

ABOUT THE PROGRAM

This handbook is a guide to help you become adjusted to your new learning environment.

The regulations outlined are those, which are necessary to affect a harmonious relationship among the students, faculty, participating surgical technology clinical sites, and surgical patients.

The purpose of the regulations is not to curb your personal freedom, but to help you live as well as to work with the utmost consideration for others.

In the event of a conflict between information contained in the student handbook and the Central New Mexico Community College catalog, the *catalog takes precedence*. Students are responsible to know the information contained in the CNM catalog and the student handbook.

The faculty has the right to make additions or deletions to the student handbook as well as their class syllabus. The students must be informed of these changes by oral announcement in class, or in written notification.

Our program is accredited by the Accreditation Review Council which sets highest standards for our students but not without benefits. We are committed to those standards and upholding them.

It is a pleasure to have you enter our program.

The Faculty and Director of the
Surgical Technology Program

ABOUT THE PROGRAM

Program Description

[ST Program Description](#)

Program Vision, Mission

The goal of this program is to provide students with the opportunity to develop the skills and knowledge necessary to gain employment as surgical technologists and become contributing members of the health care team. This will be accomplished by (1) preparing competent graduates in the cognitive, psychomotor, and affective learning domains, and (2) meeting or exceeding the criteria set forth in the current Standards and Guidelines for an Accredited Educational Program in Surgical Technology.

Minimum Expectation Statement

“To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Program Officials

Amy Rademacher-Neel, CST, Program Director

Caroline Geissler, CST, Clinical Coordinator

Program Faculty

Amy Rademacher-Neel, CST, Program Director/FT Faculty

Caroline Geissler, CST, Clinical Coordinator/FT Faculty

Christine Dolphin, CST, PT Faculty

Zach Strickler, CST, PT Faculty

Donna Watson, CST, PT Faculty

Shanon Sponenburg, CST, PT Faculty

Michelle Montoya, CST, PT Faculty

Katrina Wilder, CST/CFA, PT Faculty

Nicole Bencomo, CST, PR Faculty

Accreditation

[Commission on Accreditation of Allied Health Education Programs](#)

[Accreditation Review Council on Education in Surgical Technology and Surgical Assisting](#)

Complaints

The Accreditation Review Council on Education in Surgical Technology Surgical Assisting will review complaints that relate to a program’s compliance with the accreditation standards. The ARC/STSA is interested in the sustained quality and continued improvement of Surgical Technology related education programs, but does not intervene on behalf of individuals or act as a court of appeal for treatment received by patients or individuals in matters of admission, appointment, promotion or dismissal of faculty, staff, or students.

A copy of the appropriate accreditation standards and/or the ARC/STSA's policy and procedure for submission of complaints may be obtained by contacting ARC/STSA at 6 W. Dry Creek Circle, Suite #110, Littleton, CO 80120 or by calling 303-694-9262.

Advisory Board

Membership meets twice a year and includes:

Employers

Practicing Physician

CST

Current Student

Former Student

Public Representative

Faculty and administration from HWPS

Job Connection Center

[Program Curriculum and course descriptions](#)

Student Age Restrictions:

Students must be 18 years of age at the time of entry into the program due to state regulations restricting administration of live radiation to people 18 years of age and older.

Program Goals

Part A: Affective Domain

The graduate will:

Be a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communication, time management, teamwork/ diplomacy, respect, patient advocacy, and careful delivery of service. (Professionalism)

Preparedness: the student consistently arrived on time with required materials and was ready to learn.

Professional appearance: the student is dressed appropriately and is neat in appearance. No hygiene issues.

Initiative: student demonstrates interest in Surgical Technology through actions and interactions with evaluator.

Conduct: Student interacts with other in a respectful and empathetic manner. Demonstrates respectability and professional ethics.

Careful Delivery of Service: Student follows policies, procedures & protocols. Uses appropriate safeguards in the performance of duties.

Part B: Psychomotor Domain

The graduate will:

Apply sterile and aseptic technique in the perioperative environment

a. Establish and maintain a sterile operative field to provide for safe patient care. (Psychomotor skill)

- b. Formulate an impression based on an analysis of anatomy, physiology, pathophysiology, and epidemiology as it applies to the surgical procedure. (Assessment)
 - c. Promote a surgical conscience: report any break in aseptic technique and correct all violations whether observed or unobserved. (Assessment)
 - d. Anticipate surgeon's needs by demonstrating a basic knowledge of surgical procedures, utilizing aseptic technique and knowledge of instrumentation and suture (Assessment)
 - e. Don and Doff OR attire and proper PPE's. (Psychomotor skill)
 - f. Count sponges, sharps and instruments according to facility policy (Psychomotor skill)
 - g. Follow Safety policies and procedures (sharps, electrosurgical, positioning) according to facility policy (assessment)
 - h. Label and announcing medications and fluids (Psychomotor skill)
 - i. Participate in Universal Protocol (assessment)
- Safely and effectively perform all psychomotor skills within the Association of Surgical Technology Standard of Practice Model. (Psychomotor Skills)
- f. Student demonstrates proficiency in skills performed.

Part C: Cognitive Domain

This graduate will:

Perform Surgical Technology entry-level decision making in the content areas of:

- (a) Pre-operative, intra-operative, and post-operative
 - (b) Disinfection, sterilization, and processing of surgical instruments
 - (c) General Surgery, OB/GYN Surgery, Ophthalmic Surgery, Otorhinolaryngologic Surgery, Oral and Maxillofacial Surgery, Plastic and Reconstructive Surgery, Genitourinary Surgery, Orthopedic Surgery, Cardiothoracic Surgery, Peripheral Vascular Surgery, Neurosurgical Procedures
- a. Anticipate surgeon's needs to promote a positive surgical outcome. (Decision Making)
 - b. Perform tasks as part of a surgical interventions intended to mitigate a positive patient outcome. (Decision Making)
 - c. Evaluate the effectiveness of their performance and modifies actions accordingly. (Decision Making)
 - d. Knowledge: recall common terms, facts, principles and basic concepts in Surgical Technology.
 - e. Problem Solving: uses knowledge to solve a previously encountered situation.
 - f. Evaluation: judge the appropriateness of actions and can defend his/her decisions.
 - g. Assist to Meet or Exceed the Accreditation Review Council of Surgical Technology and Surgical Assisting Education Standard: Scrubbed cases (>120 first and second scrubbed cases); Retention (>70%)
 - h. Assist to Meet or Exceed the Accreditation Review Council of Surgical Technology and Surgical Assisting Education Standard: CST Exam > 70% Grads Passing
 - i. Assist to meet the CNM Standard: Retention (>75%)
 - j. Assist to meet the ST Program Standards:
- Student success (>70% C-pass rate of students who were enrolled in the class at census and remain on last day)
- Course Final pass rate (>80% of students score 70% or better on written final exam)

Program Competency Expectations

[O*NET](#)

Exit Competencies

Upon Completion of this Program, students will be able to:

1. Comprehend and apply sterile and aseptic technique in the perioperative environment.
These skills include:
 - establish and maintain a sterile operative field to provide for safe patient care
 - promote a surgical conscience: report any break in aseptic technique and correct all violations whether observed or unobserved
 - anticipate surgeon's needs by utilizing aseptic technique and knowledge of instrumentation and suture
 - demonstrate a basic knowledge of surgical procedures
2. Perform a variety of supportive clinical skills. These skills include the ability to follow and verbalize established hospital/surgical environment's safety policies and procedures for:
 - OR attire and proper PPE's
 - counting sponges, sharps, and instruments
 - sharps safety
 - positioning safety
 - labeling and announcing medications and fluids
 - Universal Protocol
 - electrosurgical safety
3. Exhibit behaviors consistent with professional and employer expectations. These behaviors will help the student to be successful in securing and maintain a career in the profession of surgical technology. They will include:
 - punctuality
 - teamwork
 - appropriate interaction with patients of all ages and backgrounds
 - respect to personal beliefs without discrimination of patient care
 - communicate effectively and work cooperatively with supervisor, co-workers and surgical team in preoperative, intraoperative and postoperative care of the surgical patient
 - provide for patient privacy, and maintain patient confidentiality.
4. Perform disinfection, sterilization, and processing of surgical instruments. These skills will include:
 - cleaning of instruments during the surgical procedure
 - containment and transportation to the decontamination room
 - using proper cleaning agents and methods to effectively clean instruments
 - visually inspecting instruments prior to sterilization;
 - assembling, packaging, sterilization, and distribution of instrumentation
5. Profession participation and development: Students should be committed to the perioperative profession by participation in professional organizations and educational workshops while enrolled in the program. Obtaining certification as a professional by taking the national Surgical Technology Certification (CST) exam upon the completion of the program.

Code of Ethics for Discipline

Students are expected to adhere to the Association of Surgical Technologists Code of Ethics. The Code of Ethics includes the following:

1. To maintain the highest standards of professional conduct and patient care.
2. To hold in confidence, with respect to the patient's beliefs, all personal matters.
3. To respect and protect the patient's legal and moral rights to quality patient care.
4. To not knowingly cause injury or any injustice to those entrusted to our care.
5. To work with fellow technologists and other professional health groups to promote harmony and unity for better patient care.
6. To always follow the principles of asepsis.
7. To maintain a high degree of efficiency through continuing education.
8. To maintain and practice surgical technology willingly, with pride and dignity.
9. To report any unethical conduct or practice to the proper authority.
10. To adhere to the Code of Ethics at all times in relationship to all members of the health care team.

Offsite Code of Conduct and Behavior Policy

<https://www.cnm.edu/.../offsite-code-of-conduct-and-behavior-policy.docx>

Suspected Impairment Policy & Procedures

<https://www.cnm.edu/programs-of.../suspected-impairment.pdf>

Student Work Policy

All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.

Uniforms

Students must wear Caribbean Blue scrubs (no cargo pants) with CNM ST patch to theory, lab, and clinical courses. Shoes must be closed toe and worn with socks.

Functional Abilities for Program Students

[O*NET](#)

Program Communication

Faculty hold regularly scheduled office hours that are published in the syllabi.

Program Director: 505-224-4000 ext. 50187

Clinical Coordinator: 505-224-4000 ext. 50556

CLINICAL POLICIES

Clinical Affiliates, Locations, and Addresses

UNM Hospital-MOR 2211 Lomas Blvd Albuquerque, NM 87106

UNM Hospital-BBRP 2211 Lomas Blvd Albuquerque, NM 87106

UNM Hospital-OSIS 1215 University Blvd Albuquerque, NM 87106

UNM Hospital L& D 2211 Lomas Blvd Albuquerque, NM 87106
UNM Comprehensive Cancer Center 1201 Camino de Salud, Albuquerque, NM 87102
Lovelace Medical Center 601 Dr. MLK Blvd, NE, Albuquerque, NM 87102
Lovelace Women's Hospital 4701 Montgomery Blvd. NW, Albuquerque, NM 87109
Lovelace Westside Hospital 10510 Golf Course Rd. NW, Albuquerque, NM 87114
Presbyterian Hospital-MOR 1100 Central Ave SE, Albuquerque, NM 87106
Presbyterian Kaseman Hospital 8300 Constitution NE, Albuquerque, NM 87110
Rust Medical Center 2400 Unser Blvd SE, Rio Rancho, NM 87124
Presbyterian Espanola Hospital 1010 Spruce St. Espanola, NM 87532
VA Hospital (NMVAHCS) 1501 San Pedro Ave SE, Albuquerque, NM 87108
Socorro General Hospital 1202 Highway 60 West, Socorro, NM 87801
Sandoval Regional Medical Center 3100 Broadmoor Blvd NE, Rio Rancho, NM 87144
Christus St. Vincent Regional Medical Center 455 St Michaels Dr, Santa Fe, NM 87505
Christus St. Vincent Physicians Medical Center 2990 Rodeo Park Dr E, Santa Fe, NM 87505
Rehoboth McKinley Christian Medical Center 1900 Redrock Dr, Gallup, NM 87301

Clinical scheduling

Students must complete 24 hours of clinical per week. Shifts may vary to include day, evening, swing and weekend. Clinical assignment is based on student skill level and not on convenience of location. Students may be assigned to a clinical site located outside of the Albuquerque area. Refusal of a clinical assignment may result in the inability to complete the course. Students must provide their own transportation to clinical sites.

Clinical Evaluation

Student performance is evaluated by faculty and hospital staff. Failure to attain and demonstrate essential skills appropriate to the site may result in the removal of a student from a site and, possibly, the course. Being removed from a site does not guarantee placement at a different site.

Clinical Communication Policy

Students must communicate all perceived issues or complaints at a clinical site directly to the Program Director and the Clinical Coordinator. Students must NOT report or communicate issues or complaints directly to the Hospital Human Resources or staff. It is the Surgical Technology Program's intent to make certain the proper channels are utilized and the correct chain of command is followed. Students who report directly to clinical affiliates may be immediately dropped from the program.

Clinical Attendance/Absences/Call off policy

Excessive absences in a course is missing more than **two (2) days of lab, or clinical per term.** Students missing more than two days are unable to meet course objectives and may be dropped for non-attendance.

SURGICAL ROTATION CASE REQUIREMENTS

As set by the Core Curriculum for Surgical Technology 6th edition

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases that can be applied Towards 120 Cases
General Surgery	30 ²	20 ²	10
Surgical Specialties: <ul style="list-style-type: none"> • Cardiothoracic • ETN • Eye • GU • Neuro • OB/Gyn • Oral/Maxillofacial • Orthopedics • Peripheral vascular • Plastics • Procurement/Transplant 	90 ³	60 ³	30
Diagnostic Endoscopy: <ul style="list-style-type: none"> • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Sinoscopy • Ureteroscopy 			10 diagnostic endoscopy cases may be applied toward the second scrub cases. ⁵
Labor and Delivery			5 vaginal delivery cases may be applied towards the second scrub cases. ⁵
Totals	120	80	40

A. General Surgery cases

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

1. Students must complete a minimum of 30 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.

B. Specialty cases

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

(1) 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).

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

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

C. Optional surgical specialties

1. 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.

a. Diagnostic endoscopy cases **must** be documented in the category of “Diagnostic Endoscopy”, rather than by specialty.

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

D. Case experience in the Second Scrub Role is **not mandatory.**

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

F. Counting cases

1. Cases will be counted and documented according to surgical specialty (exception being diagnostic endoscopic cases; refer to II. C.1.a. above).

2. Examples of counting cases

a. 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.

b. 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.

c. Endoscopic cases that convert to an open case (e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy) are counted and documented as one (1) procedure—one case.

Program Re-entry Policy

A student who withdraws from ST 1010/1092 may attempt to re-enroll into the program at the next term the course is offered. Students must notify the Director of the Program IN WRITING prior to registration.

A student who fails ST 1510/1590/1592 or ST 2010/2090/2092 course, or is failing a course at the time of withdrawal, may request to be readmitted to the program at the next term the course is offered, and will be readmitted on a space available basis which includes the availability of clinical sites.

A readmitted student who is passing and decides to withdraw from the program a second time will not be readmitted to the program.

A student who has failed courses twice, or has any combination of failures/failing withdrawal twice, will not be readmitted to the program for a third time.

Procedure:

1. The student must notify the Director of the Program IN WRITING, of his/her desire to reenter the program. The request should include the date because preference is given by date.
2. Students will be readmitted according to the readmission policy listed above, but faculty may require class and/or lab audit prior to the readmission date.
3. Students planning to return to the program should do so within one year of termination. Request for readmission occurring after one year of termination will not be given priority for readmitting.

Program completion

Students must sit for the CST exam in order to graduate from the program. We strongly encourage all Surgical Technology graduates to participate in the CNM commencement ceremony which takes place at the end of Spring term.