



Technical College of the Lowcountry
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SUR 103
Surgical Procedures I
Spring 1 2019

Course Description

SUR 103 Surgical Procedures I

Lec. 1 Lab 9 Cr. 4

This course is a study of a system to system approach to surgical procedures and relates regional anatomy, pathology, specialty equipment, and team responsibility. Patient safety, medical/legal aspects, and drugs used in surgery are emphasized.

Prerequisites: AHS 103, AHS 130, BIO 112, SUR 101, SUR 110, CPT101 or CPT 170.

Co-requisites: ENG 101, PSY 201, SUR 104, SUR 106, AHS 121.

Course Focus

Patient safety, medical/legal aspects, and drugs used in surgery are emphasized.

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 Goals

The following list of course goals will be addressed in the course. These goals are directly related to the performance objectives. (*designates a CRUCIAL goal)

1. categorize expected procedure outcomes
2. categorize stapler precautions
3. specify general surgery preoperative preparation
4. identify closing sequence
5. identify opening sequence
6. specify surgical intervention terminology
7. define surgical drugs
8. define key surgical terms
9. recognize abdominal wall anatomy and physiology*
10. wear appropriate attire*
11. identify suture techniques*
12. recognize wound healing phases and stages

13. recognize suture trade names
14. recommend general surgery intraoperative procedures
15. characterize healing types
16. characterize synthetic absorbable materials
17. characterize natural suture materials
18. cite suture terms
19. cite suture techniques
20. classify surgical wounds
21. describe chemical hemostatic agent preparation
22. describe mechanical hemostatic preparation*
23. describe surgical needle handling*
24. differentiate stapling materials
25. distinguish surgical needle types
26. differentiate suture materials
27. explain thermal unit care
28. review assigned cases
29. journal case log
30. apply surgical technology skills
31. analyze healing process factors
32. communicate stapler handling techniques
33. apply surgical technology knowledge
34. communicate traumatic wound examples*
35. complete surgical cases
36. determine possible suture complications
37. indicate wound healing terms
38. interpret suture terms
39. interpret suture techniques
40. assemble lab supplies*
41. breakdown case setup
42. maintain work area
43. perform surgical technology skills
44. perform suture and tie passing techniques*
45. prepare lab supplies
46. utilize sterile principle techniques
47. work responsibly as team*
48. evaluate preoperative diagnostic procedures and tests
49. respect operating room preceptor
50. select needed instruments
51. select surgical instruments
52. summarize stapling instruments advantages
53. summarize wound healing complications
54. appreciate legal and medical surgical aspects
55. assess tissue damage
56. choose appropriate stapler
57. choose appropriate suture*
58. demonstrate instrument placement
59. demonstrate surgical needle handling
60. demonstrate suture loading
61. explain thermal hemostatic safety measures
62. illustrate chemical hemostatic mechanisms and safety measures
63. illustrate mayo setup
64. illustrate mechanical hemostatic mechanisms and safety measures

Course Evaluation

4 Unit Tests (15% each) =	60%
4 Quizzes (5% each) =	20%
Final Exam	10%
Lab Test	<u>10%</u>
	100%

- The clinical portion of this course is evaluated on the formative and summative clinical evaluation.
- The clinical component of the course is evaluated as **satisfactory** or **unsatisfactory**.
- An **unsatisfactory** in the clinical portion of the course results in the course failure regardless whether the course theory grade is 75 or higher.
- Students are to review the cases they have been assigned prior to each clinical day and a review form is to be completed for each procedure. These forms will be reviewed by the program instructor and/or the clinical adjunct throughout each clinical rotation.
- 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.
- The student will rate their level of performance for each case as; 1) first/solo scrubbed, 2) second scrubbed, or 3) observed. For all "first/solo" scrubbed cases a "procedure case card" must be completed in order to receive credit for that case. The total number of "procedure case cards" must correlate to the total number of first/solo scrubbed cases as indicated on the clinical rotation summary form.
- First/solo scrubbed cases must meet the following criteria for case credit.**
 - Assist opening room, instruments, supplies, and necessary equipment
 - Arrange back table and mayo stand independently
 - Assist with draping as requested
 - Pass all instruments and supplies with minimal assistance
 - Anticipate surgeon by demonstrating knowledge of the procedural steps and assist surgeon as needed
 - Assist with dressings and drape(s) removal at case conclusion
 - Perform all counts with circulator
 - Appropriately prepare instruments for transport to decontamination department
 - Clean and turnover room
- For each case considered to be either "second" scrubbed or "observed" the student will complete a summary of the case using the "observed" form. Second and observed cases do NOT count toward the total number of required cases.
- Each student will complete a "weekly case log form" reflecting **all** cases for that specific week. Each weekly case log form must be signed by a representative from the clinic facility, student, and instructor. This weekly case log form will be used to create a cumulative master case log for each student. Each student will receive a copy of their master case log at program completion.

The following forms are to be completed and submitted weekly:

 - Preceptor evaluation**
 - Weekly case log**
 - First/solo scrub write-ups (if applicable).**

10. One “preceptor evaluation” is required for each week of the clinical rotation. All preceptor evaluations must be signed by the preceptor, student and instructor.
11. 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.
12. The clinical notebooks will be evaluated at the conclusion of each clinical rotation and then submitted during finals week of summer semester.
13. Each student will receive a clinical evaluation at the completion of each clinical rotation. The evaluation will be reviewed with the student and all evaluations will be signed and dated by both the evaluator and student.
14. All required clinical documentation is to be put in Ms. Collin’s mailbox (building 4 – room 115 (main office) by 10:00am on the Tuesday following each reporting week. All documentation must include required signatures and dates to be considered complete. Failure to submit clinical documentation will result in the following:
 - a. **First offense – verbal counseling and warning**
 - b. **Second offense – learning contract for the remainder of that clinic rotation**
 - c. **Third offense – may result in program withdraw for failure to comply with all clinical requirements and course failure.**
15. Refer to clinical notebook for detailed summary of Laboratory Competency Assessment requirements.

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 Schedule

Lecture: Tuesday: 1000 -12:00pm

Lab: Thursday - 1:00-4:00pm

Clinical: Mondays and Wednesdays 6:45 am – 2:45 pm

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) 525-8219 or (843) 525-8242 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.
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 withdrawal 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 insure 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 a clinical absence or tardy does occur**, the designated clinical site, and either clinical adjunct or ST program director must be contacted prior to the start of clinic. If the clinical adjunct or program director cannot be reached student is to call the Division of Health Sciences Administrative Assistant, 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.

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

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.
 - The ability to install the honorlock extension on google chrome.
 - 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

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. www.tcl.edu/textalert.asp

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 student's calls that trust into question and academic integrity is expected.

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.

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.

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. The final grade must be **75.00** or more in order to pass the course and progress in the program. 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. 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. 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. The make-up exam will be scheduled on the day of the course final; the instructor will decide the method of examination. Messages sent by other students are unacceptable. The student is responsible for notifying the instructor for the reason of the absence. Any student arriving greater than 10 minutes late (according to clock in room where exam is being held) will be considered absent and must follow the criteria stated above or will receive a "0" grade on the exam.

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

OFFICE LOCATION: Building 4, Room 202

OFFICE NUMBER: 843-470-8415

Office Hours: By Appointment

Email: jmcollins@tcl.edu

Addendum to SUR 103 Syllabus

Abdominal Incisions

Objectives: The learner will:

1. Identify the various tissue layers of the abdominal wall.
2. Describe the creation and usage of various surgical incisions.
3. Discuss the advantages and disadvantages of incision types.

Content:

- I. Anatomy of the abdominal wall
 - A. Abdominal regions
 - B. Tissue layers
- II. Abdominal incisions
 - A. Vertical
 - B. Oblique
 - C. Transverse

SURGICAL PROCEDURES – DIDACTIC**GENERAL****Content:**

- I. Appendectomy
 - A. Open
 - B. Laparoscopic
- II. Breast procedures
 - A. Breast biopsy
 - 1. Sentinel node biopsy
 - 2. Needle localization
 - B. Modified radical mastectomy with axillary node dissection
- III. Cholecystectomy
 - A. Open
 - B. With cholangiogram
- IV. Colon resection
 - A. With colostomy
 - B. Without colostomy
- V. Gastrectomy
 - A. With gastrostomy
 - B. Without gastrostomy
- VI. Hemorrhoidectomy
- VII. Herniorrhaphy: Open and laparoscopic
 - A. Incisional
 - B. Inguinal
 - C. Umbilical
- VIII. Laparoscopic Nissen fundoplication
- IX. Liver resection
- X. Splenectomy
 - A. Open
 - B. Laparoscopic
- XI. Thyroidectomy
- XII. Pancreaticoduodenectomy (Whipple Procedure)

OTORHINOLARYNGOLOGY**Content:**

- I. Ear
 - A. Cochlear implant
 - B. Mastoidectomy
 - C. Myringotomy
 - D. Stapedectomy
 - E. Tympanoplasty
- II. Nose
 - A. Choanal atresia
 - B. Endoscopic sinus (FESS)
 - C. Nasal antrostomy
 - D. Nasal polypectomy
 - E. Septoplasty
 - F. Turbinectomy
- III. Oral cavity and throat
 - A. Laryngectomy
 - B. Parotidectomy
 - C. Radical neck dissection
 - 1. Glossectomy
 - 2. Mandibulectomy
 - D. Temporomandibular joint arthroscopy (TMJ)
 - E. Tonsillectomy and adenoidectomy (T & A)
 - F. Tracheotomy and tracheostomy
 - G. Uvulopalatopharyngoplasty

OPHTHALMIC**Content:**

- I. Chalazion excision
- II. Dacryocystorhinostomy
- III. Entropion/ectropion repair
- IV. Enucleation
- V. Extracapsular cataract excision
- VI. Iridectomy
- VII. Keratoplasty
- VIII. Laceration repairs
- IX. Scleral buckle
- X. Strabismus correction
 - A. Recession and resection
- XI. Vitrectomy