INSTRUCTOR RESOURCES TO ACCOMPANY

CHAPTER 1

Orientation to Surgical Technology

OBJECTIVES

The chapter objectives for lesson plan and assignment development should enhance the student's ability to:

C 1. Demonstrate the principles of communication in the surgical setting.

A 2. Trace the historical development of surgical technology.

3. Recognize members of the surgical team and their roles.

R 4. Describe the surgical technology professional organizations: AST, ARC/STSA, NBSTSA.

5. Compare and contrast the various roles of the surgical technologist.

6. Interpret the components of a job description for the surgical technologist.

7. Analyze the components of effective teamwork and communication.

8. Discuss the meaning of *surgical conscience* and its application to surgical technology.

E 9. Summarize the different types of health care facilities.

10. Analyze a typical hospital organizational structure.

11. Classify hospital departments and their relationship to surgical services.

RESEARCH IDEAS

The following is a list of research ideas that can be incorporated into a formal referenced paper, simple one-page or two-page reports as preparation for field trips, reference drug cards, oral reports, or a class presentation.

1. The History of Surgery
   - Details on the contributions of individuals' mentioned in History of Surgery Timeline.
   - Significance of events mentioned in History of Surgery Timeline.
   - Details of how events mentioned in History of Surgery Timeline affect surgery today.
2. Development of surgical specialties.
3. Methods of verbal and nonverbal communication and their effectiveness.
4. Expanded and overlapping roles of surgical team members.
5. Various career options for the surgical technologist (beyond the traditional scrub role).
6. Identify the types of surgical facilities in your area and the organizational structure of each.

7. Expanded examples of the types of surgical intervention that are considered emergent, urgent, elective, or optional.

8. Methods of reimbursement and how reimbursement affects decisions made in the operating room (OR).

9. Professionalism: The behaviors and the characteristics of a professional surgical technologist, including the role of continuing education, certification, national association(s), and state assembly.

CLASSROOM DISCUSSION

1. Use the textbook questions and case studies: Divide the class into groups of three to five and assign each group a different textbook question(s) or case study. Give the class 15–20 minutes to discuss, and then have each group present its view; finish with open discussion of the answer, further clarification, and feedback to the groups. Encourage role–playing when possible.

2. Review answers and ask for more details to any of the questions in the study guide.

3. Discuss the following:
   a. Importance of certification as a surgical technologist following completion of the surgical technology program. Contact the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to obtain candidate handbooks and applications, free of charge, for your students.
   b. Importance of continuing education following completion of the surgical technology program.
   c. Importance of belonging to a professional organization. You can contact the Association of Surgical Technologists (AST) Member Services to obtain student membership kits, free of charge, for your students.
   d. The term *profession* and what it means to be a professional. Use the "7 Ps of Professionalism" to identify important characteristics, such as patient centered, punctual, prepared, prudent, proactive, polite, and proud/passionate. Discuss key behaviors and their relationship to supporting the profession.
   e. The various roles of the surgical technologist in the OR and the competencies associated with each. (Contact AST Member Services to obtain "Recommended Standards of Practice," free of charge, for your students.) Use the AST logo, felt cutouts, and a felt mock-up of the surgical suite, the mock toy OR set, or diagram the members of the OR team on the whiteboard as you discuss the team roles and where they function in the OR suite in relationship to the patient.
   f. Create a classroom poster and use it as you relate the chain of command to problem-solving. Describe patient or emergency situations, and discuss how each is usually handled within the normal chain of command for local facilities. Examples: communication situations, teamwork issues, and work skill issues.
   g. Post an organizational chart, and discuss the interactions that may occur between various departments within the health care facility.
   h. Provide examples of patient confidentiality issues and the Health Insurance Portability and Accountability Act (HIPAA).

ACTIVITIES

1. Introductory ice breaker: Divide the class into groups of three to five, and assign each group a different historical person or event. Allow 15–20 minutes for the groups to research and plan their presentations using role-playing and/or props. Have the groups present the skits, and have the audience guess which historical figure or event they are portraying.

2. Arrange a general tour of the facility with which your school is affiliated.

3. Arrange for a guest speaker (physician, surgical technologist, or registered nurse [RN]) to address the class.

4. Assign students to log onto the AST website and download the information from the website, or complete a questionnaire about the association, certification, or other important information on the website.

5. Assign Chapter 1 of the Study Guide for completion.

6. Prepare a sequence game for perioperative experience. Prepare a set of cards with one step of the perioperative experience on each card. Prepare four to six sets of cards depending on your class size. Divide the class into groups of three to five students. Have students compete to see who can place the cards in the correct sequence first. Have a list of the correct order to check the sequence with and give it out at the completion of the exercise. When checking during the game, move from

ready group to ready group, telling them the first card out of sequence; then go to the next ready group until you have a winner. Have some sort of prize for the group that wins.

7. Play "Swat the Fact": Place all the acronyms for organizations on a whiteboard in random arrangement. Divide the class into two groups. Have them line up with a flyswatter. Read out the purpose or primary objective of the acronym. The group person to swat the correct term wins. Use some type of group or individual reward.
8. Role-playing. Prepare three or four versions of a skit such as positive patient focused teamwork; playful and not patient focused; ineffective and uncooperative (one person is patient focused, and the other is not); angry and uncooperative (one person is patient focused, and the other is not); or others as you have time. Have students use the same words in the case study for each one and describe each person's role: angry, hostile, accusing, team player, accepting, cooperative, happy, laughing, and playful. In class, divide students into groups; assign each skit to a different set of students, and have them play out their versions for the class. Walk around to each group, providing help with how to use different nonverbal techniques such as bodystance (folded arms versus open arms); facial expressions such as acceptance versus skepticism or anger; verbal tones or inflections that convey anger, questioning, defensiveness, or an attack; and gestures (hands or shoulders). When each group presents its version, discuss what each group did that made it different and how the patient probably felt.
9. Complete one of the games outlined in the Lab Activities section.

VARIATIONS

1. Vary any of the activities to be more specific to your facility or to meet the learning needs of your student population.
2. Complicate the case studies by varying patient information, such as age and condition, or by adding additional information or complications to additional questions that stimulate critical thinking to solve real-world situations that the students may find themselves in.

Answers to Textbook Exercises

■ Case Studies

Case Study 1

A 42-year-old female patient has been scheduled for a diagnostic laparoscopy to search for any pathology causing her chronic pelvic pain. While in the preoperative holding area, a registered nurse (RN) performed the nursing evaluation: checked the patient's documentation, history and physical, allergies, and special needs, while providing emotional support. The anesthesia care provider reviewed the surgical steps and started an IV line. The RN and an OR nursing assistant bring the patient on the stretcher into the OR. The patient notices a person in the OR wearing a surgical gown, mask, gloves, hair cover, and protective eyewear; this person is setting up surgical instruments, equipment, and supplies on a large table draped in blue material. This strange-looking person steps back from the table, turns to the patient and says, "Good morning, my name is Karen. I'm a Certified Surgical Technologist (CST), and I'll be assisting Dr. Lee today."

1. In what nursing role is the RN functioning?
   The RN is functioning in a classic OR nursing role, typically referred to as the primary circulator role.
2. In what surgical technologist role is Karen functioning?
   The surgical technologist who is gowned, gloved, and working at the back table is functioning in the classic role of the surgical technologist. The surgical technologist in this case is filling the role of first scrub surgical technologist. The term for the role is commonly shortened to scrub or scrub tech.
3. What is the preferred educational background for Karen as established by the Association of Surgical Technologists?
   Recommended Standards of Practice. Credentialing (or qualification as an applicant) is determined by the NBSTSA. The credential is a Certified Surgical Technologist (CST®), which requires graduation from an accredited program after assisting with a minimum number of surgical cases in the scrub role. The Recommended Standards of Practice, *as set forth by the Association of Surgical Technologists, states that the preferred background for entry level into the profession is the associate's degree.*

4. What organization is responsible for accrediting the school Karen attended?

   The Commission on Accreditation of Allied Health Education Programs (CAAHEP) grants accreditation and the Accreditation Review Committee on Education in Surgical Technology and Surgical Assisting (ARC/STSA) performs on-site visits, reviews the curriculum, and makes recommendations to CAAHEP.

5. What organization offers the CST examination that Karen successfully passed?

   The NBSTSA is responsible for the credentials Certified Surgical Technologist (CST®) and Certified Surgical First Assistant (CSFA®) and administers the national certification examinations for both credentials.

Case Study 2

Ian is a CST with several years of experience, working at a large urban hospital. Ian often serves as a preceptor (a CST who trains students during their clinical experience) for surgical technology students from the local community college. Today, a new student is working with Ian in an orthopedic OR. They have just completed positioning the patient when the circulator asks Ian if he will prep the patient's leg while she performs the final check of the video monitors.

1. What role is Ian performing, and are there any restrictions to that role?

   Ian is performing in more than one role in this situation. Because he is assisting the circulator, he is also considered a surgical technologist assistant circulator. It is quite common for a surgical technologist to assume many roles throughout the course of a normal workday. Ian must be cautious to operate within his scope of practice as a surgical technologist and not cross over into the roles that are not within his current job description, state scope of practice description, or beyond his level of training. An example would be that Ian is typically not allowed to administer medication or intubate a patient.

2. What are the roles of the various OR team members, and how do they interrelate?

   The OR team consists of many individuals. At minimum, there are four persons directly involved in the care of a patient undergoing a surgical procedure. Typically, this includes the anesthesia provider, the surgeon, the circulator, and the surgical technologist in the scrub role. For major cases, a first assistant, assistant circulator, and/or second scrub may be added to the group. While each team member has a specific role in the care of the patient, every member of the team must cooperate to put the best interests of the patient first (aeger primo). The key concept covering the roles in the OR is teamwork. Every role is important to positive patient care outcomes.

3. What extra responsibilities is Ian assuming by helping to train the student?

   Because Ian has a student observer, he would be considered an instructor, a preceptor, or a surgical technologist in the educator role.

■ Questions for Further Study

1. What is the difference between a job description and a role description?

   Role descriptions, by their very nature, are broad in scope, describing a typical or common set of activities and responsibilities. Job descriptions, however, are produced and approved by the institution for which one works. Depending on the type of job, they may be written fairly broadly, but they are usually quite specific regarding the surgical technologist's responsibilities. Because (as of this writing) surgical technologists are subject to licensure in certain states, there may not be a directly related statute that applies to the surgical technologist's job description for your state. (Examples of states requiring licensure or registration include: Colorado, Washington, D.C., and Texas) The job description is typically the work and the property of the given institution in which the surgical technologist works. The surgical technologist should be familiar with the job description in the institution of employment in order to define his or her scope of practice for the institution.

   Job descriptions provide a job title and definition, specific requirements for the job, duties and tasks to be performed, and designation of one's immediate supervisor to whom one is accountable. Job descriptions are placed within the context of an institution's mission and a department's role in accomplishing that mission. Surgical technologists have traditionally been assigned to the nursing department when employed by a facility such as a hospital or ambulatory surgical center. With the increased use of private surgical technologists and the traveling surgical technologist, the employer may be a physician, a physicians' group, or an agency. In some locales, a surgical technologist who is employed outside the institution but will be assisting in the facility is required to seek permission to function through the medical credentials committee at the hospital. No matter the employment situation, the surgical technologist must be aware of the conditions of employment, the nature of the job, the required tasks, and the specified limitations. The job description

may establish the criteria by which the surgical technologist will be judged in a case concerning alleged negligence or malpractice.

2. How does health care financing affect the services that health care professionals provide?

   Health care financing may affect the type of surgeries performed, the schedule, and personnel ratios; the salary that the health care professional receives; the amount, type, and quality of equipment, supplies, and additional resources that are available for patient care; and many other variables. These variables, when combined, create the overall environment in which health care professionals work.

3. List several reasons why a surgical technologist might need to communicate with the diagnostic imaging department, medical laboratory department, or a medical-surgical floor nurse.

   The surgical technologist may be responsible for arranging patient transportation, obtaining patient records, or coordinating preoperative, intraoperative, and postoperative events. Communication between departments and specific individuals responsible for patient care is imperative. Minimally invasive procedures have also increased the amount of co-operation between departments.

4. Describe a "typical" workday for the surgical technologist.

   The surgical technologist functions in a sterile capacity during surgical procedures but also performs many nonsterile duties throughout the course of the workday. Other roles include assistant circulator, second scrub, second assistant (providing exposure as a camera driver or handheld held retraction), or other duties as assigned. Some of the scrub role duties of the surgical technologist in each phase of surgical case management include:

   - **Preoperative Case Management**
     - *Donning OR attire and personal, protective equipment*
     - *Surgical site verification*
     - *Preparing the OR*
     - *Gathering necessary equipment and supplies*
     - *Creating and maintaining the sterile field*
     - *Scrubbing and donning sterile gown and gloves*
     - *Organizing the sterile field for use*
     - *Counting necessary items*
     - *Assisting team members during entry of the sterile field*
     - *Placing sterile drapes to expose the operative site*
     - *Correct patient verification, for example, time-out*
   - **Intraoperative Case Management**
     - *Maintaining the sterile field, including establishing neutral zone*
     - *Passing instrumentation, equipment, and supplies to the surgeon and the surgical assistant as needed*
     - *Assessing and predicting (anticipating) the needs of the patient and the surgeon and providing the necessary items in order of need*
     - *Preparing irrigation fluids*
     - *Preparing and handling medications*
     - *Counting necessary items*
     - *Caring for the specimen*
     - *Clearing residual blood and skin prep solutions from patient's skin*
     - *Preparing and applying the dressing*
   - **Postoperative Case Management**
     - *Maintaining the sterile field until the patient is transported from the OR*
     - *Disassembling the sterile field*
     - *Removing used instruments, equipment, and supplies from the OR*
     - *Caring for and maintaining instruments, equipment, and supplies following use*
     - *Preparing the OR for the next patient*

5. Define the term *competency* as it relates to the role of the surgical technologist.

   The term competency means that one is well qualified and has the knowledge and/or skills to perform in a particular area. For the surgical technologist, skill assessments and the certification exam are often used to determine competency.

6. In addition to the traditional role of the surgical technologist in the surgical setting, list at least two other related employment options.

   Most surgical technologists are employed in hospital surgery departments, obstetric departments, and ambulatory care centers. However, because of the broad educational background combined with a specialized focus, the following options are also available to the surgical technologist:

   - *Specialization in an area of interest such as cardiac, orthopedic, or pediatric surgery*
   - *Employment as a traveling certified surgical technologist*
   - *Advancement to the role of surgical assistant*
   - *Employment by a veterinary surgeon or animal care facility*
   - *Employment by a medical corporation to represent its products*
   - *Research and product development*

- *Employment in the material management or central supply areas*
- *Assumption of supervisory responsibilities*
- *Surgical technology educator*
- *Military service*
- *Volunteer opportunities (such as the Peace Corps)*
- *Technical writing, illustration, and photography*
- *Employment as a consultant*

Note: Some of these positions require experience and further education.

Key Terms Defined

Select Key Terms

1. Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA) *A committee on accreditation that is under the large umbrella of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), which oversees the accreditation processes of surgical technology education programs.*
2. ambulatory surgery center (ASC) *Facility where patients are treated and released the same day; also known as outpatient surgery or same-day surgery center.*
3. American College of Surgeons (ACS) *Non-profit national organization of surgeons located in Chicago, Illinois.*
4. Association of Surgical Technologists (AST) *The non-profit national professional membership organization for surgical technologists and surgical assistants.*
5. circulator *Nonsterile surgical team member who moves about the periphery of the sterile field.*
6. competency *(1) Skill; (2) ability; (3) statements that establish the level of skill or quality needed to be able to perform the job duties of a profession.*
7. confidentiality *An essential principle in which health care providers do not disclose, either written or orally, the confidential information of a patient except to other authorized individuals.*
8. Core Curriculum for Surgical Technology *The curriculum for an educational program that provides the expected entry-level knowledge for the surgical technologist.*
9. doctor of osteopathy (DO) *A physician who treats patients in a holistic manner and emphasizes the use of manipulative techniques for correcting.*
10. elective *A planned, non-urgent surgical procedure.*
11. emergency *A life-threatening medical condition or situation, such as a natural disaster.*
12. health maintenance organization (HMO) *Health care organization that serves as both the insurer and provider of medical services; typically, a group of physicians provides services to a population of clients who voluntarily enroll in the program.*
13. intraoperative *The second phase of surgical case management that occurs while the surgical procedure is being performed.*
14. National Board of Surgical Technology and Surgical Assisting (NBSTSA) *Organization that is solely responsible for all decisions regarding certification, from determining eligibility to maintaining, denying, granting, and renewing the credentials.*
15. optional *Surgical intervention that does not have to be performed in order to preserve life or limb.*
16. perioperative *Refers to the three phases of surgery: preoperative, intraoperative, and postoperative.*
17. postoperative *Period of time after surgery when the patient is recovering.*
18. preceptor *Instructor or tutor who demonstrates the general rules of conduct and procedures and guides the students while they are practicing or performing.*
19. preoperative *Period of time before the surgical procedure begins.*
20. professional *An individual who has special education and experience in a given field and who meets certain competency-based and ethical criteria.*
21. proprietary *Organization or company that is owned and operated by an individual or corporation with the intent of making a profit that is returned to the investors; the profit is taxable.*
22. surgical conscience *The basis for the practice of strict adherence to sterile technique by all surgical team members; involves a level of honesty and more integrity that must be upheld.*
23. surgical technologist *Allied health professional whose primary role is the first scrub role and is an expert in the principles of asepsis.*
24. The Joint Commission *an independent, nonprofit national organization that develops standards and performance criteria for health care organizations.*
25. urgent *Surgical pathology requiring treatment within a relatively short period of time.*

Lab Activities

Lab 1: Orientation to Surgical Technology

Introduction

The orientation to surgical technology will help the student better understand the thinking behind and the process that happens with surgery. During the orientation, there is very little hands-on experience, but the orientation stresses who, what, where, when, and why for surgery. This lab is set up so that the learner is able to look at the bigger picture and is able to start making critical thinking a part of the learning process.

Game 1: Who Gets Surgery First?
Time involved: One week for setup Supplies: Paper and pencil, note cards

Instructors: Make a list of surgeries that fall into the different categories, including emergent, urgent, elective, and optional. Utilizing either teams or individuals, pair one surgery and another from a different category and ask the learner, "Who gets surgery first?" You can also group surgeries from the same category and see what the student's reaction and thinking is for each. This will help build critical thinking skills.

Students: Study the categories of how surgeries can be grouped. These include emergent, urgent, elective, and optional. Learn where to place each surgery in accordance with the needs of the patient. Making note cards can be a big help, but thinking through the patients' needs will also give you better options regarding "Who gets surgery first?"

Game 2: Name That Specialty
Time involved: One week for setup Supplies: Paper and pencil, note cards

Instructors: Make a listing of all specialties on one side of a note card; on the other side, list what areas of the body are worked on in that specialty and some surgeries that correlate to that specialty. Ask the students questions from either side of the note cards. Keep in mind that some surgeries can fall into more than one specialty. You should also be prepared to ask the students why they think their answers are correct to get the thinking behind their answers.

Students: On one side of a note card make a list of all the specialties, and on the other side list what areas of the body and different surgeries are performed under that specialty. Study these to help you better understand which doctor is doing which surgery.

Game 3: Name That Role
Time involved: One week for setup Supplies: Paper and pencil, note cards

Instructors: The roles that the different team members play in surgery can vary widely or can actually be the same depending on their jobs and training. When learners are better able to distinguish the roles and the expectations of surgical team members, they are better able to focus on the learning. Make a list of job responsibilities on one side of a note card; on the other side of the card, list who would do these jobs, including the surgical technologist in the scrub role (STSR), circulator, anesthesia provider, surgeon, and first assistant, and also if that person is sterile or nonsterile when doing these jobs. The jobs can be anything from pulling supplies to handing instruments, cleaning the room, and any other role that may come into play with the patient at any time.

Students: Learning the roles that you will play in surgery can be a very difficult task. Depending on the hospital and the state you are in, you could play the role of the person who transports the patient, helps in the ED or OR, or handles instruments. It is very crucial that you understand each role so that the patient has the best care that can possibly be provided. Take note cards and list different jobs that will take place as the patient moves along the path of the hospital. You should then list who can do those jobs. Take the time to think about each job and what each person does to make sure things run smoothly for the patient.

Game 4: Telegraph Wire
Time involved: One week for setup
Supplies: Standard OR personal protective equipment, including gowns, gloves, masks, hair covers, and eye protection; a radio or other device to make noise

Instructors: Communication is a very large part of what we do. Being able to speak quickly and clearly with a lot of distraction around us will keep our patients safe. Also important is being able to read what is not said but delivered through emotion. Simulating the distractions that are all around us in the OR is how we play this game. Make a list of statements and emotions that you would have the learner convey to another. These can either be verbal statements or just an emotion without words. Have the learners put on surgical attire, including gloves, gowns, masks, eye protection, and hair covers, and then string the students around the room. Starting with the first person on the line, give the person either a statement or an emotion. Have him or her convey this to the next person in line; the next person will then receive the message and pass it along to the next; this will continue until the message goes from the front of the line to the back. While this is going on, feel

free to play the radio, have other conversations going on, or just create general distractions. When the information has reached the back of the line, ask the students to repeat what was said or what they perceived the emotion to be.

Students: Communication is the key to all that we do to help our patients. Being able to listen with a lot of distractions is difficult but can be learned. You also need to learn how to understand emotions. This can be a challenge when all that is available is a person's body language or eye contact. Work on verbal and nonverbal communication skills, and then play this learning game.

Answers to Study Guide Exercises

Matching: Acronyms

Organizations Important to the Profession

A. 15
B. 7
C. 5
D. 9
E. 1
F. 4
G. 12
H. 8
I. 6
J. 13
K. 14
L. 2
M. 10
N. 3
O. 11

Matching: Pioneers in Medicine

A. 5
B. 3
C. 1
D. 2
E. 4
F. 7
G. 9
H. 10
I. 8
J. 6

Instructor's note: Adrian Kantrowitz was the first surgeon to perform a human heart transplant from an infant to an infant, who died six hours later in 1967. John Gibbons created and utilized the first human-used heart-lung machine in 1953.

Completion: Job Duties

Mark each job duty with an *N* if it is performed by a nonsterile surgical team member or with an *S* if it is performed by a sterile surgical team member.

1. *N*
2. *N*
3. *S*
4. *N*
5. *S*
6. *S*
7. *N*
8. *N*
9. *S*
10. *N*

Fill-in-the-Blank: Teamwork

1. *Communication* must be effective to facilitate teamwork and shorten the forming and storming phases. The essential elements include clarity in delivering the message, active listening, and clear feedback.
2. Members of a storming team may have difficulty yielding toward each other's points of view, producing a situation where no one is satisfied with the outcome, which is called a *lose-lose* situation. This can lead to resentment by both parties.
3. Collaboration and compromise that are practiced by only one side of the conflict may result in a *win-lose* situation. This can lead to resentment by one side of the conflict, causing a return to the storming phase.
4. When all members of the team accept change, yield toward other points of view, and practice collaboration and compromise, the individuals come to a solution that is acceptable to all parties, which is called a *win-win* solution.
5. The best way to point out something in a non-threatening way is to ask a(n) *open-ended question*.

Short Answer: Surgical Technology

1. Describe the three barriers to the advancement of surgery prior to the twentieth century and how they were nullified so that surgery could advance, becoming more invasive and technologically challenging.

   Pain, hemorrhage, and infection had to be conquered. Pain was nullified by the development of anesthesia and pain medications. Hemorrhage was nullified by the development of hemostatic clamps, use of ligatures, and the use of electrosurgery to control bleeding. Infection was controlled by the use of antibiotics.

2. Analyze the traits of professionalism. Describe three professional traits/skills that you need to develop so you can become more successful
Answers will vary.

Professionalism begins with competency and commitment in the workplace. Both employers and patients deserve a dependable health care professional. Some important professional traits include:

- *Conscientiousness*
- *Professional honesty*
- *Consistent attendance*
- *Punctuality*
- *Understanding of employer policies/procedures and standards*
- *Skills competency*
- *Ability to obey rules*
- *Spirit of cooperation*
- *Being a team member*
- *Commitment to continuing education*
- *Ability to problem solve and prioritize*
- *Willingness to serve on committees*
- *Willingness to learn and cope with change*
- *Demonstration of flexibility and organizational skills*
- *Ability to communicate effectively*
- *Willingness to learn from constructive criticism and suggestions*
- *Respect for patient decisions*
- *Non judgmental*
- *Maintenance of patient confidentiality*

Answers to Part 2 may vary.

3. Analyze the description of the AST professional organization. Describe two benefits of the organization that make a difference to the profession.

The surgical technologist receives the benefits of the activities of the professional organization. Membership in the AST and participation in the activities of the professional association offer support. Continuing education is important to the surgical technologist for two reasons: (1) Continuing education is necessary for continued personal development and improved patient safety and (2) continuing certification requires demonstration of continuing education. The Association of Surgical Technologists (AST). Choices of benefits may vary.

4. Define the term *surgical conscience*. What are the professional behavior/requirements for someone with a "good" surgical conscience?

For the surgical technologist, surgical conscience is rooted in the following principles: (1) A surgical technologist must be willing to accept responsibility for his or her own actions and to be held liable for his or her actions and to provide the information needed for an accurate evaluation of those actions. (2) The surgical technologist must be committed to maintaining the confidentiality of patient information. Patients should never have to question that their care will be in the hands of individuals of good faith who handle information properly. (3) A surgical conscience dictates nondiscriminatory treatment of all patients. Personal values, feelings, and principles take a secondary position to the patient's need for the highest quality of treatment. (4) Modern medicine is very expensive, and both the patient and hospitals should be committed to cost control. Cost containment is the responsibility of everyone involved: the health care facility, health care providers, and the patient. (5) A surgical conscience is rooted in the fundamental understanding of the principles of asepsis and a commitment to practice sterile technique. Of all the tasks and roles that a surgical technologist fulfills during his or her career, the most important is that of strictly practicing sterile technique in the OR. Answers to Part 2 may vary.

5. List three examples of positive nonverbal communication. Why do you think that nonverbal communication is important in the operating room and in health care in general?

Examples of nonverbal communication include body language, crying, shivering, or nodding the head in a sign of agreement or disagreement. Answers to Part 2 may vary.

Interactive Learning

1. Trace the history of the profession of surgical technology by drawing a timeline that marks key events that offered advancements to the profession. Share your timeline with other class members.

Answers will vary.

2. Write a communication scenario to illustrate the differences among social relationships, therapeutic relationships, and professional relationships. Act out your scenario with a class member. Include appropriate subject matter, appropriate dialogue, and the components of effective communication related to each varying relationship.

Answers will vary.

3. Visit the websites of key organizations related to hospitals, health care organizations, and surgical services. Print out items of interest and share with other class members.

Answers will vary.

4. Rent the 1991 movie *The Doctor*, starring William Hurt, and observe the way the film director used positive and negative body language to tell the doctor's story. While watching, take notes regarding the nonverbal communication in the movie.

Answers will vary.

■ Case Studies

Case Study 1

Rodrigo is a 57-year-old man who was admitted to the emergency department (ED) following a motor vehicle accident. Rodrigo was driving a delivery van that was struck head-on by another vehicle. Rodrigo has severe injuries to both lower extremities: (1) closed femur fracture of the left leg and (2) open fracture of the right tibia and fibula with near amputation. A chest tube was inserted on arrival in the ED. Rodrigo is neurologically intact. He is now scheduled for surgery on his legs. As you prepare for the case, the patient is brought into the room. The circulator has to use a translator to help verify the patient's identity prior to placing the patient on the OR table.

1. A. This case represents what category of surgical intervention?

   Emergent, because there is pathology threatening life or limb and requiring immediate treatment.

   B. What is the specialty surgical classification for this case?

   Orthopedic surgery.

2. What is the difference between emergent and urgent surgical intervention?

   Urgent refers to surgical pathology requiring treatment within a relatively short period of time. The difference between emergent and urgent intervention is related to the time factor. Emergent conditions require intervention immediately. Urgent conditions require intervention within a relatively short time but not immediately.

3. What is an elective surgery? Provide an example.

   Elective surgery is a surgical intervention that does not have to be performed immediately or within a short period of time. Again, the critical distinction is the time factor. In elective surgery, the timing of intervention can be selected. Examples include a torn meniscus in the knee, hernia repair, and scar revision.

4. Consult with your instructor: Is elective surgical intervention the same thing as "minor" surgery?

   No, an elective case can be scheduled selectively as either a minor or major case and can be life threatening. Elective surgical cases are scheduled when resources or personnel are available or as the patient prefers. A minor procedure may be classified as either an emergent, urgent, or elective case depending on the circumstances. A minor or major classification is based on the difficulty of the surgical intervention, the possibility of complications, and/or the amount of resources dedicated to the case, such as time, personnel, equipment, and supplies.

5. As the circulator enters the room with the patient, you notice that the open fracture has an avulsion of the muscle with heavy grass and dirt contamination. As you greet the patient, a translator translates your name and greeting. The circulator is trying to assess the patient and move him over to the gurney. You need several instruments and supplies for the case and need the circulator to obtain and open them. How and when would you communicate your needs?

   Answers will vary but should contain the essential elements that the communication must contribute to patient safety and teamwork. The circulator is at a critical time of providing patient care, and the scrub should make a list of the items needed to give to the circulator at the appropriate time, respecting the priorities of patient care and timing, which is usually while waiting for the physician to start the procedure or after the time-out is completed. Adequate team preparation should have anticipated that contamination of the wound would necessitate having those identified supplies in the room as hold items.

Case Study 2

Kathleen is a 15-year-old girl who has been admitted to the hospital for surgery to correct a condition called scoliosis, an abnormal lateral curvature of the spine. This surgical intervention requires a lengthy incision and dissection of spinal muscles. It runs the risk of considerable blood loss and damage to spinal nerves. Distraction rods are placed to help straighten the spine, and bone grafting is required. Match one of the following health careers to each situation described below: orthopedic technologist, physician assistant, orthopedic nurse, EMG technologist or physician, physical therapist, Cell Saver technologist or perfusionist, diagnostic imaging technologist or radiology technician, and medical laboratory technologist.

1. Intraoperative X-rays are required. Who would perform these, and what department of the hospital would employ this person?

   A diagnostic imaging technologist, radiology technician, or radiologist from the diagnostic imaging department or radiology department would obtain the intraoperative X-rays.

2. Blood loss may be countered by filtering the patients' blood and returning it to her. Who would perform this activity?

   A Cell Saver technologist or perfusionist would be responsible for this activity.

3. The patient has been admitted to the hospital before. Which department is contacted for the old records?

   The medical records department.

4. To whom would blood samples be taken to check the hematocrit and hemoglobin levels (diagnostic studies) during the operative procedure?

   A medical laboratory technologist.

5. After surgery, Kathleen may need some rehabilitation in working with her muscles. Which allied health unit may assist with ambulation postoperatively?

   Physical therapy.

Case Study 3

You are a student attending your first clinical rotation in a large hospital. You have been assigned a preceptor with whom you are having trouble working. She will not let you do anything except observe, and, therefore, you are not learning much or logging the cases that you will need to graduate. You know that something has to be done to improve the situation, but what?

1. Apply the principles of communication. How might you effectively communicate with your preceptor while explaining the problem?

   Answers may vary. Be honest and explain the situation as you see it. Express needs clearly. Ask for her help to meet your goals. Be professional. Compose your message, deliver it in an appropriate verbal and nonverbal manner, and use listening skills and effective feedback to confirm the message was delivered and received correctly. Example: "In order for me to count the case, I must. . . . Can you help me succeed?"

2. What if she does not respond? What will be your next step?

   Answers may vary. Repeat your question, show respect and understanding. Example: "I know that you love scrubbing your cases, and I really appreciate your willingness to share your cases with me; however, I really need to do the case. Will you watch over me and then critique my setup?" As a last resort, notify your instructor so he or she can intervene on your behalf or reassign you.

3. You know that communicating and working as a team is essential in the OR. What can you do to work well with someone after there has been a conflict and/or confrontation?

   Answers may vary. Consult your instructor and/or look up conflict resolution on the Internet. Always be respectful, and maintain professionalism at all times. Move on from the situation after the conflict. Do not hold grudges.

Fill-in-the-Blank: Select Correct Person

Utilizing the same hospital organizational chart or development tables in the textbook, select the correct person/department that would be responsible for the following activities.

1. A reporter stops you in the hall and asks about a surgical patient because of HIPAA privacy regulations, to whom would you refer him for a press release?

   Public relations with the press reslease approved by the administrator; the ultimate control is governed by the board of trustees.

2. You are concerned about the lighting in the employee parking lot because you leave after dark. Whom would you contact?

   Security and then the assistant for support services if necessary.

3. You notice that equipment has exposed wires. Whom would you contact?

   Maintenance and biomed

4. You need to know how to prepare the specimen for cytological studies. Whom would you contact?

   Pathology

5. You are transferring a patient and notice spilled coffee in the hallway along with some old food; once you get to the unit, whom would you contact?

   Environmental services

Chapter 1 Pop Quiz

Name _____ Date _____ Score _____/20

Fill-in-the-Blank (5)

1. The physician who is known as the father of modern surgery because of his work with aseptic surgical technique, including the use of carbolic acid is _____.
2. The physician who developed and taught the principles of wound closure, hemostasis, and tissue handling is _____.
3. The surgeon who used ligatures for arteries in the performance of amputations is _____.
4. The physician who proved the germ theory of disease using swan neck flasks is _____.
5. The physician who performed dissections on cadavers, which are now called autopsies, providing meticulous drawings of anatomy, and became known as the father of modern anatomy is _____.

Matching (7)

Match the term with the correct definition.

_____ 1. Elective
_____ 2. Emergent
_____ 3. Intraoperative
_____ 4. Perioperative
_____ 5. Postoperative
_____ 6. Preoperative
_____ 7. Urgent

a. The period of time from when the surgical procedure is scheduled until the incision is made or the procedure begins.
b. The period of time from when surgery is first scheduled until the patient is released from the surgeon's care.
c. The period of time from when surgery is first scheduled may be weeks or months depending on the patient and physician schedules and other. circumstances.
d. The period of time from when the incision is made or the procedure begins until the patient's incision is closed or the procedure ends.
e. The period of time from when surgery is first scheduled is short due to the potential for health risks and may be called an add-on by the scheduler.
f. The period of time from when the case is scheduled is very short due to the life or limb-threatening circumstances and may bump a scheduled case.
g. The period of time from when the incision is closed until the patient is released from care.

Discussion (8)

1. Describe the three roles that the surgical technologist could be assigned to perform during a surgical procedure. (3)

2. Describe the five stages of team formation. Your class is a team. Your goal is to graduate successfully with the skills to pass the certification exam and obtain a job in your field. Analyze the five stages, and select the stage your class is in now. (5)

Answers to Chapter 1 Pop Quiz

Fill-in-the-Blank (5)

1. *Joseph Lister*
2. *William S. Halstead*
3. *Ambrose Pare*
4. *Louis Pasteur*
5. *Andreas Vesalius*

Matching (7)

1. *c*
2. *f*
3. *d*
4. *b*
5. *g*
6. *a*
7. *e*

Discussion (8)

1. Describe the three roles that the surgical technologist could be assigned to perform during a surgical procedure. (3)

   Answers will vary but will include the scrub role, the second assistant role, and the assisting circulator role.

2. Describe the five stages of team formation. Your class is a team. Your goal is to graduate successfully with the skills to pass the certification exam and obtain a job in your field. Analyze the five stages, and select the stage your class is in now. (5)

   Answers will vary but will include forming, storming, norming, performing, and adjourning. Depending on how long your group has been together, it should be either the forming or storming stage.

Sample Syllabus Components Related to Chapter 1

Name of Module

Module 1, Orientation to Surgical Technology (Note: Module may cover more than one chapter or may cover only a portion of a chapter. A module should be bite-size groups of similar information that achieve three to five course outcomes.)

Student Outcomes

This section should indicate what the measurable outcomes will be for this module.

Example

For satisfactory completion of the course, the student will have completed all assignments of the course and achieve 74 percent or greater on the final exam; on satisfactory completion of the course, the student will be able to

1. *Demonstrate knowledge of the health care delivery system and health occupations.*
2. *Demonstrate understanding of the roles and the responsibilities of the surgical technologist.*
3. *Demonstrate knowledge of the surgical team members.*
4. *Demonstrate understanding of preferred employability skills.*
5. *Demonstrate understanding of effective communication and interpersonal skills.*

Objectives

This information should outline what key information is necessary for the student to complete the outcomes success- fully. It can also be used for the student to identify what information he or she should concentrate on and will be tested on. For accreditation or your state/institution purposes: This section may not be required in the syllabus but must be available in the lesson plans or outlines/modules for the course to indicate in more detail what is covered in the course.

Example

Upon completion of the course, the learner will:

1. *Trace the historical development of surgical technology.*
2. *Identify the broad categories of surgery.*
3. *Describe the three phases of surgical case management.*
4. *Recognize members of the surgical team and their roles.*
5. *Identify the sterile and unsterile team members of the surgical team.*
6. *Identify and describe the agencies related to the advancement and education of surgical technologists.*
7. *Describe the professional skills and traits expected of the surgical technologist.*
8. *Interpret the components of a job description for the surgical technologist.*
9. *Compare and contrast the various roles of the surgical technologist*
10. *Describe the principles of communication and teamwork in the surgical setting.*
11. *Relate awareness of aseptic principles to the surgical technologist's role in the care of the surgical patient.*
12. *Summarize the different types of health care facilities.*
13. *Analyze a typical hospital organizational structure.*
14. *Classify hospital departments and their relationship to surgical services.*

References (List all required references that will help the student complete the module.)

Example

1. *Surgical Technology for the Surgical Technologist, 4th ed.; Cengage Learning; Chapter 1.*
2. *Study Guide to Accompany Surgical Technology for the Surgical Technologist, 4th ed.; Chapter 1.*
3. *Any other source to complete assignments, such as Internet and handouts.*

Assignments (List assignments that will prepare the student to meet the outcomes.)

Example

1. *Read Chapter 1 of the textbook.*
2. *Complete Chapter 1 of the Study Guide and submit.*
3. *Complete research assignment on page at the end of this module and submit* _____.
4. *Attend lecture and complete in-class assignment. If absent, view the PowerPoint presentation, view* _____ *video, and complete a one-page report on* _____ *topics emphasized in class assignment or guest speaker. Due within three days of returning to class.*
5. *Attend field trip visit to* _____, *complete the field trip assignment located on page* _____, *and submit* _____.

Outline (Optional) You may include a broad outline with space for taking lecture notes denoting areas of emphasis or a detailed outline highlighting specific information emphasized in lecture.

Sample Lesson Plan

Major Topics to Cover

1. Trace the historical development of surgical technology.
2. Recognize members of the surgical team and their roles.
3. Describe surgical technology professional organizations: AST; ARC/STSA; NBSTSA.
4. Compare and contrast the various roles of the surgical technologist.
5. Interpret the components of a job description for the surgical technologist.
6. Demonstrate principles of communication in the surgical setting.
7. Analyze the components of effective teamwork and communication.
8. Discuss the meaning of "surgical conscience" and its application to surgical technology.
9. Summarize the different types of health care facilities.
10. Analyze a typical hospital organizational structure.
11. Classify hospital departments and their relationship to surgical services.

Materials and Resources

- Textbook: AST's 5th edition *Surgical Technology for the Surgical Technologist*
- Chapter 1: Study Guide
- Instructor's Manual (IM) Chapter 1 Research Ideas, Classroom Discussion, or Activities.
- Computer and projecting equipment for PowerPoint slides.
- Internet access (professional organizations: www.nbstsa.org; www.ast.org; www.arcst.org)
- Whiteboard or other mechanism to write on during lecture.
- Syllabus and/or module outline.
- Accompanying available audiovisuals and player: View DVD "Surgical Technology" by AST.

Other: _____

_____

Lesson Preparations

1. Assign chapter reading in advance.
2. Choose and assign homework assignments using Study Guide, textbook questions, CD ware, or a research (IM) assignment.
3. Arrange guest speakers (role experts or counselor/ communications expert).
4. Arrange OR observation of OR team at work; or assign students to identify team and each role.
5. Prepare lecture outline.
6. Prepare class discussion or activities (IM) such as games, case study discussion, or skit/role-playing.
7. Prepare method(s) of presentation: PowerPoint, AV.
8. Prepare a pretest and/or posttest.

■ Affective Behaviors: Teaching Professionalism

What Is Professionalism?

Teaching professionalism: Linking affective behaviors to student learning outcomes.

The work skills and professional traits of a surgical technologist should be incorporated into the core curriculum. Expectations for professional behavior such as maintaining certification, continuing education, professional membership, teamwork, and involvement in policymaking must be communicated to the students and the staff so that the surgical technologist can continue to become a respected and integral team member.

Simple professional attributes should be periodically assessed by both the student and the instructor. A comparison of the two evaluations can help students attain a more realistic vision of their own development. Students may be too easy or too hard on themselves. The instructor can help bring in another viewpoint to help the student gain self-confidence. A professional has a minimum of seven characteristics. They can be called the "7 Ps of Professionalism."

1. Patient centered. Another way of putting this is focused. The professional is focused on the job at hand and the goals for the patient. This does include providing for the physician and anticipation, but the ultimate goal is safe patient care.

2. Punctual. Be dependable. Be there and be on time. This refers to common work ethics regarding schedule, but it also refers to providing the right instrument at the right time or starting cases on time.
3. Prepared. Have what you need ahead of time. This includes not only supplies or equipment for the case but also the core knowledge and the skills to be able to function.
4. Prudent. Being able to perform according to national standards. You did the right thing at the right time for the patient according to what any other reasonable surgical technologist would do at the same time under similar circumstances.
5. Progressive. You keep up to date. Not only do you know what acceptable practice is now, but you know what new innovations are happening in surgical practice. You seek to continually upgrade your skills, and you stay on the leading edge through continuing education, asking questions, attending conferences or workshops, and being open minded.
6. Proactive. Others call this critical thinking or problem solving. You are able to analyze, synthesize new plans, and evaluate outcomes. You never repeat mistakes or misadventures. You analyze your practice, plan how to improve, implement your plan, and then evaluate if it worked. Surgeons love working with you because you have worked to be prepared for their cases. Sometimes you have innovative ideas that solve a problem the surgeon has or is having, such as a special retractor or device to assist with a difficult situation.
7. Passionate/Proud. You have a passion for what you do; you are proud of your profession, and you show it. Your personal appearance, behaviors, support of your coworkers, and actions all say that you are a certified surgical technologist with a career.

Why Teach Professionalism?

If we do not teach professionalism, how can we expect students to exhibit the characteristics of a professional upon graduation? Most students do not enter the field with those seven characteristics; they may have only one or two areas that need development. Where do they learn those behaviors as a professional surgical technologist? After graduation?

1. Employer satisfaction. Work ethics revolve around attitude or a mental frame of mind. Your program is judged by the employer on employee performance after graduation. Employers often report, "They would be great, if only they were here" or "on time" or a "team player."
2. Growth of the profession. If the surgical technologist is going to become recognized in all states, surgical technologists must work together. Surgical technologists who are certified and support continuing education are critical to maintaining job performance and meeting national standards. As respect for the profession grows, so does the support grow in the terms of resources, job security, and financial equity.

How to Teach Professionalism

Professionalism trait changes include a behavior change modification, so repetition is the key. Adult learners by their very nature only learn what is deemed necessary. As you develop your policies, you must think ahead, "What is expected in the workplace, and how can I emphasize the importance?" There are many ways to implement practice in professionalism, including:

1. Journaling. To teach proactive problem-solving and critical thinking, have students keep a journal. For example, add graded questions to student skills assignments or clinical log. Have students reflect on their performance. [1] Identify the area of opportunity to improve, and then [2] identify what, how, when, where, and with whom the student can improve the area. When they write the same thing more than once, ask why and don't accept it. A proactive approach means you identify issues and seek to solve them or prevent their reoccurrence every day. See sample.
2. Rubrics on professionalism. Have students and the instructor complete a graded rubric on professionalism and then compare the results. Completion once a semester can allow students to identify where they are, and you can track improvement. See sample.
3. Rubrics on teamwork. Have each member of the student team reflect on the components of good teamwork and grade each person on the team. Reflecting on their contributions as a team member to meet the goal of the project can help them understand what it takes to be a good team member. See sample.

4. Professionalism grade. Incorporate a percentage of the grade specific to professionalism. Use the maximum opportunity for learning grade with professional point deduction in combination with the rubrics to emphasize the importance. See sample.

   Example: It is the philosophy of the general college and the surgical technology department that students should attend all scheduled experiences and be punctual in doing so. Students must demonstrate their ability to be present and depended upon during their enrollment in the program. The grade earned must reflect the amount of time present during classes, lectures, clinics, and labs. Being on time with perfect attendance, being prepared, and completing all assignments is necessary for MAXIMUM OPPORTUNITY FOR LEARNING (MOP). In order for students to achieve the maximum opportunity for learning, every student is awarded one hundred points at the beginning of the course for professional behaviors that are expected during the course as a professionalism grade. This grade is averaged with all exams and project grades and counts as 10 percent of your final grade. For each incidence of noncompliance, the appropriate points will be deducted from that grade. Students will be notified in writing of each occurrence. See appropriate form. This does not replace any disciplinary action that may also be indicated as a consequence for policy infractions. See the appropriate policy and student handbook for further information.

Evaluation: Professional Growth and Behavior

Date: _____ Instructor: _____ Student Name: _____ Final Average Score: _____

Instructions: Mark the block that fits the behavior during class.

Total the number and record as the score. 9–10 points: meets goals. 5–9 points: needs improvement. 0–4 points does not meet goals.

CATEGORY/Points	2 Points	1 Point	0 Points
Prepared-Punctual Dependability Instructor # Points _____ Self-evaluation # Points _____	On time for class, attends all sessions, completes and submits assignment by due date; prepared for class. Dependable regarding assignments or volunteered offers for class. Follows through on all projects.	1–2 incidents late, absent, and/or not prepared regarding assignment or reading by due date; failed to follow through on "word"; Usually has most supplies ready prior to start time for class.	>3 incidents late for class, absent, not prepared, incomplete assignment; assignment late or not submitted, Excessive slowness in actions, delayed response, failure to follow through on "word."
Personal Appearance (Proud) Instructor # Points _____ Self-evaluation # Points _____	Exhibits professional appearance (uniform, cleanliness, and neatness); meets dress code; no perfume; deodorant used; all attire appropriate to prevent contamination or safety hazard. PPE correct for the situation.	1–2 incidents of inappropriate appearance (no lab coat, no uniform, partial uniform, patch missing, not clean, not neat–wrinkled, visible underclothes or body parts); odor noted. PPE correct for situation.	>3 incidents of inappropriate appearance (no lab coat, no uniform, partial uniform, patch missing, not clean, not neat–wrinkled; visible underclothes or body parts; odor noted. One or more incidents of inappropriate PPE.
Passionate Progressive Responsibility for Learning Instructor # Points _____ Self-evaluation # Points _____	Responsive to assessments and critiques of performance–participates in own development and plans for improvement. Uses APIE (assess, plan, implement, evaluate)/critical thinking skills (analyze, synthesize, evaluate) to problem solve. Completes plans formulated each semester. Accountable for own learning.	1–2 incidents did not follow plan for improvement or complete self-analysis; not responsive to assessments and critiques. Failure to research, analyze objectively own performance. Follow guidelines for improvement partially. Limited follow-up.	>3 incidents not responsive to assessments and critiques; did not follow guidelines or plan for improvement. No follow-up. A complaint of lack of initiate, stands back, waits to be instructed despite previous experience level. Incomplete or no journaling/self-analysis of own performance regarding issues that occur.
Patient/Learning Centered–Focused Altruism–Ethical Instructor # Points _____ Self-evaluation # Points _____	Actions are nondiscriminatory; treats others with respect; patient and learning centered; maintains confidentiality; Cooperates with others. Team player. Reports breaches of ethical behavior as appropriate as per Academic integrity policy.	1–2 incidents of failure to treat others with respect; (arguing; failure to cooperate with group assignments). Actions ethical and patient or learning centered.	>3 incidents of failure to treat others with respect; failure to participate in group assignments. Actions discriminatory, self-centered, not patient or learning centered; or does not maintain patient confidentiality.

Evaluation: Professional Growth and Behavior (*Continued*)

CATEGORY/Points	2 Points	1 Point	0 Points
Personal Behavior Prudent Instructor # Points _____ Self-evaluation # Points _____	Work skills: Team player, works well with others, respectful, considerate, follows guidelines, Willing to compromise, no distracting or inappropriate behavior. Keeps assigned lab and personal area neat, clean, and well stocked at all times. Seeks win-win solutions.	1–2 incidents of inappropriate or distracting behavior (closing eyes, talking over someone, foul language, inappropriate outbursts, out of seat, electronic device use); keeps hands/feet to self or area not cleaned up after activity; left training supplies or artifacts on tables and chairs.	>3 incidents of inappropriate or distracting behavior (out of seat, sleeping, disrespectful, talking, electronic device use); or does not keep hands and feet to self; or fails to keep own areas of use clean and organized (lab supplies left out; papers on desk, etc.). Unwilling to compromise or seek solutions that reflect standards/needs of all involved.
Prudent–Communication and Discussion Instructor # Points _____ Self-evaluation # Points _____	Communicates appropriately, seeks help when needed at the appropriate time, listens attentively to others speaking; pays attention to teacher/ presenter. Participates in class discussion without interrupting, uses appropriate language and voice level. Verifies and monitors feedback from others to limit misunderstandings. Does not gossip (unkind irrelevant information) about classmates or others in the clinical setting.	1–2 incidents: interrupts class discussion inappropriately; fails to follow instructions given correctly; Sometimes participates in discussion; or sometimes interrupts others; or sometimes not paying attention. Uses appropriate language and voice level. 1–2 incidents of gossip (unkind irrelevant information) which did not cause any disruption of classroom or clinical setting.	Communicates inappropriately: >3 incidents: interrupts or disturbs class with talking; fails to follow instructions; does not understand and does not ask questions; or not paying attention. Does not participate in discussion or answering out loud when not called on/for someone else or doing homework during class/lab/clinical. Participated in gossip (unkind irrelevant information) which caused a disruption in the classroom/clinical setting.
Skills Prepared/Participation Instructor # Points _____ Self-evaluation # Points _____	Studies/practices for class, lab or clinical skills, is prepared for class, testing, lab, or clinical, maintains lab supplies ready, and completes projects on time. Completes assignment as instructed. Organized and prepared for performance. Willing to participate in all activities/assignments.	1–2 incidents of being unwilling to participate, unprepared (failure to practice) for lab, testing, or clinical; or lab supplies not ready; or project/practiced lab skill not submitted on time; changes or modifies assignment from instructions given.	>3 incidents: unwilling to participate, un prepared (failure to practice) for lab, testing, or clinical; or lab supplies not ready; or project/practiced lab skill not submitted on time; fails to complete assignment accurately.

Evaluation: Professional Growth and Behavior (*Continued*)

CATEGORY/Points	2 Points	1 Point	0 Points
Proactive–Able to Prevent Errors Instructor # Points _____ Self-evaluation # Points _____	Seeks out answers to questions, submits work completed, if confused about assignment or directions after reading them clarifies understanding with teacher; does not repeat mistakes.	Usually seeks out answers to questions; rarely asks questions of teacher(s); asks classmates instead of teacher; Reads instructions and usually follows them. Occasionally 1–2 incidents of repeating mistakes.	>3 incidents:Rarely seeks out answers to questions; asks inappropriate questions in class (does not read directions—asks questions without reading material given—syllabus/ directions); does not understand and does not ask questions to gain understanding. Mistakes are repeated.

Self-Evaluation Total Points: _____ ÷ 16 = _____ Grade

Instructor Evaluation Total Points: _____ ÷ 16 = _____ Grade

Add Self-Evaluation _____ + Instructor Evaluation = _____/ 2_ = Average Final Grade _____

Comments:

Self-Evaluation Signature: _____ Date _____ Instructor Evaluator _____ Both _____ Date: _____

The Ps of Professionalism: Patient-centered (aeger primo-focused); proficient; punctual; prepared; prudent; progressive; proactive; passionate; proud; persistent; pillar; profitable; polite, pleasant and patient (kind).

Collaborative Work Skills: Group Project

Student Name: _____ Self-Evaluation: _____ or Evaluator: _____ Final Teamwork Grade: _____

Date: _____ Group Project: _____ # in Group: _____

Names: _____

CATEGORY	4 Points	3 Points	2 Points	1 Point	Team Analysis
Working with Others—Team Work	Almost always listens, to, shares with, and supports the efforts of others. Tries to keep people working well together. Cooperates/willing to compromise on preferences. Assertive on principles. Win-win attitude.	Usually listens to, shares, with, and supports the efforts of others. Usually cooperates/willing to compromise on preferences. Assertive on principles. Willing to come to consensus, but does not always collaborate on research prefers to work alone.	Often listens to, shares with, and supports the efforts of others but sometimes is not a good team member. Willing to compromise but does not collaborate with others for consensus.	Rarely listens to, shares with, and supports the efforts of others. Often is not a good team player. Unwilling to compromise at all.	Rate your team, initials first, then their points. Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Communication	Communication is clear, concise, and appropriate to the situation. Listens to others and voices opinions. Assertive communication with feedback to others.	Communication is evident among group members and is appropriate. Listens to others. Does not voice opinions or fails to use feedback to clarify directions on 1–2 occasions.	Communication is inappropriate on 1–2 instances (foul language, outbursts, arguing, etc.). Directions unclear, failure to use feed-back to clarify directions or communication shows passive or aggressive patterns one to two times.	Communication is inappropriate; >2 instances or directions unclear, failure to use feedback to clarify directions or communication shows passive or aggressive patterns >2 times.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Contributions	Routinely provides useful ideas when participating in the group and in class-room discussion. A definite leader who contributes a lot of effort.	Usually provides useful ideas when participating in the group and in classroom discussion. A strong group member who tries hard!	Sometimes provides useful ideas when participating in the group and in classroom discussion. A satisfactory group member who does what is required.	Rarely provides useful ideas when participating in the group and in classroom discussion. May refuse to participate.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Quality of Work	Organized; creative; routinely produces work that is prioritized, reflective, correct, and made sense. Striving for highest potential for the group.	Generally organized; creative; produces work that is reflective and correct and made sense. Motivated for group success.	Provides work that occasionally needs to be checked or redone by other group members due to content errors of information. Obligated to the group for success.	Provides minimal to no work that usually needs to be checked/redone by others to ensure accuracy. Desires a grade without involvement.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____

Collaborative Work Skills: Group Project (*Continued*)

CATEGORY	4 Points	3 Points	2 Points	1 Point	Team Analysis
Attendance at Meetings	Present at all meetings of the group to plan, develop, research and film/complete the project.	Present at all but one meeting of the group to plan, develop, research, and film/complete the project.	Present at half the required meetings to plan, develop, research, and film/complete the project.	Present at less than half to none of the required meetings to plan, develop, research, and film/complete the project.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Attitude	Never is publicly critical of the project or the work of others. Always has a positive attitude about the task(s).	Rarely is publicly critical of the project or the work of others. Often has a positive attitude about the task(s).	Occasionally is publicly critical of the project or the work of other members of the group. Usually has a positive attitude about the task(s).	Often is publicly critical of the project or the work of other members of the group. Often has a negative attitude about the task(s).	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Time-management	Always prepared and equipped. Routinely uses time things get done on time. Group does not have to adjust deadlines or work responsibilities because of this person's procrastination.	Usually uses time well throughout the project but may have procrastinated on one thing. Group does not have to adjust deadlines or work responsibilities because of this person's procrastination.	Occasionally unprepared or tends to procrastinate but always gets things done by the deadlines. Group does not have to adjust deadlines or work responsibilities because of this person's procrastination.	Unprepared the majority of time or rarely gets things done by the deadlines or group has to adjust deadlines or work responsibilities because of this person's inadequate time management.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Focus on the Task	Consistently stays focused on the task and what needs to be done. Very self-directed. Cell phone is off; conversation focused on task.	Focuses on the task and what needs to be done most of the time. Other group members can count on this person. Turns cell phone off. Conversation may drift 1–2 times off task.	Focuses on the task and what needs to be done some of the time. Other group members must sometimes nag, prod, and remind to keep this person on-task. Answers phone or goes on break 1–2 times.	Rarely focuses on the task and what needs to be done. Answers phone, texting, or doing other work instead of project. Lets others oth others do the work.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Problem-solving	Actively looks for and suggests solutions to problems. Sustained the group project.	Refines solutions suggested by others.	Does not suggest refineothers solutions but is willing to try out or cooperate with solutions suggested by others.	Does not try to solve problems or help others solve problems. Lets others look for solutions.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____
Pride	Work reflects this student's best efforts.	Work reflects a strong effort from this student.	Work reflects some effort from this student.	Work reflects very little effort on the part of this student.	Self Pts:_____ _____#1:_____ _____#2:_____ _____#3:_____ _____#4:_____

Collaborative Work Skills: Group Project (*Continued)*

CATEGORY	4 Points	3 Points	2 Points	1 Point	Team Analysis
Leadership	Group leader/leaders are identified. Assumes responsibility for assignment. Provides guidance and serves as a role model to team at all meetings. Actively encourages/assertively directs others when necessary so team meets project deadlines.	Assumes responsibility for assigned portion of project and serves as a role model following all policies and rules but does not address other team members assertively who do not pull their own weight.	Assumes responsibility for assigned portion of project, follows all rules and policies, but blames someone else for any snags in the project.	Does not assume responsibility for assigned portion of project, looks to others to lead them, or does not follow rules and policies, causing the team to be ineffective as others have to direct them.	Self Pts:_____ ____#1:_____ ____#2:_____ ____#3:_____ ____#4:_____
Monitors Group Effectiveness	Routinely monitors the effectiveness of the group, and makes suggestions to make it more effective. Project is completed on time.	Routinely monitors the effectiveness of the group and works to make the group more effective. Project is completed on time.	Occasionally monitors the effectiveness of the group and works to make the group more effective. Project completed on time but deficient in one aspect.	Rarely monitors the effectiveness of the group/ does not work effectively. Project is not completed on time, or project is deficient in more than one area.	Self Pts:_____ ____#1:_____ ____#2:_____ ____#3:_____ ____#4:_____

Total Points Tally and Final Grade for Yourself and Your Teammates:	**Transferred Grades for This Person (Self-Grade) and Grades from Teammates:**
Self Pts:_____/24= _____%	Self-Grade = _____%
____#1:_____/24= _____%	Teammate #1 Grade= _____%
____#2:_____/24= _____%	Teammate #2 Grade= _____% Add all grades and divide
____#3:_____/24= _____%	Teammate #3 Grade= _____% by the number of
____#4:_____/24= _____%	Teammate #4 Grade= _____% grades for an average.
The only person who should see this form is the person doing the self-evaluation and the instructor. All scores are transferred from each team members form to the appropriate transferred grade section for each student.	Average of all grades for this person is _____ the final grade as per self and peer evaluation.

"Ps of Professionalism" Student Handout

1. Patient centered. Another way of putting this is focused. The professional is focused on the job at hand and the goals for the patient. This does include providing for the physician and anticipation, but the ultimate goal is safe patient care.

2. Punctual. Be dependable. Be there and be on time. This refers to common work ethics regarding schedule, but also punctuality refers to providing the right instrument at the right time or starting cases on time. Anticipation requires that you plan ahead.

3. Prepared. Have what you need ahead of time. This includes not only supplies or equipment for the case but the core knowledge and the skills to be able to function. This includes continuing education for new equipment, supplies, or procedures prior to use in the surgical suite.

4. Prudent. Being able to perform according to national standards. You did the right thing at the right time for the patient according to what any other reasonable surgical technologist would do at the same time under similar circumstances.

5. Progressive. You keep up to date. Not only do you know what acceptable practice is now, but you know what new innovations are happening in surgical practice. You seek to continually upgrade your skills, and you stay on the leading edge through continuing education, asking questions, attending conferences or workshops, and being open minded.

6. Proactive. Others call this critical thinking or problem-solving. You are able to analyze, synthesize new plans, and evaluate outcomes. You never repeat mistakes or misadventures. You analyze your practice, plan how to improve, implement your plan, and then evaluate if it worked. Surgeons love working with you because you have worked to be prepared for their cases. Sometimes you have innovative ideas that solve a problem the surgeon has or is having, such as a special retractor or device to assist with a difficult situation.

7. Passionate/Proud. You have a passion for what you do; you are proud of your profession and you show it. Your personal appearance, behaviors, support of your coworkers, and actions all say that you are a surgical technologist with a career.

8. Other "P"s may include patient, proficient, problem solver, protective, predictable, and pupil for life. How many others can you think of?