Solution and Answer Guide

AST, Surgical Technology for the Surgical Technologist, 6e, ISBN: 9780357625736; Chapter 1: Introduction to Surgical Technology

Table of Contents

[Opening Case Study 1](#_Toc153460066)

[Closing Case Study 2](#_Toc153460067)

[Questions For Further Study 3](#_Toc153460068)

# Opening Case Study

A patient has been scheduled for a diagnostic laparoscopy to confirm the pathology that may be causing chronic pelvic pain. While in the preoperative holding area, a registered nurse (RN) performs the nursing evaluation, including checking the patient’s documentation, confirming allergies and special needs, and providing emotional support. The anesthesia care provider reviews the preanesthesia assessment and starts an intravenous (IV) line. The RN and patient care technician transport the patient into the operating room (OR). The patient notices a person in the OR wearing a surgical gown, mask, gloves, hair cover, and protective eyewear. This person sets up surgical instruments, equipment, and supplies on a large table draped in blue material. The person steps back from the table, turns to the patient, and says, “Good morning, my name is Emma. I’m a Certified Surgical Technologist(CST), and I’ll be assisting Dr.

1. In what nursing role is the RN functioning?

ANS: The nurse is functioning in the role of circulator. The circulating role is a licensed professional whose scope of practice is inclusive of patient care, patient identification, patient documentation, and patient advocacy. As part of the surgical team, the circulator will remain as the nonsterile professional capable of providing the sterile surgical team with needed supplies during a surgical procedure.

2. In what surgical technologist role is Emma functioning?

ANS: Emma is the surgical technologist in the first scrub role. Within their scope of practice, the responsibility of a surgical technologist is to provide optimal patient care, advocate for the patient, demonstrate therapeutic support, and assist the surgical team by helping the patient return to their best possible state of wellbeing.

3. What organization is responsible for accrediting the program Emma attended?

ANS: CAAHEP establishes standards for education of surgical technology program and grants accreditation to surgical technology programs. This will only take place upon the recommendation of ARCSTSA, which verifies and clarifies that programs are adhering to AST Core Curriculum developed by AST.

4. What is the preferred educational background for Emma, as established by the organization that accredits programs?

ANS: Since Emma introduced herself as a CST, she had to have attended an accredited program. There are two recognized accreditation organizations, ARCSTSA and ABHES, which, under the umbrella of CAAHEP, are responsible for ensuring that education background is adhered to.

5. What organization offers the Certified Surgical Technologist (CST) examination that Emma successfully passed?

ANS: The NBSTSA offers the Certified Surgical Technologist (CST) exam. Graduates of programs that have been granted accreditation status qualify to take the NBSTSA exam, which awards and owns the trademark of the CST and CFA credentials.

# Closing Case Study

Ian is a CST with several years of experience working at a large urban hospital. They have just finished assisting the circulating RN and anesthesia care provider in positioning the patient and have been asked if they will perform the skin prep on the patient.

1. What role is Ian performing?

ANS: Ian is performing the role of STCR (surgical technologist in the circulating role) since they are assisting the circulating registered nurse. The training provided by an accredited surgical technologist program incorporates performing some of the functions of circulator in an operating room.

2. Is the role a nonsterile or sterile role?

ANS: The team member is functioning in the role of a circulator, which is a nonsterile role. Perioperative case management consists of the preoperative, intraoperative, and postoperative phases. During each of these phases, there are team members who perform tasks which require them to be sterile, and others may complete tasks which are nonsterile. When prepping the patient, the prepping solution and/or prep stick come in a sterile package, and the appropriate process is to don sterile gloves using open-glove technique.

3. What are the roles of the other OR team members?

ANS:

Non-Sterile team members:

Anesthesia care provider: responsible for monitoring patients’ vital signs

Anesthesiology resident or a CRNA (certified registered nurse anesthetist): assists the anesthesia care provider

Operating Room Attendants (patient care techs, transporters): assist with moving the patient from one place to another

Nursing students

Sterile team members:

CST (certified surgical technologists): assists team with the procedure

CFA (certified first assist): assists the surgeon with performing the procedure

Surgical Residents: there to learn from the surgeons how to accomplish the procedure

Medical Students (typically fourth-year students): students getting ready to select their specialization in medicine

Surgical Technology students

Surgeon

# Questions For Further Study

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

ANS: 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, District of Columbia, Texas, etc.) The job description is typically the work and 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, required tasks, and 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 healthcare professionals provide?

ANS: 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, sup- plies, 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.

ANS: 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 cooperation between departments.

4. Describe the “typical” workday for the surgical technologist.

ANS: 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, e.g., “time out”

Intraoperative Case Management

• Maintaining the sterile field, including establishing neutral zone

• Passing instrumentation, equipment, and sup-

• plies to the surgeon and surgical assistant as needed

• Assessing and predicting (anticipating) the

• needs of the patient and 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.

ANS: 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.

ANS: 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.