedures
  - ❑ Gallbladder Procedures
  - ❑ Intestinal Procedures
  - ❑ Thyroidectomy
  - ❑ Miscellaneous General Surgery Procedures

### Student Activity:

Upon completion of the required surgical procedures in the general specialty area, the students will type a report covering each of the specific objectives listed above. **Make certain to address each objective and the surgical procedures for each anatomical area.**

## OBSTETRIC & GYNECOLOGIC SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 20 surgical procedures in the solo or assist scrub role for gynecologic procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for procedure obstetric and gynecology.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving obstetric and gynecologic surgery.
5. List and discuss *specialty equipment* commonly used in the obstetric and gynecologic procedures identified below.
6. List and discuss *specialty instruments* commonly used in the obstetric and gynecologic procedures identified below.
7. List and discuss *supplies* commonly used in the obstetric and gynecologic procedures identified below.
8. Participate on a variety of obstetric and gynecologic surgical procedures to include:
  - ❑ Ablation of Condylomata
  - ❑ Anterior and Posterior Repair
  - ❑ Bartholin Cystectomy
  - ❑ Dilation and Curettage
  - ❑ Hysterectomy (Vaginal, Abdominal and LAVH)
  - ❑ Miscellaneous gynecologic procedures
  - ❑ Cesarean Section
  - ❑ Tubal Ligation

### **Student Activity:**

Upon completion of the required surgical procedures in the gynecologic specialty area, the students will complete a case study covering each of the specific objectives listed above.

## LABOR AND DELIVERY OBJECTIVES

### **Time Allotment:**

The student will spend a total of eight (8) hours in labor and delivery.

### **Specific Objectives:**

Upon completion of the Labor and Delivery Rotation, the student will be able to:

1. Appreciate the stress of the obstetrical patient and give the proper emotional support.
2. Anticipate and respond to potential complications inherent in each obstetrical patient.
3. Demonstrate knowledge of the names of basic instruments, supplies, and suture used in obstetrical procedures.
4. Effectively scrub on a vaginal delivery.
5. Effectively scrub on a Cesarean Section.
6. Perform sponge and needle counts at the appropriate time during a Cesarean Section.
7. Identify the supplies and equipment needed for an emergency delivery or Cesarean Section.
8. Verbalize understanding of the care given to the infant following delivery.
9. Verbalize understanding of the use of the APGAR system.
10. Demonstrate the ability to suction the infant's mouth and nose.

### **Student Activities:**

1. Assist with care of the obstetrical patient giving proper emotional support.
2. Recognize and respond to the obstetrical patient with complications.
3. Identify and use the basic instruments, supplies, and sutures on an obstetrical procedure.
4. Effectively scrub on a vaginal delivery.
5. Effectively scrub on a Cesarean Section.
6. Perform sponge and needle counts at the appropriate time during a Cesarean Section or a vaginal delivery.
7. Identify the supplies and equipment needed for an emergency delivery.



8. Assist with the suctioning of the infant's mouth and nose.
9. Complete all required clinical paper work. Paper work is due the first day back in the classroom.

## EAR, NOSE, AND THROAT / HEAD AND NECK SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 20 surgical procedures in the solo or assist scrub role for ear, nose, and throat procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for ear, nose, and throat procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving ENT surgery.
5. List and discuss *specialty equipment* commonly used in the ENT procedures identified below.
6. List and discuss *specialty instruments* commonly used in the ENT procedures identified below.
7. List and discuss *supplies* commonly used in the ENT procedures identified below.
8. Participate on a variety of ENT surgical procedures to include:
9. Ear procedures:
  - ❑ Nasal procedures
  - ❑ Throat procedures
  - ❑ Sinus procedures
  - ❑ Head and neck procedures
  - ❑ Oral and maxillofacial surgery
  - ❑ Temporomandibular procedures
  - ❑ Endoscopic diagnostic procedures
  - ❑ Miscellaneous procedures involving ENT procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the ENT specialty area, the students will complete a case study covering each of the specific objectives listed above.

## ORTHOPEDIC SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 20 surgical procedures in the solo or assist scrub role for orthopedic procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for orthopedic procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving orthopedic surgery.
5. List and discuss *specialty equipment* commonly used in the orthopedic procedures identified below.
6. List and discuss *specialty instruments* commonly used in the orthopedic procedures identified below.
7. List and discuss *supplies* commonly used in the orthopedic procedures identified below.
8. Participate on a variety of orthopedic surgical procedures to include:
  - ❑ Achilles Tendon Repair
  - ❑ Acromioplasty
  - ❑ DeQuervain's Contracture Release
  - ❑ Dupuytren's Contracture Release
  - ❑ Lower Extremity Amputation (BKA/AKA)
  - ❑ Tenorrhaphy
  - ❑ Ulnar Nerve Transposition
  - ❑ Bankart and Various Shoulder Procedure
  - ❑ Bipolar Hip Replacement/ ORIF Hip
  - ❑ Open Reduction Internal Fixation
  - ❑ Arthroscopy (Shoulder/Knee)
  - ❑ Anterior Cruciate Ligament (ACL) Reconstruction
  - ❑ Total Arthroplasty (Hip, Knee, Ankle, Elbow & Shoulder)
  - ❑ Miscellaneous orthopedic procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the orthopedic specialty area, the students will complete a case study covering each of the specific objectives listed above.

## GENITOURINARY SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 20 surgical procedures in the solo or assist scrub role for genitourinary procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for genitourinary procedures.
2. Determine abdominal incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications.
4. Determine the needs for any given procedures involving genitourinary surgery.
5. List and discuss *specialty equipment* commonly used in the genitourinary procedures identified below.
6. List and discuss *specialty instruments* commonly used in the genitourinary procedures identified below.
7. List and discuss *supplies* commonly used in the genitourinary procedures identified below.
8. Participate on a variety of genitourinary surgical procedures to include:
  - ❑ Adrenalectomy
  - ❑ Kidney procedures
  - ❑ Ureteral procedures
  - ❑ Urinary bladder and urethral procedures
  - ❑ Male reproductive system procedures
  - ❑ Endoscopic diagnostic procedures
  - ❑ Miscellaneous procedures involving genitourinary procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the genitourinary specialty area, the students will complete a case study covering each of the specific objectives listed above.

## PLASTIC & RECONSTRUCTIVE SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform all assigned surgical procedures in the solo or assist scrub role for Plastic & Reconstructive procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for Plastic & Reconstructive procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving Plastic & Reconstructive surgery.
5. List and discuss *specialty equipment* commonly used in the Plastic & Reconstructive procedures identified below.
6. List and discuss *specialty instruments* commonly used in the Plastic & Reconstructive procedures identified below.
7. List and discuss *supplies* commonly used in the Plastic & Reconstructive procedures identified below.
8. Participate on a variety of Plastic and Reconstructive surgical procedures to include:
  - ❑ Blepharoplasty
  - ❑ Breast Augmentation
  - ❑ Dermabrasion
  - ❑ Otoplasty
  - ❑ Rhinoplasty
  - ❑ Liposuction
  - ❑ Abdominoplasty
  - ❑ Skin Grafts
  - ❑ Miscellaneous Plastic and Reconstructive procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the Plastic and Reconstructive specialty area, the students will complete a case study covering each of the specific objectives listed above.

## CARDIAC SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform in the first or second scrub role for all assigned cardiac surgical procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for cardiac procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving cardiac surgery.
5. List and discuss *specialty equipment* commonly used in the cardiac procedures identified below.
6. List and discuss *specialty instruments* commonly used in the cardiac procedures identified below.
7. List and discuss *supplies* commonly used in the cardiac procedures identified below.
8. Participate on a variety of cardiac surgical procedures to include:
  - ❑ Pacemaker procedures
  - ❑ Intra-aortic balloon pump insertion/removal
  - ❑ Cannulation/decannulation for extracorporeal circulation
  - ❑ Repair of congenital cardiac anomalies
  - ❑ Repair of acquired lesions
  - ❑ Cardiac transplant
  - ❑ Peripheral vascular procedures
  - ❑ Embolectomy/thrombolectomy
  - ❑ Shunt procedures
  - ❑ Aneurysmectomy
  - ❑ Bypass grafting
  - ❑ Inferior vena cava procedures
  - ❑ Sympathectomy
  - ❑ Amputations
  - ❑ Miscellaneous cardiac procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the cardiac specialty area, the students will complete a case study covering each of the specific objectives listed above.

## NEUROLOGIC SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 15 surgical procedures in the solo or assist scrub role for neurologic procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for neurologic procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving neurologic surgery.
5. List and discuss *specialty equipment* commonly used in the neurologic procedures identified below.
6. List and discuss *specialty instruments* commonly used in the neurologic procedures identified below.
7. List and discuss *supplies* commonly used in the neurologic procedures identified below.
8. Participate on a variety of neurological surgical procedures to include:
  - ❑ Cranial procedures
  - ❑ Spinal procedures
  - ❑ Peripheral nerve procedures
  - ❑ Hand procedures
  - ❑ Miscellaneous neurologic procedures

### **Student Activity:**

Upon completion of the required surgical procedures in the neurological specialty area, the students will complete a case study covering each of the specific objectives listed above.

## ORAL & MAXILLOFACIAL SURGERY OBJECTIVES

### **Time Allotment:**

The student will perform in the solo or assist scrub role for all assigned oral & maxillofacial surgical procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

1. Identify and discuss common surgical approaches for oral & maxillofacial procedures.
2. Determine incisions required for various surgical procedures.
3. Distinguish operative and diagnostic surgical procedures and their applications in this specialty area.
4. Determine the needs for any given procedures involving oral & maxillofacial procedures surgery.
5. List and discuss *supplies* commonly used in the oral & maxillofacial procedures identified below.
6. Participate on a variety of oral & maxillofacial surgical procedures to include:
  - ❑ Arch Bar Application
  - ❑ Dental Extraction
  - ❑ Dental Implants
  - ❑ Odontectomy
  - ❑ Cleft Lip/Palate Repair
  - ❑ LeFort I , II, or III
  - ❑ ORIF Orbital Fracture
  - ❑ ORIF Maxillary/Mandibular Fracture
  - ❑ Zyomatic Fracture Management
  - ❑ Craniofacial Reconstruction

### **Student Activity:**

Upon completion of the required surgical procedures in the oral & maxillofacial specialty area, the students will complete a case study covering each of the specific objectives listed above.



## CARDIAC CATHETERIZATION LAB ROTATION

### **Time Allotment:**

The student will spend a total of eight (8) hours in the Cardiac Cath Lab.

### **Specific Objectives:**

Upon completion of this rotation, the student will be able to:

1. Demonstrate knowledge of the Cardiac Cath Lab procedures by writing a Case Management Plan concerning cardiac procedures.
2. Describe the types of pathology observed on the screen and monitors.
3. Describe the types and uses of diagnostic equipment in the cardiac cath lab.
4. Appreciate the emotional stress experienced by the patient undergoing a cardiac procedure under local.
5. Differentiate among the duties of the cardiac cath team members.
6. Discuss the importance of radiation protection during radiographic and fluoroscopic cardiac procedures.
7. Note the difference in aseptic techniques used in the cath lab as opposed to surgery.

### **Student Activities:**

1. Observe cardiac cath procedures.
2. Take notes during the rotation.
3. Help the team whenever possible.
4. Complete all required clinical paperwork, including a Case Management Plan covering the following items:
  - A. Type of procedure observed.
  - B. Type of pathology observed.
  - C. Types and uses of the equipment used.
  - D. All medications used and their purposes.
  - E. Protective equipment for patients and personnel.
  - F. Any breaks in aseptic technique.

All required clinical paperwork is due on the first classroom day back from clinicals.

## OPHTHALMIC SURGERY ROTATION OBJECTIVES

### **Time Allotment:**

The student will perform a minimum of 8-10 surgical procedures in the solo or assist scrub role for surgical procedures. The student should demonstrate competence and be able to perform independently in this specialty area.

### **Specific Objectives:**

Upon completion of the eye surgery rotation, the student will be able to:

1. Demonstrate knowledge of ophthalmology procedures by writing a Case Management Plan concerning ophthalmologic procedures.
2. List medications and uses for ophthalmology procedures.
3. Discuss anesthesia (local, blocks and general) for ophthalmology procedures.
4. Describe the types and uses for the equipment used in ophthalmology procedures.
5. Differentiate among the duties of the team members.
6. Discuss the importance of aseptic technique in ophthalmology procedures.

### **Student Activities:**

1. Observe and participate in ophthalmology procedures.
2. Take notes during rotation and ask questions at the appropriate time.
3. Assist the team members as needed.
4. Write a Case Management Plan concerning an ophthalmology procedure including the following items:
  - A. Type of procedure observed or scrubbed on.
  - B. Types of pathology observed.
  - C. Types and uses of all equipment used.
  - D. All medications used and their purposes.
  - E. Protective equipment used for patient and personnel.
  - F. Any breaks in aseptic technique.



Complete all required clinical paperwork. Paperwork is due the first classroom day after clinicals.

## **GASTRO-INTESTINAL ENDOSCOPY LAB ROTATION OBJECTIVES**

### **Time Allotment:**

The student will spend a total of 8 hours in the G.I. Endoscopy Lab.

### **Specific Objectives:**

Upon completion of the Gastro-Intestinal Endoscopy lab rotation, the student will be able to:

1. Demonstrate knowledge and skills of the G.I. Endoscopy procedures by setting up procedure according to physicians' preference card.
2. Demonstrate knowledge and skills of caring for equipment and instruments. This includes the cleaning of equipment and instruments between procedures, and the terminal cleaning procedure.
3. Describe the type and use of diagnostic equipment in the G.I. Lab.
4. Discuss the emotional stress experienced by the patient undergoing an endoscopic procedure.
5. Differentiate the duties of the G.I. lab team members.
6. Verbalize the understanding of the importance of radiation protection during radiographic and fluoroscopic procedures.
7. Describe the preparation of the patient receiving endoscopy studies.
8. Describe the monitoring of those patients after the procedure is completed.

### **Student Activities:**

1. Observe and participate in gastro-intestinal procedures.
2. Demonstrate cleaning of equipment between procedures and the terminal cleaning procedure.

Upon completion of this rotation, the student must complete all required clinical paperwork. Paperwork is due the first day back in the classroom.

## TRANSPORTATION AND PRE-OP HOLDING AREA OBJECTIVES

### **Time Allotment:**

The student will spend a total of eight (8) hours in transportation and pre-op holding area.

### **Specific Objectives:**

Upon completion of this rotation, the student will be able to:

1. Discuss transportation responsibilities with employees responsible for transporting the surgical patient.
2. Appreciate the stress of the surgical patient and give proper emotional support.
3. Anticipate and respond to the needs of the surgical patient being admitted to the pre-op holding area.
4. Select the correct supplies and equipment needed to transport a patient to the surgical suite.
5. Demonstrate the ability to safely identify and transport a patient to the surgical suite by:
  - A. Identifying the patient.
  - B. Checking the patient's chart.
  - C. Moving the patient from the bed to the stretcher.
  - D. Transporting the patient safely down the hallways.
  - E. Transporting the patient into and out of an elevator.
  - F. Transporting the patient into the holding area and providing for patient's comfort.
  - G. Identifying the process if the patient is transported in his/her own bed instead of the stretcher.
  - H. Identifying the process after the patient arrives in the pre-op holding area.

### **Student Activities:**

1. Check the departmental policy for:
  - A. Dress code for leaving the surgical suite.
  - B. Transportation procedure.
2. Participate in transporting a patient to the surgical suite.
3. Demonstrate the ability to:
  - A. Identify patient and get chart from the floor.
  - B. Move (assist) patient from bed to the stretcher.

- C. Transport the patient from the floor to the holding area.
- D. Direct patient's family to the surgical waiting room.
- E. Provide for patient comfort in the holding area.

## POST ANESTHESIA CARE UNIT OBJECTIVES

### **Time allotment:**

The student will spend a total of 8 hours in the recovery room.

### **Specific Objectives:**

Upon completion of the Post-Anesthesia Care Unit rotation, the student will be able to:

1. Assist in admitting a patient to the Post-Anesthesia Care Unit from surgery.
2. Correctly monitor blood pressure, pulse and respirations.
3. Observe the operative site for hemorrhage and respond by either changing or re-enforcing the dressing, according to the doctor's orders.
4. Anticipate and respond to the potential complication inherent in the post-anesthesia period.
5. Appreciate the stress and pain of the surgical patient and give appropriate emotional support.
6. Assist the registered nurse in performing required patient care.
7. Correctly administer oxygen to the patient.
8. Effectively maintain patient safety, by preventing patients from harming themselves.
9. Verbalize knowledge of the criteria involved for evaluating and discharging a patient from the Post-Anesthesia Care Unit.
10. Demonstrate the proper cleaning-up procedure of the unit after the patient is discharged.
11. Practice good aseptic technique to control infection. Especially important is good hand washing technique between caring for different patients. The wearing of gloves is mandatory when coming in contact with any patient body fluids.
12. Assist with the patient transfer from the Post-Anesthesia room to the patient's room.

### **Student Activities:**

Upon completion of this rotation, the student must write a two page report describing his/her experience in the Post-Anesthesia room. This report should include:

1. How patients are evaluated, and criteria for discharging patient.
2. New skills performed.

3. List emergency equipment available if complications arise.
4. Students' response to the Post-Anesthesia Care Unit activity.

Total points: Twenty (20) – Report must be typed or written with black ink. Report is due the first day back in the classroom.

## GRADING STANDARDS

### CLINICAL GRADING POLICY

**Level II-III Clinical** grades are derived from the clinical evaluations.

1. Grades will be awarded by achievement of clinical objectives.
2. There is a total of two hundred fifty three (253 - 258) points possible for each clinical week.
3. The grading system will be sub divided into 3 main areas.
  - A. Attendance – 15 – 20 possible points per week.
  - B. Professional Accountability – Twenty-four (24) possible points per week.
  - C. Case Management Accountabilities – One hundred and four (104) possible points per week.
4. The student will be required to complete one (1) – Case Management Plan per week worth one hundred (100) possible points.
5. The student will receive ten points (10) each week for completion of the **Surgical Procedure Case Log** (Checklist) and the **Clinical Data Totals Form**.



## DESCRIPTION OF GRADING CATEGORIES

### 1. **ATTENDANCE**

- A. The student must meet the following criteria:
  - 1) Regular in attendance.
  - 2) Punctual in arriving.
  - 3) Dressed in scrub clothes and be prepared for duty by assigned time.
  - 4) If the student is going to be absent or tardy, he/she must call the Clinical Instructor or Program Director between 6:30 – 7:00 A. M.
- B. If the student is absent or tardy they will be sent home, and he/she will receive no (0) points for that day.

### 2. **PROFESSIONAL ACCOUNTABILITY**

- A. Critical behaviors refer to those variables in learning which are important and vital to success in any endeavor.
- B. Factors included in this area:
  - 1) Attitude
  - 2) Motivation
  - 3) Responsibility
  - 4) Reliability
  - 5) Communication skills
  - 6) Interpersonal relationships
  - 7) Professional manner
  - 8) Leadership skills

### 3. **CASE MANAGEMENT ACCOUNTABILITY**

- A. The case management accountability grade is based on those behaviors and skills that are being developed and constantly refined during clinical practice. A weekly observation of an entire surgical procedure from start to finish by GPTC instructor will be done to validate that clinical lab objectives are being met at an acceptable level. This observation will also be used to suggest areas of improvement of clinical competencies.
- B. Preceptor evaluation form should be completed by the Clinical Preceptor who has spent the most time with the student during the clinical weeks rotation.
- C. Factors influencing the grade include:
  - 1) Daily performance
  - 2) Planning and preparation
  - 3) Organization
  - 4) Aseptic technique and sterilization accountability
  - 5) Patient care and safety accountability
  - 6) Knowledge of anatomy, medical terminology and surgical procedures.
- D. If the student is unable to scrub due to cuts or injuries to the hands or arms, he/she will be allowed to observe or go into a specialty area for no more than one week per clinical rotation. (Remember, all hands or arm injuries must be reported).

#### 4. **CASE MANAGEMENT PLAN**

- A. Case management plan studies are designed to assist your learning process and reinforce knowledge of supplies and equipment needed for surgical procedures. Select cases, which will be beneficial to your learning.
- B. The student will be required to complete one (1) case management plan per week worth one hundred (100) points.
- C. Case management plans are due on the first theory day of the following week. Late case management plans will not be accepted, and the student will receive no (0) points.
  - 1) If the student is absent on the day when assignments are due, they must make arrangements with the Clinical Instructor or the Program Director.
- D. It is the responsibility of each student to obtain **Case Management Plan**.
  - 1) Forms may be obtained from Trajecsys and Schoology.
  - 2) The Clinical Instructor will not have forms.
- E. Do not duplicate Case Management Plans. Only submit one Case Management plan for one procedure, i.e. one Breast Biopsy.

#### 5. **CLINICAL CASE VERIFICATION SHEETS FORMS**

- A. **Daily Case Log** enable the student to keep an accurate record of their daily assignments and the amount of time spent on each procedure.
  - 1) This data is a **mandatory** requirement by NCCT for eligibility of sitting for the TS-C exam.
  - 2) The verification of clinical competency performance achievement on each surgical procedure is needed for statistical information.
  - 3) The data also allows the student and the Program Director to evaluate the types of procedures in which they need to participate.
- B. **Daily Case Log** are to be completed daily and turned in to the Clinical Instructor, along with the Case Management plan, on the first day of the next week.

- 1) The student receives fifteen (15) points for completing the **Surgical Procedure Case Log (Checklist)** and **Clinical Data Totals Form**.
- 2) These are shown to instructors on the first day of the next week.
- 3) Please be aware that the **Surgical Procedures Case Log (Checklist)** and **Clinical Data Totals Form** are a part of your permanent file.

**INCOMPLETE OR INACCURATE RECORDS  
CAN, OR WILL, BE GROUNDS FOR  
NOT RECEIVING  
A CERTIFICATE FROM THE PROGRAM.**

\*An 80% grade average is necessary to progress from one level to the next and to complete the Surgical Technologist Major. Failure to attain an 80% will result in probation and remediation. If after remediation an 80% is not attained within the allotted time, the student will be dismissed from the program. (This does not reflect the school's guidelines, but has been approved by the Board of Education.)

A post-clinical conference will be conducted on the first day of the next week to discuss student's preceptor evaluation and to compare with students self-evaluation. If a discrepancy is noted, the clinical instructor will contact the preceptor for an explanation of the evaluation.

The Program Director or clinical instructor may override the clinical evaluation if negative feedback is judged to be unwarranted.

**6. In order to pass from Level II to Level III, the student must:**

- A. Pass the clinical portion of Level II with at least an 80% grade average.
- B. Maintain 90% attendance for the program.

**7. In order to graduate from the program, the student must:**

- A. Pass the clinical portion of Level III with at least an 80% grade average.
- B. Maintain 90% attendance for the program.

To be considered a Surgical Technologist completer by the graduation date, the student must successfully complete the 1,185-hour Course of Study. This includes accomplishing a passing grade of 80% in all didactic course work & demonstration of all clinical competencies & proficiencies outlined in Levels I–III in the clinical handbook, and must scrub on a total of 140 documented surgical procedures. There is no refund for early Surgical Technologist completers.

## SURGICAL ROTATION CASE REQUIREMENTS

SURGICAL SPECIALTY	TOTAL # OF CASES REQUIRED	MINIMUM # OF 1 <sup>st</sup> SCRUB CASES REQUIRED	MAXIMUM NUMBER OF 2 <sup>nd</sup> SCRUB CASES THAT CAN BE APPLIED TOWARD 140 CASES
GENERAL SURGERY	30	20	10
<b>SURGICAL SPECIALTIES:</b> <ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• ENT</li> <li>• Eye</li> <li>• GU</li> <li>• Neuro</li> <li>• Ob-Gyn</li> <li>• Oral/Maxillofacial</li> <li>• Orthopedics</li> <li>• Peripheral vascular</li> <li>• Plastics</li> <li>• Procurement/Transplant</li> </ul>	110	70	40
<b>DIAGNOSTIC ENDOSCOPY</b> <ul style="list-style-type: none"> <li>• Bronchoscopy</li> <li>• Colonoscopy</li> <li>• Cystoscopy</li> <li>• EGD</li> <li>• ERCP</li> <li>• Esphagoscopy</li> <li>• Laryngoscopy</li> <li>• Panendoscopy</li> <li>• Sinoscopy</li> <li>• Ureteroscopy</li> </ul>			10 diagnostic endoscopy cases may be applied toward the second scrub cases. <sup>5</sup>
LABOR & DELIVERY			5 vaginal delivery cases may be applied toward the second scrub cases. <sup>5</sup>
<b>TOTALS</b>	<b>140</b>	<b>90</b>	<b>50</b>

- The total number of cases the student must complete is 140.
- Students are required to complete 30 cases in General Surgery. Twenty (20) of the cases must be in the First Scrub Role.
- Students are required to complete 110 cases in various surgical specialties. Seventy (70) of the cases must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties. However, 20 is the maximum number of cases that can be counted in any one surgical specialty.
- The surgical technology career program is required to verify, through the surgical rotation documentation, the students' progression in the First and Second Scrubbing surgical procedures of increased complexity as he/she moves toward entry-level graduate abilities.
- Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted towards maximum number of Second Scrub Role cases.
- Observation cases must be **documented**, but do not count towards the 140 required cases.

**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 or observation role.

1. Verify supplies and equipment needed for the surgical procedure.
2. Set up the sterile field with instruments, supplies, equipment, medication(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 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:

1. Sponging
2. Suctioning
3. Cutting suture
4. Holding retractors
5. 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 career program.

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**SURGICAL TECHNOLOGIST  
CLINICAL GRADE SHEET**

Student's Name \_\_\_\_\_ Week \_\_\_\_\_ Clinical Rotation \_\_\_\_\_

Date: _____ Comments:	Attendance _____
Date: _____ Comments:	Attendance _____
Date: _____ Comments	Attendance _____
Date: _____ Comments	Attendance _____
Date: _____ Comments:	Attendance _____

**WEEKLY TOTALS**

ATTENDANCE	_____
PROFESSIONAL ACCOUNTABILITY	_____
CASE MANAGEMENT ACCOUNTABILITY	_____
SURGICAL CASE MANAGEMENT PLAN	_____
DATA FORM & CASE LOG	_____
TOTAL GRADE FOR WEEK	_____

Student's Signature \_\_\_\_\_

Instructor's Signature \_\_\_\_\_

**GREAT PLAINS TECHNOLOGY CENTER SURGICAL TECHNOLOGIST**

**TALLY SHEET FOR CLINICAL WEEKLY GRADES**

Student's Name \_\_\_\_\_

CLINICAL II WEEK NUMBER	WEEKLY GRADE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
CLINICAL III	WEEKLY GRADE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

**FINAL GRADE** \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Instructor's Signature**



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### STUDENT SELF-EVALUATION WEEKLY CLINICAL SUMMARY

STUDENT NAME: \_\_\_\_\_  
 CLINICAL WEEK: \_\_\_\_\_  
 CLINICAL FACILITY: \_\_\_\_\_  
 PRECEPTOR: \_\_\_\_\_

### CLINICAL COMPETENCY RATING SCALE

- 4= Skilled** - Can perform skill(s) independently; Occupationally competent
- 3= Moderately Skilled** - Can perform task with minimal supervision or few reminders
- 2= Limited Skills** - Skill Level minimal: additional practice is needed; frequent monitoring necessary
- 0= Unskilled** - Demonstrates no skill or knowledge; additional **training and practice** is needed
- U= Unsafe Practitioner** - Notify Instructor immediately
- N/O= Not Observed** - Skill not observed during evaluation period

**Directions: Please check the level of skill competency demonstrated by the student for the time period indicated.**

#### SECTION A: PROFESSIONAL ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates responsibility by being punctual and adhering to daily attendance requirements (arrives in O.R. room in a timely fashion).							
2. Demonstrates correct adherence to O.R. attire and appearance (shoes for O.R., hair covered, shoe covers, I.D. badge, no jewelry, no visible body piercing, safety eyewear utilized).							
3. Demonstrates a professional relationship with team members, staff, doctors, patients, peers, and instructors.							
4. Seeks/accepts supervision and constructive criticism and takes corrective actions as needed.							
5. Demonstrates a willingness to learn by performing in the 1 <sup>st</sup> scrub role, effectively communicates objectives to preceptors, and limits downtime.							
6. Uses appropriate language, effective communication skills, avoids gossip, and demonstrates patient and peer confidentiality							

#### SECTION B: CASE MANAGEMENT ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates procedure(s) for obtaining correct supplies, instruments and equipment by utilizing preference cards or case cart sheets.							
2. Identifies and demonstrates correct care, handling & assembly of basic, specialty, and accessory instruments, supplies and equipment pre-op, intra-op, and post-operatively.							
3. Identifies & demonstrates correct preparation & handling of sutures and stapling devices.							
4. Organizes and performs set-up of back table and mayo for all types of surgical procedures.							
5. Anticipates the needs of the surgeon.							
6. Performs in the 1 <sup>st</sup> scrub role for the entire surgical procedure.							
7. Demonstrates initiative in pre/intra/post-op case preparation/clean-up procedures.							

### SECTION C: ASEPTIC TECHNIQUE AND STERILIZATION ACCOUNTABILITY

MEASUREABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates correct O.R. disinfecting routine(s) and turnover procedures.							
2. Demonstrates correct operation of:							
• Flash sterilizers							
• Steris sterilizers							
• Chemical or other sterilization methods or machines as needed							
3. Demonstrates the principles of aseptic technique to include:							
• Surgical hand scrub							
• Gown and Glove (Self, Surgeon)							
• Open and deliver supplies							
• Establish/Maintain sterile field							
• Apply sterile drapes for all procedures							
• Attaches light handles, suction, cautery, scope and cords, etc.							
• Receive sterile supplies and equipment from circulator							
• Apply surgical dressings							
Other:							

### SECTION D: PATIENT CARE AND SAFETY ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Maintains personal safety (wears safety glasses, lead aprons, practices sharp(s) precautions, follows standard precautions).							
2. Demonstrates correct procedure for handling, labeling, and containment of specimens and/or cultures							
3. Demonstrates correct/safe handling of electrocautery, laser devices, and endoscopic equipment.							
4. Accurately identifies, accepts, measures, and mixes medications and /or solutions for use on the sterile field.							
5. Demonstrates accuracy in counting:							
• Sponges							
• Instruments							
• Sharps							
6. Demonstrates correct techniques of circulating duties (as permitted by hospital policy) to include:							
• Appropriate documentation							
• Transporting the patient							
• Positioning the patient							
• Catheterization of the patient							
• Preparation of the operative site							
Other:							

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Preceptor/Evaluator's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### PRECEPTOR EVALUATION WEEKLY CLINICAL SUMMARY

STUDENT NAME: \_\_\_\_\_  
 CLINICAL WEEK: \_\_\_\_\_  
 CLINICAL FACILITY: \_\_\_\_\_  
 PRECEPTOR: \_\_\_\_\_

### CLINICAL COMPETENCY RATING SCALE

**4= Skilled** – Can perform skill(s) independently;  
Occupationally competent

**3= Moderately Skilled** – Can perform task with  
minimal supervision or few reminders

**2= Limited Skills** – Skill Level minimal: additional  
practice is needed; frequent monitoring necessary

**0= Unskilled** – Demonstrates no skill or knowledge;  
additional **training and practice** is needed

**U= Unsafe Practitioner** – Notify Instructor  
immediately

**N/O=Not Observed** – Skill not observed during  
evaluation period

**Directions:** Please check the level of skill competency demonstrated by the student for the time period indicated. If rating is 2 or below during Level 2 or below 3 during Level 3, please complete comment section explaining rating.

#### SECTION A: PROFESSIONAL ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates responsibility by being punctual and adhering to daily attendance requirements (arrives in O.R. in a timely fashion).							
2. Demonstrates correct adherence to O.R. attire and appearance (shoes for O.R., hair covered, shoe covers, I.D. badge, no jewelry, no visible body piercing, safety eyewear utilized).							
3. Demonstrates a professional relationship with team members, staff, doctors, patients, peers, and instructors.							
4. Seeks/accepts supervision and constructive criticism and takes corrective actions as needed.							
5. Demonstrates a willingness to learn by performing in the 1 <sup>st</sup> scrub role, effectively communicates objectives to preceptors, and limits downtime.							
6. Uses appropriate language, effective communication skills, avoids gossip, and demonstrates patient and peer confidentiality							

#### SECTION B: CASE MANAGEMENT ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates procedure(s) for obtaining correct supplies, instruments and, equipment by utilizing preference cards or case cart sheets.							
2. Identifies and demonstrates correct care, handling & assembly of basic, specialty, and accessory instruments, supplies and equipment pre-op, intra-op, and post-operatively.							
3. Identifies & demonstrates correct preparation & handling of sutures and stapling devices.							
4. Organizes and performs set-up of back table and mayo for all types of surgical procedures.							
5. Anticipates the needs of the surgeon.							
6. Performs in the 1 <sup>st</sup> scrub role for the entire surgical procedure.							
7. Demonstrates initiative in pre/intra/post-op case preparation/clean-up procedures.							

### SECTION C: ASEPTIC TECHNIQUE AND STERILIZATION ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Demonstrates correct O.R. disinfecting routine(s) and turnover procedures.							
2. Demonstrates correct operation of:							
• Flash sterilizers							
• Steris sterilizers							
• Chemical or other sterilization methods or machines as needed							
3. Demonstrates the principles of aseptic technique to include:							
• Surgical hand scrub							
• Gown and Glove (Self, Surgeon)							
• Open and deliver supplies							
• Establish/Maintain sterile field							
• Apply sterile drapes for all procedures							
• Attaches light handles, suction, cautery, scope and cords, etc.							
• Receive sterile supplies and equipment from circulator							
• Apply surgical dressings							
Other:							

### SECTION D: PATIENT CARE AND SAFETY ACCOUNTABILITY

MEASURABLE CRITERIA	4	3	2	0	U	N/O	COMMENTS
1. Maintains personal safety (wears safety glasses, lead aprons, practices sharp(s) precautions, follows standard precautions).							
2. Demonstrates correct procedure for handling, labeling, and containment of specimens and/or cultures							
3. Demonstrates correct/safe handling of electrocautery, laser devices, and endoscopic equipment.							
4. Accurately identifies, accepts, measures, and mixes medications and /or solutions for use on the sterile field.							
5. Demonstrates accuracy in counting:							
• Sponges							
• Instruments							
• Sharps							
6. Demonstrates correct techniques of circulating duties (as permitted by hospital policy) to include:							
• Appropriate documentation							
• Transporting the patient							
• Positioning the patient							
• Catheterization of the patient							
• Preparation of the operative site							
Other:							

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### CLINICAL CASE VERIFICATION SHEET WEEKLY CLINICAL SUMMARY

STUDENT NAME: \_\_\_\_\_  
CLINICAL WEEK: \_\_\_\_\_  
CLINICAL FACILITY: \_\_\_\_\_  
PRECEPTOR: \_\_\_\_\_

#### CLINICAL COMPETENCY PERFORMANCE ACHIEVEMENT

- 1st = First Scrub Role –** Student demonstrated proficiency while performing duties #1-5 during the surgical procedure.
- 2nd = Second Scrub Role –** Student actively participated in the surgical procedure in it's entirety by performing any of duties #6-10.
- O= Observation –** Student is in the operating room performing, but did not meet the criteria for 1<sup>st</sup> or 2<sup>nd</sup> scrub role.

#### The student is able to:

1. Verify supplies and equipment needed for the surgical procedure.
2. Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the surgical procedure.
3. Perform counts with 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 techniques as measured by recognized breaks in technique and demonstrates knowledge of how to correct with appropriate technique.
6. Sponging
7. Suctioning
8. Cutting suture
9. Holding retractors
10. Manipulating endoscopic camera

#### Preceptor Instructions:

- A. Place a check in each box (1-10) that applies to the duties performed by the student for each surgical procedure. Students must perform each duty with proficiency to receive credit for the case.
- B. Sign your name in the space marked "Preceptor". Just signing your initials is unacceptable. You may sign your name on the first case and use your initials if multiple cases are being verified for that day. Failure to sign the case verification form may result in lost cases for the student.

**Over for form**



## CASE MANAGEMENT PLAN

### **OBJECTIVE:**

The student will write a case management plan describing and discussing all activities that take place during a surgical procedure from the operating room preparations through the final clean-up procedure. The paper will be graded according to the criteria listed.

### **SELECTION OF PROCEDURE:**

The student may select the surgical procedure of his/her choice provided that:

1. The student has scrubbed on that procedure, during the time frame of the same week.
2. Students should select a topic, which is beneficial to their learning.
3. The instructor may assign a topic procedure for a Case Management plan, if the student has not done a variety of cases that particular week.
4. Students should keep a list of procedures on which they have written a Case Management plan.

### **GRADING CRITERIA:**

1. The following factors will be considered in determining the grade:
  - A. Content – All items must be covered completely and in the correct order. (Refer to the Case Management Plan) Information should be concise and to the point. Correct terminology and spelling must be utilized.
  - B. Research – The student will demonstrate that he/she researched the surgical procedure. List text book or magazine article that is used, and document page numbers on which material can be found. (Read textbook). Falsifying, cheating, or plagiarism on written assignments will result in a “0” grade for that assignment.
  - C. Neatness – Papers should be typed or written neatly. Instructors will not spend their time trying to decipher penmanship.
  - D. **CASE STUDIES ARE DUE BY 0800 AM THE MONDAY FOLLOWING THE CLINICAL WEEK. NO LATE CASE STUDIES WILL BE ACCEPTED!**



## CASE MANAGEMENT INFORMATION

1. Define the procedure and list the procedure information.
2. List of equipment used for the procedure to include sterile and unsterile items.
3. List instruments used; include sets and specialty instruments.
4. List sterile supplies and medication used on the procedure.
5. List suture and wound closure material; include type of needles and tissue.
6. Description of the surgical procedure from the beginning of the skin incision through the skin closure. Should include descriptions of the following:
  - A. Related Anatomy
  - B. Location of the skin incision
  - C. Opening layers
  - D. Procedure performed
  - E. Instruments used
  - F. Sutures used – when and where
  - G. Counts – when, how, and outcome
  - H. Medications/Hemostatic Agents used
  - I. Description of closure
  - J. Dressing application
7. Describe post-operation consideration:
  - A. Post-op diagnosis
  - B. Possible complications
  - C. Long Term prognosis
8. List references utilized in your research for this paper. Give name of book and page number of information. Falsifying, cheating, or plagiarism on written assignments will result in a “0” grade for that assignment.
9. Complete postoperative evaluation of procedure.

### CASE MANAGEMENT PLAN

STUDENT NAME: \_\_\_\_\_  
DATE OF PROCEDURE: \_\_\_\_\_  
CLINICAL SITE: \_\_\_\_\_  
PRECEPTOR (FOR THIS PROCEDURE) \_\_\_\_\_

**Directions:** Each section must be complete in its entirety to receive the point indicated. No partial points will be earned on incomplete sections.

### Surgical Procedure Information (5 points)

Surgical Procedure: \_\_\_\_\_  
Surgical Position: \_\_\_\_\_ Name of Surgeon: \_\_\_\_\_  
Surgical Specialty: \_\_\_\_\_  
Type of Anesthesia: \_\_\_\_\_ Patient Age: \_\_\_\_\_  
Special Consideration: \_\_\_\_\_

### Equipment (5 points)

(Included but not limited to the following: Power equipment, power sources, suction, headlight, lead shield/aprons, ESU, microscope, laser, video cart & endoscopic monitors/cameras/light source/insufflator, image/C-arm, x-ray machine, loupes, sitting/standing stools, table attachment, stirrups, headrest, hand table, tourniquet, etc.)

Sterile (List all items used):

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Unsterile (List all items used):

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### Instruments (5 points)

(Include power, individually packaged, and doctor's personal/special instruments, hemoclips/ligaclip appliers, and stapling devices)

Set(s):

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Specialty Instruments:

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### Supplies / Medications (15 points)

Pack(s): \_\_\_\_\_ Drapes: \_\_\_\_\_

Basin(s): \_\_\_\_\_ Cautery Type: \_\_\_\_\_

Sponges (Type and Number): \_\_\_\_\_ Blades: \_\_\_\_\_

Drains (Type and Number): \_\_\_\_\_

Medications / Contrast Media (dosage, strength, amount): \_\_\_\_\_

Syringe(s) & Needles (size, type, and length): \_\_\_\_\_

Dressing(s): \_\_\_\_\_

Other: \_\_\_\_\_

(Included but not limited to: suction tubing, suction tip (type), marking pen/solutions, bulb syringes, asepto, Foley catheter, Penrose for retraction, chest tube, pleur-evac, vascular cannulas, vessel loops, umbilical tape, needle mat, gloves, hemoclips/ligaclips)

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### Suture / Wound Closure Materials (10 points)

(Includes all wound closure materials such as sutures, skin staples, steri strips, etc.)

Suture (3-0 Vicryl)

Needle Type (SH, CT, MO)

Tissue (Fascia)

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

Other: \_\_\_\_\_

---

### Operative Procedure and Technical Considerations (45 points)

List the procedural steps and describe the surgical procedure from beginning of skin incision through the skin closure.

1.	_____
	_____
2.	_____
	_____
3.	_____
	_____
4.	_____
	_____
5.	_____
	_____
6.	_____
	_____
7.	_____
	_____
8.	_____
	_____
9.	_____
	_____
10.	_____
	_____

11. \_\_\_\_\_  
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12. \_\_\_\_\_  
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13. \_\_\_\_\_  
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14. \_\_\_\_\_  
\_\_\_\_\_
15. \_\_\_\_\_  
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16. \_\_\_\_\_  
\_\_\_\_\_
17. \_\_\_\_\_  
\_\_\_\_\_
18. \_\_\_\_\_  
\_\_\_\_\_

List the instruments and supplies placed on the Mayo stand:

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Identify / describe the location of the incision(s):

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### **Postoperative Considerations (5 points)**

Postoperative Diagnosis: \_\_\_\_\_

Possible Complications: \_\_\_\_\_

Long Term Prognosis: \_\_\_\_\_

### **Postoperative Evaluation of Procedure (10 points)**

1. What new information or skill did you learn? Explain.
  
2. What was the best part of the procedure? Explain.
  
3. What was the most challenging part of the procedure? Explain.
  
4. Discuss your overall performance of this procedure. List all positive aspects of your skill level, as well as the areas that need improvement.
  
5. Overall, rate your performance on a scale of 1, 2, 3, 4, or 5 with 5 being the best. Explain why you rated yourself at this level. (Place rating here) \_\_\_\_\_
  
6. List any other comment you wish to make:
  
7. List References:

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# SURGICAL TECHNOLOGIST CLINICAL DATA FORM TOTAL SHEET

NAME \_\_\_\_\_

1 <sup>ST</sup> SCRUB		Clinical Level II										Clinical III									
WEEK	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	9	10	TOTAL	
GENERAL																					
GYNECOLOGY																					
GENITOURINARY																					
OTORHINOLARYGOLOGY																					
ORTHOPEDICS																					
ORAL & MAXILLOFACIAL																					
PLASTIC & RECONSTRUCTIVE																					
OPHTHALMIC																					
CARDIOTHORACIC																					
PERIPHERAL VASCULAR																					
NEUROSURGERY																					
2 <sup>ND</sup> SCRUB		Clinical Level II										Clinical III									
WEEK	1	2	3	4	5	6	7	8		1	2	3	4	5	6	7	8	9	10	TOTAL	
GENERAL																					
GYNECOLOGY																					
GENITOURINARY																					
OTORHINOLARYGOLOGY																					
ORTHOPEDICS																					
ORAL & MAXILLOFACIAL																					
PLASTIC & RECONSTRUCTIVE																					
OPHTHALMIC																					
CARDIOTHORACIC																					
PERIPHERAL VASCULAR																					
NEUROSURGERY																					
TOTAL																					



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## **SURGICAL TECHNOLOGIST**

### **SURGICAL PROCEDURES CASE LOG**

**INSTRUCTIONS:** Surgical procedures are listed according to specialty. The student is responsible for keeping an accurate record of procedures scrubbed and circulated, by recording the date in the appropriate space beside that surgical procedure. If the procedure has not been included in the list, the student should consult the clinical instructor to identify the appropriate category for the case.

**Student's Name:** \_\_\_\_\_

**Instructor's Signature:** \_\_\_\_\_

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GENERAL SURGERY PROCEDURES	1 <sup>st</sup> Scrub	2 <sup>nd</sup> Scrub	Observation
Abdominoperineal Resection			
Anal Sphincterotomy			
Anoplasty			
Billroth I			
Billroth II			
Breast Biopsy			
Breast Biopsy with Needle Localization			
Breast Lumpectomy with Sentinel Node Biopsy			
Colectomy			
Colon Resection for Hirschsprung's-Pediatric			
Common Bile Duct Exploration			
Endoscopic Inguinal Herniorraphy			
Excision Zenker's Diverticulum			
Excision of Gynecomastia			
Excision of Lipoma/Mass			
Exploratory Laparotomy			
Femoral Herniorraphy			
Fissure/Fistula Repair/Hemorrhoidectomy			
Gastrectomy			
Gastrostomy			
Ileostomy			
Incision & Drainage (I&D) of an Abscess			
Incisional Herniorraphy			
Inguinal Herniorraphy			
Insertion of Infusion Catheter/Port			
Laparoscopic Appendectomy			
Laparoscopic Cholecystectomy			
Laparoscopic Nissen Fundoplication			
Laparoscopic Splenectomy			

<b>GENERAL SURGERY PROCEDURES, <i>continued</i></b>	<b>1<sup>st</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Observation</b>
Mastectomy with Axillary Node Dissection			
Open Cholecystectomy with Cholangiography			
Organ Procurement			
Pilonidal Cystectomy			
Pyloroplasty			
Rectal Polypectomy			
Reduction of Intussusception			
Robotic Assisted Appendectomy			
Robotic Assisted Cholecystectomy			
Robotic Assisted Color Small Bowel Resection			
Roux-en-Y			
Small Bowel Resection			
Splenectomy			
Spigelian Herniorraphy			
Thyroidectomy			
Umbilical Herniorraphy			
Vagotomy			
Ventral Herniorraphy			
Whipple Procedure			

<b>OBSTETRIC &amp; GYNECOLOGICAL PROCEDURES</b>	<b>1<sup>ST</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Observation</b>
Abdominal Hysterectomy			
Ablation of Condylomata			
Anterior & Posterior Colporrhaphy			
Bartholin Cystectomy (Marsupialization)			
Cerclage (Shirodkar's Procedure)			
Cervical Cone Biopsy			
Cesarean Section			
Diagnostic Laparoscopy			
Dilation & Curettage (D & C)			
Ectopic Pregnancy			
Endometrial Ablation			
Hysteroscopy			
Labioplasty			
Laparoscopic Assisted Vaginal Hysterectomy (LAVH)			
Loop Electrosurgical Excision Procedure (LEEP)			
Micro-Tubal Reanastomosis			
Myomectomy			
Oophorectomy			
Operative Laparoscopy			
Ovarian Cystectomy			
Perineal Laceration			
Robotic Assisted Hysterectomy			
Salpingectomy			
Total Abdominal Hysterectomy			
Sterilization Procedures (Tubal Ligation)			
Tuboplasty			
Uterine radiation Seeding			
Vaginal Hysterectomy			



<b>GENITOURINARY PROCEDURES</b>	<b>1<sup>ST</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Observation</b>
Adrenalectomy (Wilm's Tumor Excision)			
Chordee Repair			
Circumcision			
Cystoscopy			
Cystectomy with Creation of Ileal Conduit			
Epispadias Repair			
Hydrocelectomy			
Hypospadias Repair			
Insertion of Penile Implants			
Kidney Transplant			
Laparoscopic (Robotic) Prostatectomy			
Nephrectomy			
Orchiopexy			
Orchiectomy			
Penectomy			
Prostate Seeding			
Suprapubic Prostatectomy			
Suspension (Sling)			
Transurethral Resection of the Bladder (TURBT)			
Transurethral Resection of the Prostate (TURP)			
Vasectomy			
Vasovasostomy			
Ureteropyelolithotomy			
Ureteroscopy			



<b>OTORHINOLARYNGOLOGIC PROCEDURES</b>	<b>1<sup>ST</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Orientation</b>
Caldwell-Luc			
Choanal Atresia			
Cochlear Implant			
Endoscopic Sinus Surgery (FESS)			
Glossectomy			
Laryngectomy			
Mandibulectomy			
Mastoidectomy			
Myringotomy			
Nasal Antrostomy			
Nasal Polypectomy			
Parotidectomy			
Radical Neck Dissection			
Salivary Duct Stone Excision/Sialolithotomy			
Septoplasty			
Stapedectomy			
Temporomandibular Joint Arthroscopy (TMJ)			
Thyroidectomy			
Tonsillectomy & Adenoidectomy (T&A)			
Tracheotomy or Tracheostomy			
Turbinectomy			
Tympanoplasty			
Uvulopalatopharyngoplasty (UPPP)			

<b>ORTHOPEDIC PROCEDURES</b>	<b>1<sup>ST</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Orientation</b>
Achilles Tendon Repair			
Acromioplasty - Arthroscopic			
Acromioplasty - Open			
Amputation – Above-the-Knee (AKA)			
Amputation – Below-the-Knee (BKA)			
Anterior Cruciate Ligament Repair (ACL)			
Arthroscopy - Knee			
Arthroscopy - Shoulder			
Bankart Procedure - Arthoscopic			
Bankart Procedure - Open			
Bipolar Hip Replacement			
Bunionectomy with Hammer Toe Correction			
DeQuervain's Contracture Release			
Dupuytren's Contracture Release			
External Fixator - Radius			
Femoral Rodding			
Ganglion Cyst Excision			
Metacarpal Phalangeal Joint Pinning			
Open Reduction Internal Fixation (ORIF) Radius/Ulna/Ankle			
Open Reduction Internal Fixation (ORIF) HIP			
Tenorrhaphy			
Triple Arthrodesis			
Total Ankle Arthroplasty			
Total Knee Arthroplasty			
Total Hip Arthroplasty			
Total Elbow Arthroplasty			
Total Shoulder Arthroplasty			
Ulnar Nerve Transposition			

ORAL & MAXILLOFACIAL PROCEDURES	1st Scrub	2 <sup>nd</sup> Scrub	Observation
Arch Bar Application			
Cleft Lip/Palate Repair			
Dental Implants			
LeFort I – Maxillary Fracture			
LeFort II - Maxillary Fracture			
LeFort III - Maxillary Fracture			
Odontectomy/ Dental Extraction			
Open Reduction Internal Fixation (ORIF) Mandibular Fracture			
Open Reduction Internal Fixation (ORIF) Orbital Fracture			

<b>PLASTIC &amp; RECONSTRUCTIVE PROCEDURES</b>	<b>1<sup>st</sup> Scrub</b>	<b>2<sup>nd</sup> Scrub</b>	<b>Observation</b>
Abdominoplasty			
Blepharoplasty			
Breast Augmentation			
Breast Reconstruction			
Breast Reduction			
Brow Lift			
Cheiloplasty			
Dermabrasion			
Dupuytren's Contracture			
Excision Nevis / Basal Cell CA / Squamous Cell CA			
Malar Implants			
Mammoplasty – Nipple reconstruction			
Mastopexy			
Mentoplasty			
Microvascular Pedicle Graft			
Otoplasty			
Palatoplasty			
Radial Dysplasia			
Release of Polydactyly			
Release of Syndactyly			
Rhinoplasty			
Rhytidectomy			
Scar Revision			
Skin Graft ( Full/ Thick)			
Suction Lipectomy			
Superficial Lesions/Neoplasms			
Traumatic Hand Injury Repair			
Transverse Rectus Abdominus Musculocutaneous (TRAM) Flap			



<b>CARDIOTHORACIC PROCEDURES</b>	<b>1<sup>ST</sup> Scrub</b>	<b>2<sup>ND</sup> Scrub</b>	<b>Observation</b>
Aortic Arch Aneurysm Repair			
Aortic/Mitral Valve Replacement			
Atrial/Ventricular Septal Defect Repair			
Bronchoscopy			
Closure of Patent Ductus Arteriosus			
Coronary Angioplasty			
Coronary Artery Bypass Graft (CABG)			
Decortication of the Lung			
Heart Transplant			
Intra-Aortic Balloon Pump			
Lobectomy			
Lung Transplant			
Lymph Node Biopsy			
Mediastinoscopy			
Pacemaker Insertion			
Pectus Excavatum Repair			
Pericardectomy			
Pneumonectomy			
Repair of Coarctation of the Aorta			
Scalene Node Biopsy			
Thoracoplasty			
Tetralogy of Fallot Repair			
Thoracoscopy- Video Assisted			
Thoracotomy-Pulmonary Wedge Resection			
Thymectomy			
Ventricular Assistive Device Insertion (VAD)			
Ventricular Aneurysm Repair			



NEUROSURGERY PROCEDURES	1 <sup>ST</sup> Scrub	2 <sup>nd</sup> Scrub	Observation
Anterior Cervical Laminectomy			
Arteriovenous Malformation (AVM) Repair			
Carpal Tunnel Release			
Craniotomy – Aneurysm Repair			
Craniotomy-Hematoma Evacuation			
Craniotomy-Tumor Excision			
Cranioplasty			
Craniosyntosis Repair			
Lumbar Laminectomy			
Minimally Invasive Lumbar Laminectomy			
Myelomeningocele Repair			
Posterior Cervical Laminectomy			
Rhizotomy			
Spinal Fixation			
Spinal Tumor Excision			
Stereotactic Procedures			
Thoracic Laminectomy			
Transsphenoidal Hypophysectomy			
Ulnar Nerve Transposition			
Ventriculoperitoneal (V/P) Shunt Placement			
Ventriculoscopy			



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# SURGICAL TECHNOLOGIST

## STUDENT STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, hereby verify that I have read and understand the general information, policies, rules and regulations as set forth in the Clinical Handbook of the Great Plains Technology Center's Surgical Technologist. I further agree that it is my responsibility to comply with these policies, rules and regulations. Failure to comply with the policies may result in disciplinary action and/or dismissal from the career program.

***\*The Surgical Technologist Handbook will supersede the Great Plains Technology Center Student Handbook in areas of conflicting policies.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Witness

**This handbook has been approved by the Great Plains Technology Center Board of Education, April 2, 2025, for the 2024-2025 school year.**