# COLUMBUS TECHNICAL COLLEGE SURGICALTECHNOLOGY

DEGREE PROGRAM INFORMATION SHEET

Length of Program: 4 semesters–15 Months Total: 70 semester hours

Starting Dates: Applications can be submitted from 15 February thru March 1st , classes start: Summer Semester Hours:

Vary each semester. Clinical days are T, W, R 6:30 am - 2:30 pm Class days: M,T,W,R end no later than 5:30 pm

Some prerequisite classes can be taken in the evening or on-line

Estimated Costs: All costs are estimates and subject to change

Books: Basic, related, and general courses………………………………………………….. $650.00 ACEMAPP………………………………………………………………………………………………………………50.00 Back Ground Check/ Drug Screen………………………………………………………………………. $67.95 Lab supply fees Summer………………………………………………………………………………….. $100.00 Uniforms: 2 Lab Coats………………………………………………………………………………………. $ 60.00 2 Scrubs sets ……………………………………………………………………………………………………..$ 40.00

White, leather, lace-up shoes …………………………………………………………………………..$ 50.00 2 School Patches…………………………………………………………………………………………………. $ 6.00

2 School Name Pins ……………………………………………………………………………………………$ 10.00 Insurance: Liability policy prior to fall semester ………………………………………………....$ 9.52 Graduation: Optional Participation ……………………………………………………………………$ 40.00 Certification: AST Gold Bundle/ Membership study guide

Mandatory Certification Assessment Exam administered Summer:……………………………………………………………………………………………………... $ 247.00.00

Goal Statement: The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist. As stated in CAAHEP Standard Il. Program Goals, C. Minimum Expectations: "To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains." Objectives:

1. The surgical technology program is required to verify through the surgical rotation documentation the students' progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.

1. While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.

2. No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.

* Students must complete a minimum of 120 cases as delineated below.

1. General Surgery cases

* Students must complete a minimum of30 cases in General Surgery; 20 which must be performed in the First Scrub Role. The remaining 10 cases may be performed in either the First or Second Scrub Role.

2. Specialty cases

* I. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery; 60 which must be performed in the First Scrub Role. The additional 30 cases may be performed in either the First or Second Scrub Role.

\* A minimum of 60 surgical specialty cases must be performed in the First Scrub Role and distributed amongst a minimum of four surgical specialties.

\* A minimum of 10 cases in the First Scrub Role must be completed in each of the required minimum of four surgical specialties (40 cases total required).

\* The additional 20 cases in the First Scrub Role may be distributed amongst any one surgical specialty or multiple surgical specialties.

\* The remaining 30 surgical specialty cases may be performed in any surgical specialty either in the First or Second Scrub Role.

1. Optional surgical specialties \* Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to 10 diagnostic endoscopic cases and 5 vaginal delivery cases can be counted toward the maximum number of Second Scrub Role cases.

\* Diagnostic endoscopy cases must be documented in the category of "Diagnostic Endoscopy", rather than by specialty.

\* Vaginal delivery cases must be documented in the category of "Labor & Delivery" rather than in the OB/GYN specialty.

2. Case experience in the Second Scrub Role is not mandatory.

3. Observation cases must be documented, but do not count towards the 120 required cases.

4. Counting cases \* Cases will be counted and documented according to surgical specialty.

\* Cases will be counted and documented according to surgical specialty

(exception being diagnostic endoscopic cases; refer to Il. C. I .a. above).

\* Examples of counting cases

\* Trauma patient requires a splenectomy and repair of a Lefort I fracture. Two cases can be counted and documented since the splenectomy is general surgery specialty and repair of LeFort I is oral-maxillofacial surgical specialty.

\* Patient requires a breast biopsy followed by mastectomy. It is one pathology, breast cancer, and the specialty is general surgery; therefore, it is counted and documented as one procedure — one case.

\* Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and documented as one (l) procedure—one case.

Surgical Category

Total # of Cases Required

Minimum # of

First Scrub Cases Required

Additional first or second scrub role cases that can be applied towards minimum of 120

General Sur er

30

20

10

Surgical Specialties:

Cardiothoracic

• ENT

Eye

GU

Neuro

Ob-Gyn

Oral/Maxillofacial

Orthopedics

Peripheral vascular

Plastics

90

60

30

Optional:

Diagnostic Endoscopy: Bronchoscopy

Colonoscopy

Cystoscopy

EGD

ERCP

Esophagoscopy

Laryngoscopy Panendoscopy

Ureterosco

10 diagnostic endoscopy cases may be applied only toward the Second Scrub Role cases.

Refer to

Objective Il. C.

Optional:

Labor & Delivery

5 vaginal delivery cases may be applied only toward the Second Scrub Role cases.

Refer to

Ob'ective Il. C.

Totals

120

80

40

FIRST AND SECOND SCRUB ROLE AND OBSERVATION

FIRST SCRUB ROLE

The student surgical technologist shall perform the following duties during any given surgical procedure with proficiency. The following list is provided to identify the items that must be completed in order to document a case in the First Scrub Role. A student not meeting the five criteria below cannot count the case in the First Scrub Role and the case must be documented in the Second Scrub Role or Observation Role.

\* Verify supplies and equipment needed for the surgical procedure.

\* Set up the sterile field with instruments, supplies, equipment, medication(s) and solutions needed for the procedure.

\* Perform counts with the circulator prior to the procedure and before the incision is closed.

\* Pass instruments and supplies to the sterile surgical team members during the procedure. Maintain sterile technique as measured by recognized breaks in technique and demonstrate knowledge of how to correct with appropriate technique.

SECOND SCRUB ROLE

The Second Scrub Role is defined as the student who is at the sterile field who has not met all criteria for the First Scrub Role, but actively participates in the surgical procedure by performing one or more of the following: e Sponging

\* Suctioning

\* Cutting suture

\* Holding retractors

\* Manipulating endoscopic camera

OBSERVATION ROLE

The Observation Role is defined as the student who is in the operating room performing roles that do not meet the criteria for the First or Second Scrub Role. These observation cases are not to be included in the required case count, but must be documented by the program.

If you have any questions , please contact Carl Sandy at 706-225-0518

Carl Ryan Sandy, CST, AAS, BAS

Program Director, Surgical Technology

Columbus Technical College

706.225.0518 | csandy@columbustech.edu <mailto:csandy@columbustech.edu>