

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.

Program Goals

Part A: Affective Domain

This program prepares the student to be able to:

Be a role model of exemplary professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, 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

This program prepares the student to be able to:

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 course prepares the student to be able to:

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: the student can recall common terms, facts, principles and basic concepts in Surgical Technology.
 - e. Problem Solving:** the student uses knowledge to solve a previously encountered situation.
 - f. Evaluation:** the student can judge the appropriateness of actions and can defend his/her decisions.
 - g. 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. Meet or Exceed the Accreditation Review Council of Surgical Technology and Surgical Assisting Education Standard:** CST Exam > 70% Grads Passing
 - i. CNM Standard:** Retention (>75%)
 - j. 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 Officials

Amy Rademacher-Neel, Program Director
 Caroline Geissler, Clinical Coordinator

Program Faculty

Amy Rademacher-Neel, Program Director/FT Faculty
 Caroline Geissler, Clinical Coordinator/FT Faculty
 Holly Erickson, PT Faculty
 Claudia Cafferky, PT Faculty

Kara, Perea, PT Faculty
Christine Dolphin, PT Faculty
Zach Strickler, PT Faculty
Victoria Boykin, PT Faculty

Organizational Framework (if applicable)

Accreditation

[CAAHEP](#)

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

[Term by Term](#)

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.

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 completion

Students must sit for the CST exam in order to graduate from the program.

Program Communication

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

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

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

Rust Medical Center 2400 Unser Blvd SE, Rio Rancho, NM 87124

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

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.

Schedule Change Requests N/A

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 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 must participate in a success plan in order to continue the program.

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
<p>Surgical Specialties:</p> <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
<p>Diagnostic Endoscopy:</p> <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.