



Technical College of the Lowcountry
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SUR110
Introduction to Surgical Practicum
Fall 2 2018

Course Description

SUR 110 Introduction to Surgical Practicum
Lec. 2 Lab. 12 Cr. 5

This course is an introduction to the application of surgical technique by assisting in the preoperative roles in various clinical affiliations. Prerequisites: Completion of SUR 101. Co-requisites: AHS 103, AHS 130, BIO 112, SUR 101.

Course Focus

This course is an introduction to the application of surgical technique by assisting in the preoperative roles in various clinical affiliations.

Text and References

1. Surgical Technology Principles and Practice, 7th Edition, Elsevier/Saunders.
2. Workbook to accompany Surgical Technology Principles and Practice, 7th Edition Elsevier/Saunders
3. Pocket Guide to the Operating Room, 3rd Edition, Goldman.
4. "Surgical Instrumentation, An Interactive Approach", Nemitz, Renee, 2010
5. Operating Room Skills, Fundamentals for the Surgical Technologist, Dankanich, 2013, Pearson.

Course Outcomes

1. Discuss and demonstrate the application of the principles of aseptic technique in the operative setting.
2. Apply knowledge of surgical conscience in relation to aseptic technique and operative patient care.
3. Demonstrate knowledge necessary on obtaining a legal informed operative request.
4. Identify preoperative routines for minor versus major surgery patients.
5. Demonstrate how to properly identify a surgical patient and why it is necessary to do so.
6. Discuss types of documentation used in the operating room (written and electronic).
7. Discuss the principles of safe patient positioning and apply those principles in lab and clinical situations.

8. Demonstrate the principles of patient skin preparation of the operative site for surgery.
9. Discuss the types of drapes and techniques used in patient and surgical field draping.
10. Demonstrate the principles of draping in lab and clinical settings.
11. Identify and prepare surgical supplies.
12. Identify basic instruments by type, function, and name.
13. Demonstrate proper care, handling, and assembly of instruments.
14. Identify suture materials and stapling devices visually and by use.
15. Demonstrate suture and stapling device preparation and handling techniques.
16. Identify, describe, and demonstrate proper handling of surgical needs.
17. Discuss other methods of hemostasis and demonstrate the preparation and appropriate use of each agent and device.
18. Identify sequence of events utilized to prepare for all surgical procedures.
19. Identify by name and function accessory equipment.
20. Demonstrate care, handling, and assembly of accessory equipment.
21. Identify specialty equipment utilized in surgical intervention.
22. Demonstrate basic care and handling of specialty equipment.
23. Describe the theoretical concepts, use, and application of thermoregulatory devices.
24. Define the word "specimen".
25. Identify appropriate tissues as "specimen" and apply theoretical knowledge of its care in the handling, labeling, and containment of the specimen.
26. Transfer patients to and from the operating room according to hospital policy.
27. Assist with patient positioning.
28. Scrub, gown, and glove using proper techniques previously learned.
29. Set up basic operative site draping using correct techniques.
30. Pass instruments, sutures, and supplies to surgeon and assistant.
31. Terminally clean OR between each case.
32. Check OR and replenish supplies as needed.
33. Operate basic OR equipment, i.e., cautery, suction, and bipolar unit.
34. Assist circulator as needed.
35. Prepare the next day's surgery by pulling supplies and instruments according to hospital procedure.
36. Handle/cares for specimens appropriately and according to hospital policy.
37. Understand the different program guidelines for a "standard" program.
38. Identify the level of required clinical cases in the "Core" and "Specialty" areas and the ratio of cases that they will need to complete to meet the total independent case requirement for a "standard" program.

Course Goals

The following list of course goals will be addressed in the course. (*designates a CRUCIAL goal)

1. exercise hospital patient transfer policy
2. sequence surgical procedure preparation
3. understand passing technique principles*
4. display accessory equipment care handling and assembly
5. select surgical intervention specialty equipment
6. illustrate specialty equipment handling and care
7. describe thermoregulatory devices theoretical use application and concepts
8. follow hospital supply and instrument pulling procedures
9. employ specimen theoretical knowledge handling containment and care
10. identify surgical patient*
11. assist positioning patient*
12. use proper scrub glove and gown techniques*
13. use operative site draping techniques

14. set up operative site
15. pass surgeon and assistant instruments sutures and supplies
16. clean terminally operating room
17. replace operating room supplies
18. discuss documentation types
19. attend circulator
20. define keywords and terminology
21. demonstrate instrument assembly handling and proper care
22. discuss safe patient positioning principles*
23. apply safe patient positioning principles*
24. demonstrate patient skin preparation principles*
25. examine patient and surgical procedure drapes
26. display draping principles
27. identify surgical supplies*
28. establish accessory equipment name and function
29. distinguish instrument type function and name
30. identify preoperative routines
31. establish instrument type function and name
32. select suture materials and stapling devices
33. show suture and stapling device preparation and handling techniques
34. illustrate surgical needs
35. consider hemostasis methods
36. demonstrate aseptic principles technique*
37. discuss aseptic principles application*
38. employ aseptic technique surgical conscience knowledge*
39. obtain legal informed operative consent
40. prepare surgical supplies
41. observe standard precautions*
42. observe intraoperative responsibilities
43. operate operating room equipment
44. maintain aseptic technique*
45. provide sterile items*
46. organize back table and mayo stand
47. prepare sutures and sharps
48. generate surgical supplies and instruments
49. assist surgeon
50. implement preoperative scrub responsibilities*
51. correct technique breaks
52. follow instructions*
53. present preceptor case record
54. apply surgical environment asepsis principles*
55. perform procedure independently
56. illustrate anatomical structures
57. describe medication
58. apply six patient rights*
59. calculate syringe amount
60. anticipate surgeons needs
61. use kick bucket
62. exercise hospital specimen handling policy
63. grasp standard program guidelines*
64. complete core and specialty standard program clinical cases*
65. wear protective eyewear*
66. wear operating room attire*
67. separate instruments*
68. observe postoperative responsibilities
69. communicate minimally*

70. verify procedure and patient*
71. appreciate sterile areas*
72. establish sterile techniques*
73. check sterile supplies integrity*
74. control infection*
75. count surgical supplies*
76. maintain surgical supply count*
77. follow sterile procedures and techniques*
78. assist equipment and supplies procurement
79. maintain sterile field*
80. complete damp dusting

Student Contributions

Classes are designed to employ a variety of teaching techniques. In order to maximize learning, required readings and Web enhanced sections should be done prior to class. If a student is falling behind in clinical performance and/or academic achievement, it is imperative to seek immediate assistance from the instructor.

Course Evaluation

4 Unit Tests (10%)	40%
3 Quizzes (5%)	15%
Final Exam	20%
Lab Practicum	<u>25%</u>
	100

1. The clinical portion of this course is evaluated on the formative and summative clinical evaluation.
2. The clinical component of the course is evaluated as **satisfactory** or **unsatisfactory**.
3. An **unsatisfactory** in the clinical portion of the course results in the failure of the course even if the theory grade is 75 or higher.
4. Students are to review the cases they have been assigned the night before clinical and a review card is to be completed for each clinical day. These cards will be reviewed by the program instructor and/or the clinical adjunct throughout each clinical rotation.
5. Each student will be instructed on the implementation of the Clinical Case logs. In addition the standards and criteria for logging cases will be explained in detail. This information will include program guidelines, core and specialty cases, level of cases and non-level cases. Each student will complete a "weekly case log form" reflecting cases that meet the standard criteria. This weekly case log form will be submitted to the clinical adjunct, who in turn, completes a cumulative master case log for each student.
6. Each student will attempt to log 120 cases by the completion of the last clinical rotation. Attached to syllabus are the surgical procedures based on specific level and core or specialty cases.
7. For cases that meet the appropriate criteria the student completes a "Procedure Case Card." This form must be signed and dated by both the preceptor involved in that specific case and the student. The clinical adjunct will review the procedure case card and determine whether that specific case falls within the parameters as determined by the AST/ARC-STSA/NBSTSA. If approved the procedure case cards are to be kept in the students' clinical notebook.
8. The clinical notebooks will be evaluated at the conclusion of each clinical rotation and then submitted during finals week of summer semester.
9. Students will be evaluated twice during each clinical rotation by the clinical adjunct(s). The evaluation will be discussed with the student and will be signed and dated by both the evaluator and student.
10. Refer to clinical notebook for detailed summary of Laboratory Competency Assessment requirements.

Course Schedule

Lecture: Class - Monday 12:30pm - 2:30pm

Lab: Tuesday 9:00am-12:00pm and 1:00pm-4:00pm

Clinical: Wednesday and Thursday - 6:45am-2:45pm

ADA Statement

The Technical College of the Lowcountry provides access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation, contact the counselor for students with disabilities at (843) 525-8228 during the first ten business days of the academic term.

ATTENDANCE

The College's statement of policy indicates that students must attend ninety percent of total class hours or they will be in violation of the attendance policy.

1. Students not physically attending class during the first ten calendar days from the start of the semester must be dropped from the class for NOT ATTENDING.
2. Students taking an online/internet class must sign in **and** communicate with the instructor within the first ten calendar days from the start of the semester to indicate attendance in the class. Students not attending class during the first ten calendar days from the start of the semester must be dropped from the class for NOT ATTENDING. Also, for any online course, or component of a course, students are required to log into the course (at least once per week) and complete the required assignments to meet attendance requirements.
3. Reinstatement requires the signature of the division Dean.
 - a. In the event it becomes necessary for a student to withdraw from the course **OR if a student stops attending class, it is the student's responsibility to initiate and complete the necessary paperwork.** Withdrawing from class may have consequences associated with financial aid and time to completion. Students are strongly encouraged to consult with Financial Aid prior to withdrawing from any class, particularly if the student is currently on a warning or probation status.
 - b. When a student exceeds the allowed absences, the student is in violation of the attendance policy. The instructor **MUST** withdraw the student with a grade of "W", "WP", or "WF" depending on the date the student exceeded the allowed absences and the student's progress up to the last date of attendance

Or

 - c. Under extenuating circumstances and at the discretion of the faculty member teaching the class, allow the student to continue in the class and make-up the work. This exception must be documented at the time the allowed absences are exceeded.
 - d. Absences are counted from the first day of class. There are no "excused" absences. All absences are counted, regardless of the reason for the absence.
4. A student must take the final exam or be excused from the final exam in order to earn a non-withdrawal grade.
5. Students are expected to be in class *on time*. Arrival to class after the scheduled start time or leaving class prior to dismissal counts as a tardy. Three tardies and/or early departures are considered as one absence unless stated otherwise.

6. It is the student's responsibility to sign the roll/verify attendance with instructor upon entering the classroom. Failure to sign the roll/verify attendance results in a recorded absence. In the event of tardiness, it is the student's responsibility to ensure that attendance is marked. **The student is responsible** for all material/ announcements presented, whether present or absent.
7. Continuity of classroom and laboratory (which includes clinical experiences) is essential to the student's progress in providing safe and competent patient care. Students are expected to use appropriate judgment for participating in clinical activities. To evaluate the student's knowledge and skills, it is necessary for the student to be present for all clinical experiences. If absence does occur, the designated clinical site, in addition to the Division of Health Sciences Administrative Assistant, must be notified by telephone no later than 30 minutes prior to the start of the clinical experience. The Division of Health Sciences telephone number is 843-525-8267.
8. Absences from the clinical area are strongly discouraged. The attendance policy applies to clinical activities. **"No Call/ No show"** for clinical is unprofessional conduct and the student will be withdrawn from the program with a WF.
9. Students are never to send a message with another student in the event of an absence.
10. **Any pregnancy must be declared in writing to the program director**

Please refer to the Division Handbook for clarification of the No Call/No Show process.

A copy of TCL's STATEMENT OF POLICY NUMBER: 3-1-307 CLASS ATTENDANCE (WITHDRAWAL) is on file in the Division Office and in the Learning Resources Center.

Hazardous Weather

In case weather conditions are so severe that operation of the College may clearly pose a hardship on students and staff traveling to the College, notification of closing will be made through the following radio and television stations: WYKZ 98.7, WGCO 98.3, WGZO 103.1, WFXH 106.1, WWVW 106.9, WLOW 107.9, WGZR 104.9, WFXH 1130 AM, WLVH 101.1, WSOK 1230 AM, WAEV 97.3, WTOC TV, WTGS TV, WJWJ TV, and WSAV TV. Students, faculty and staff are highly encouraged to opt in to the Emergency Text Message Alert System. <https://tcl.regroup.com/signup>

Academic Misconduct

There is no tolerance at TCL for academic dishonesty and misconduct. The College expects all students to conduct themselves with dignity and to maintain high standards of responsible citizenship.

It is the student's responsibility to address any questions regarding what might constitute academic misconduct to the course instructor for further clarification.

The College adheres to the Student Code for the South Carolina Technical College System. Copies of the Student Code and Grievance Procedure are provided in the *TCL Student Handbook*, the Division Office, and the Learning Resources Center.

Health care professionals hold the public trust. Academic misconduct by health science students calls that trust into question and academic integrity is expected.

It is a fundamental requirement that any work presented by students will be their own. Examples of academic misconduct include (but are not limited to):

1. Copying the work of another student or allowing another student to copy working papers, printed output, electronic files, quizzes, tests, or assignments.

2. Completing the work of another student or allowing another student to complete or contribute to working papers, printed output, electronic files, quizzes, tests, or assignments.
3. Viewing another student's computer screen during a quiz or examinations.
4. Talking or communicating with another student during a test.
5. Violating procedures prescribed by the instructor to protect the integrity of a quiz, test, or assignment.
6. Plagiarism in any form, including, but not limited to: copying/pasting from a website, textbook, previously submitted student work, or any instructor-prepared class material; obvious violation of any copyright-protected materials.
7. Knowingly aiding a person involved in academic misconduct.
8. Providing false information to staff and/or faculty.
9. Entering an office unaccompanied by faculty or staff.
10. Misuse of electronic devices.

Student Accountability/Clinical Education Rotations

Students in the ST program must be eligible to complete their clinical education rotations at any available clinical site. During clinical education rotations, each student is a representative of the TCL ST program. As such, students must comply with all TCL and ST program policies when participating in clinical education. In addition, when students are at a clinical site, every effort will be made to ensure that students receive a fair and equitable learning experience and students are responsible for abiding by all policies and procedures of that clinical site.

GRADING POLICY

Grading scale	
90% - 100% A	W withdraw
82% - 89% B	WP withdraw with passing grade
75% - 81% C	WF withdraw with failing grade
70% - 74% D	I Incomplete
Below 70% F	

Grading Methodology.

1. The final grade must be 75.00 or more in order to pass the course and progress in the program.
2. If a student is passing the didactic portion of the class but fails to achieve a "75" or higher in the lab practicum after two averaged attempts the student will receive an "WF" in the class.
3. Students absent from an examination or presentation will receive a "0" grade for the examination unless other arrangements are made with the individual instructor prior to the examination or presentation day or on the examination or presentation day before the test/presentation is scheduled to be given.
4. It is the responsibility of the student to contact the appropriate instructor to arrange to make up the examination. Arrangements may be completed by telephone. If the instructor is not available, a message should be left on the instructor's voice mail AND with another member of the faculty or administrative assistant.
5. The make-up exam will be scheduled on the day of the course final; the instructor will decide the method of examination.
6. Messages sent by other students are unacceptable.
7. The student is responsible for notifying the instructor for the reason of the absence.

Course Policies/Procedures

1. It is clearly to the advantage of the student to attend class regularly. Test materials are weighted heavily in favor of lecture materials.
2. **All cell phones and pagers must be turned off during class (lecture and laboratory periods).** No pagers or phones are allowed in the clinical area. No exceptions are made to this rule.
3. ***All students are required to remove hats and ALL watches of any kind during exams and quizzes and place them in the front of the classroom with personal belongings and electronics.**
4. During on campus examinations, only answers transferred and completed on Scantron sheets will be graded electronically to count towards the test score.
5. **Honorlock Online Proctoring and Technology Requirements**
TCL uses an online test proctoring service called Honorlock to monitor some online tests as an alternative to in-person proctoring. Your instructor may elect to have some of your tests proctored using Honorlock. If so, you will need to make sure that you have access to the necessary equipment in order to take your online-proctored tests:
 - A computer with access to a high speed internet connection.
 - A webcam and microphone. A functioning webcam and microphone are required to complete proctored online tests.
 - Microsoft Office. Microsoft Office can be downloaded for free by accessing the Office 365 link in your TCL email account.
6. Students are held accountable for content in the **Surgical Technology** program student handbook <http://www.tcl.edu/pdf/20018-19>
7. Instructors will excuse a student from class who disrupts the class.
8. No course grades are posted in public areas. Grades are available through TCL's Self-Serve. For questions, contact the TCL Help Desk at 525-8344 or the Registrar's office at 525-8210

Course Coordinator: JoLane Collins, CST, ATC, CBSPT, MA Ed., FAST
Surgical Technology Program Director

OFFICE LOCATION: Building 4, Room 202

OFFICE NUMBER: 843-470-8415

Office Hours: By Appointment, refer to door card by office door

Email: jmcollins@tcl.edu

Addendum to SUR 110 Syllabus

I. Surgical Rotation Case Requirements

1. The total number of cases the student must complete is 120.
2. Students are required to complete 30 cases in General Surgery. Twenty of the cases must be in the First Scrub Role.
3. Students are required to complete 90 cases in various surgical specialties. Sixty of the cases must be in the First Scrub Role and evenly distributed between a minimum of 5 surgical specialties. However, 15 is the maximum number of cases that can be counted in any one surgical specialty.
4. The surgical technology program is required to verify through the surgical rotation documentation The students' progression in First and Second Scrubbing surgical procedures of increased complexity As he/she moves towards entry-level graduate abilities.
5. 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 the maximum number of Second Scrub Role cases.
6. Observation cases must be **documented**, but do not count towards the 120 required cases.

Surgical Specialty	Total # of Cases Required	Minimum # of Second Scrub Cases Required	Maximum # of Second Scrub Cases that Can be Applied Towards 120 Cases
General Surgery	30	20	10
Surgical Specialties:	90	60	30

1. Cardiothoracic 2. ENT 3. Eye 4. GU 5. Neuro 6. Ob-Gyn 7. Oral/Maxillofacial 8. Peripheral vascular 9. Plastics 10. Procurement/Transplant			
Diagnostic Endoscopy: 1. Bronchoscopy 2. Colonoscopy 3. Cystoscopy 4. EGD 5. ERCP 6. Esophagoscopy 7. Laryngoscopy 8. Panendoscopy 9. Sinoscopy 10. Ureteroscopy			10 Diagnostic endoscopy cases may be applied toward the second scrub cases.
Labor & Delivery			5 vaginal delivery cases may be applied toward the second scrub cases.
Totals	120	80	40

II. PATHOPHYSIOLOGY

1. Introduction to disease
 - a. Causes of disease
 - b. Manifestations of disease
 - c. Terminology
2. Tumors
 - a. Terminology
 - b. Classifications
 - c. Causes of cancer
 - d. Diagnosis of cancer
 - e. Surgical treatments according to location, grade, and stage
 - f. Systemic effects of cancer
3. Fluid and hemodynamic disorders
4. Inflammation and infection
5. Surgical treatable diseases and disorders
 - a. Treatment
 - b. Integumentary system

III. SPECIMEN CARE

1. Methods of obtaining specimens
2. Specimen handling
 - a. On field
 - b. Off field
 - c. Special consideration
3. Containers
4. Specimen labeling
5. Specific types of specimens and their care
6. Specimen transfer and storage
7. Incidents