

Reese Campus

### Course Syllabus - Capstone

COURSE: SRGT 1560 (5:0:24) Clinical – Surgical Technology/Technologist (5 Credit hours)  
SEMESTER: Summer 2016 (June 6<sup>th</sup> - August 17<sup>th</sup>; 10 week Semester)  
CLASS TIMES: Monday through Wednesday 6:30 am – 3:00pm (Lab only course, no lecture)  
INSTRUCTOR: Paul Landsman, CST  
OFFICE: RC 512  
OFFICE HOURS: By Appointment only  
OFFICE PHONE: Paul Landsman 806-716-4642  
CELL PHONE: Paul Landsman 806-928-8813 (For clinical business only)  
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*"South Plains College improves each student's life."*

## GENERAL COURSE INFORMATION

### COURSE DESCRIPTION

This course is a basic, intermediate or advanced type of health professions work-based instruction that helps students synthesize new knowledge, apply previous knowledge, or gain experience managing the workflow. Practical experience is simultaneously related to theory. Close and/or direct supervision is provided by the clinical professional faculty or preceptor, generally in a clinical setting. Clinical education is an unpaid learning experience. This is an intermediate clinical experience.

### STUDENT LEARNING OUTCOMES

Students will:
1. Demonstrate clinical proficiency to an employment-acceptable level in general surgical procedures and commonly performed specialty procedures: F-1, F-5, F-6, F-8, F-9, F-10, F-17, C-1, C-3, C-5, C-6, C-7, C-8, C-9, C-11, C-14, C-15, C-16, C-17, C-18, C-19
2. Demonstrate assertiveness and professionalism in the field: F-13, F14, F-15, F-16, F17, C-13, C-17
3. Continue to expand knowledge of surgical procedures: F-7, F-11, F-12, C-12
4. Build a detailed knowledge of surgical intervention and perioperative procedures: F-5, F-6, F-7, F-8, F-9, F-10, F-11, F-12, F-13, F-14, F-15, F-16, F-17, C-1, C-3, C-4, C-5, C-6, C-7, C-9, C-11, C-12, C-13, C-14, C-15, C-16, C-18, C-19, C-20

### COURSE OBJECTIVES -

#### The Cognitive Domain Objectives:

- Explain the general usage of various surgical instruments
- List precautionary measures to prevent contamination of the sterile field
- List different types of surgical site skin preparations
- Explain precautionary measures taken to avoid wrong site surgery
- Differentiate between different sterilization procedures
- Explain proper utilization of decontamination and sterilization equipment
- Identify the proper procedure for handling sharps
- Explain the proper surgical counting procedure
- Explain universal precautions

### **The Psychomotor Domain Objectives:**

- Function as a surgical team member
- Assist in gathering all necessary supplies and equipment for surgery
- Pass surgical instruments to sterile members of the surgical team properly
- Assist in safely positioning patient
- Perform circulating duties before, during, and after surgical procedures
- Exercise precautions against exposure to radiation
- Properly prepare specimens and transfer specimens out of the sterile field aseptically

### **The Affective Domain Objectives:**

- Set up and monitor a sterile surgical field

### **OUTCOMES ASSESSMENT METHODS**

Evaluations are completed on a daily basis by your individual preceptors.

#### **Formative assessments:**

- Daily preceptor evaluations
- Beginning faculty evaluation- this evaluation is performed at mid-semester, and is inclusive of both behavior and performance. The evaluation will include a faculty-student conference.
- Weekly case studies

#### **Summative assessments:**

- Intermediate faculty evaluation- this evaluation is performed at the conclusion of the semester, and is inclusive of both behavior and performance. The evaluation will include a faculty-student conference.

### **ACADEMIC INTEGRITY**

It is the aim of the faculty of South Plains College to foster a spirit of complete honesty and a high standard of integrity. The attempt of any student to present as his or her own any work which he or she has not honestly performed is regarded by the faculty and administration as a most serious offense and renders the offender liable to serious consequences, possibly suspension.

**Cheating** - Dishonesty of any kind on examinations or on written assignments, illegal possession of examinations, the use of unauthorized notes during an examination, obtaining information during an examination from the textbook or from the examination paper of another student, assisting others to cheat, alteration of grade records, illegal entry or unauthorized presence in the office are examples of cheating. Complete honesty is required of the student in the presentation of any and all phases of coursework. This applies to quizzes of whatever length, as well as final examinations, to daily reports and to term papers.

**Plagiarism** - Offering the work of another as one's own, without proper acknowledgment, is plagiarism; therefore, any student who fails to give credit for quotations or essentially identical expression of material taken from books, encyclopedias, magazines and other reference works, or from themes, reports or other writings of a fellow student, is guilty of plagiarism.

## SCANS and FOUNDATION SKILLS

Refer also to Course Objectives. SCANS and Foundation Skills attached.

## VERIFICATION OF WORKPLACE COMPETENCIES

CAPSTONE EXPERIENCE NOT INCLUDED

## SPECIFIC COURSE INFORMATION

### TEXT AND MATERIALS



Pocket Guide to the Operating Room 3rd Edition, Maxine A. Goldman

### METHODS OF TEACHING

- Observation
- Question and answer
- Clinical skills applications

### ATTENDANCE POLICY

**Clinical attendance is mandatory. Students are allowed 3 absences over the course of the clinical experience (JUNE-DECEMBER), upon the fourth absence the student will be dismissed from the program.**

**One tardy equal ½ absence. Two tardies equal one absence**

**A student may not be counted absent if they need to leave the clinical facility AFTER 10:30am up to TWO times between June and December. Upon the third instance, student will be counted absent.**

Leaving a clinical site without permission from an instructor and/or without notifying clinical site staff before 2:30 pm carries a penalty of a full day's absence. A warning will also be issued in this circumstance. A second similar incident will result in dismissal from the program.

It is the student's responsibility to make certain that their name tag is on the board in the appropriate place. **The instructors cannot and will not search for a student.** If a student cannot be found in a clinical site at any point in the day the assumption will be made that the student has left the site without permission, and the same absence penalty will apply. The best course of action if your room finishes early or if you are reassigned, is to call the clinical instructor and obtain instructions. It is required that you inform the instructor where you are and what you are doing at all times throughout the clinical day.

**Physician Treatment: If a student is hospitalized or treated by a physician at any time during the program, then he or she must provide a signed statement, by the attending physician, to the Surgical Technology Faculty upon returning to clinicals. This statement must designate the nature of the illness, days missed and clearance to return to clinicals without restrictions.**

**PREGNANCY:** If a student becomes pregnant at any time during the program, the student must immediately provide a signed statement by a physician designating clearance to perform all duties, **without restrictions**, required by the program. To continue study after delivery, a statement releasing the student without restrictions is required. If either

of these statements is not provided, the student will be dismissed each day until they are provided. Absences will occur with each dismissal.

#### **Notification of absence:**

1. It is the responsibility of the student to have the phone numbers of the clinical instructors, these numbers have been provided in this syllabus.

2. The student must call in absences to **the clinical site AND a clinical instructor**. The student **must call a clinical instructor no later than 9:00pm the night before, or between 5:30am and 06:00am on the day of the absence.**

**You must also contact the facility before 6:30 am the morning of the absence!**

If an instructor has not been contacted by a student by 6:45am, the occurrence will be considered a “No Call, No Show” (see no call/no show policy below).

3. When phoning the O.R. the student must identify herself/himself and ask for the name of the person taking the message. If you cannot reach a staff member before 6:00 am, keep trying back until you do.

4. Should illness or injury occur during the clinical day, the student should notify the clinical instructor immediately; the clinical instructor will then inform the student of what procedures to take.

5. **No call/No Show Policy:** A student who does not follow the call in procedure will be classified as “No Show”. On the second “No Show” over the course of the ENTIRE clinical portion, the assumption will be made that the student has withdrawn from the clinical portion of the Surgical Technology Program. The student will be formally withdrawn by the Program Director or Clinical Coordinator/Instructor. There will also be a 5 point deduction from faculty evaluations for a no call/no show. Any student that has a no call/no show will automatically be placed on probation. See an explanation of Probation under the Special Requirements heading.

#### **LEAVING EARLY FROM A CLINICAL SITE:**

There are days in which surgeries finish early. The student is expected to help out in any way possible at each site at the conclusion of scheduled cases. The student is expected to assist staff in pulling cases for the following day, terminal cleaning of rooms, stocking rooms and center core with supplies, etc. If there is absolutely nothing to do the student must:

1. Obtain permission to leave from the charge nurse.
2. Obtain permission from the clinical instructor.
3. If you do not obtain proper permission, you will be counted absent for that day.

#### **Rotation Schedule:**

1. Faculty reserves the right to make any schedule changes as necessary during the course of the semester.
2. Clinical sites such as Lubbock Heart Hospital and North Star Surgery Center are assigned on a discretionary basis by faculty, and not every student will be allowed to rotate through these facilities.

#### **ASSIGNMENT POLICY**

**Students must have all documentation updated online andl by 12:00pm each Friday.**

After 12:00pm, a zero (0) will be given for the documentation.

**It is the student’s responsibility to obtain all necessary documentation forms online and have them available daily.**

**Credit will not be given for cases that are not recorded properly and on the appropriate form. All forms must be signed and initialed in correct spaces as well. It is the student’s responsibility to have preceptors sign off and grade daily performance and cases. Without case documentation, there cannot be any credit given.**

## CLINICAL DOCUMENTATION

The student is required to document their clinical experience in five types of records:

### 1. Clinical Case Log:

The Clinical Case Log is available online through the OneDrive system, to record each case the student observes or participates in for the entirety of the clinical experience. The student will document:

- A. The clinical site (hospital location)
- B. The name and type of surgical procedure
- C. The name of the surgeon
- D. Tasks performed during the surgical case by the student (this is explained on the clinical case log form)
- E. The date of the surgical procedure
- F. **A signature is required by a member of the operating room staff participating in the case.**  
The operating room staff member can be a/an: MD, ST, CST, CFA, CSA, RN, or LVN. The operating room staff member who signs for this case must also initial in the appropriate category for your role in the procedure. The student will not receive credit for a case if no signature and/or initial is not present. Falsification of documentation is cheating. The first occurrence will receive a written warning. The second occurrence will result in dismissal from the program.

### 2. Case studies

The student is responsible for this document once a week for the entire clinical experience. Please make sure that each journal entry covers a different case.

**\*\*Maximum points can only be obtained for each section by incorporating thorough and detailed explanations.**

### 3. Daily Preceptor Evaluation: (Daily Clinical Evaluation Form)

The student is responsible for having this document completed for every clinical day during the entire clinical experience.

It is the student's responsibility to turn evaluations in every Friday by 12pm.

This daily evaluation is crucial to the evaluation grade. It is a fundamental tool to help assess strengths and weaknesses.

**The completed form will include your name, the date, clinical site, the preceptor's name in print so that their name can be clearly read, the preceptor's signature and the procedures applicable to that evaluation.**

If a preceptor is reluctant to complete these forms, notify a clinical instructor within 24 hours. It is the student's responsibility, and also in best interest to encourage preceptors to include comments (both positive and negative) which explain the scores given. Preceptors may need to be reminded that the evaluation is a useful tool for them as well. You are not only a potential fellow employee to the preceptor, but ultimately a future health care professional. Their feedback is instrumental in your clinical development.

### 4. Total Cases to Date:

The student is responsible for entering case participation data into OneDrive folders in order to maintain an accurate count of the number of cases participated in each week, and the categories to which they belong.

## Case Participation Requirements: See Course Outline

**GRADING POLICY** - Grades in this course will be determined using the following criteria:

(1) Instructor Evaluations	15%
(30) Preceptor Evaluations	25%
(10) Weekly Documentation	20%
(10) Journal Entries	40%

<i>Grading Scale</i>	<i>91-100 = A</i>
	<i>81-90 = B</i>
	<i>75-80 = C</i>
	<i>Below 75 is failing</i>

A final grade average of C (75) must be maintained in all Surgical Technology classes. Students must pass all courses to proceed to the next semester.

## COMMUNICATION POLICY

Electronic communication between instructor and students in this course will utilize the South Plains College email systems. Instructor will not initiate communication using private email accounts. Students are encouraged to check SPC email on a regular basis.

## INSTRUCTOR CELL PHONE NUMBER UTILIZATION POLICY:

Absences/issues must be reported no earlier than 5:30am, no later than 9:00pm.

**Instructor cell phone numbers must absolutely not be utilized on school breaks or weekends!**

- Instructors will not respond to texts or calls during these times, and texts or calls outside of designated appropriate hours will not be returned during business hours.

## STUDENT CONDUCT

Students in this class are expected to abide by the standards of student conduct as defined in the SPC Student Guide pages 11-14.

## SPECIAL REQUIREMENTS

**Appointments for doctor visits or any other reason not relevant to clinical rotations are to be made outside of scheduled clinical time.**

## STUDENT CONDUCT

While representing South Plains College, Surgical Technology students will be expected to conduct themselves in such a manner as to reflect favorably on themselves as individuals, as well as the Surgical Technology Program and the college. If a student acts in such a manner as to reflect immature judgment and disrespect for others, action can be taken by the instructors. This action can range from dismissal for the day resulting in an absence to being called before the Chairperson of the Allied Health Department to determine their status in the program.

## PROBATION

Probation is a trial period in which the student must improve their behavior and/or skills or be withdrawn from the program. A student may be placed on probation in the Surgical Technology Program for any of the following reasons:

- Inappropriate conduct - behavior that reflects unfavorably on the student, program or college.
- Excessive absences or tardies
- Falsification of records

- Use of obscene or abusive language, or acting in a disrespectful manner to any faculty member, patient, visitor, staff member, or classmate (at the hospital or school)
- Unsatisfactory performance
- A student may be dismissed for violation or refusal to submit to drug screening, gossip, mistreatment of patients, abusive or profane language to faculty, staff, fellow students, or supervisors, lack of cooperation, habitual tardiness, absenteeism, uncleanliness, violation of confidentiality of patient information, patient abandonment, request by clinical site staff (in writing by staff member) that a student is not permitted to return to that site ( even if the student is not scheduled to return)

Dismissal from the program will result in the event that the issues are not resolved in the timeframe specified in the probation documentation.

### **UNSAFE/UNSATISFACTORY CLINICAL PERFORMANCE**

The Surgical Technology Program Director and or the clinical Coordinator and Instructor may remove the Surgical Technology student from clinical setting, and subsequently placed on probation if the student demonstrates unsafe/unsatisfactory clinical performance as evidenced by the following:

1. Places the patient in physical or emotional jeopardy.
2. Violates previously mastered principles and learning objectives in carrying out Surgical Technology skills and or delegated medical functions.
3. Assumes inappropriate independence in action or decisions in the operating room.
4. Fails to recognize own limitations, incompetence and or ethical legal responsibility.
5. Fails to accept moral or legal responsibility for his/her own actions thereby violating the professional integrity of the hospital, student, and college. This includes gossip. Student shows unsatisfactory aseptic technique.
6. Student shows unsatisfactory aseptic technique.

### **ACCIDENTS AND INCIDENTS THAT OCCUR WHILE ON CLINICAL ROTATIONS**

If a student is involved in any kind of an accident, during the clinical day, the operating room supervisor and the clinical instructor should be notified immediately. Procedures for filing an incident/accident report will be followed according to hospital policy. A copy of the accident/incident report is given to the instructor for the student's file. Insurance forms must be **picked up as soon as possible** from the Business Office at South Plains College Reese Center building #8. The student is responsible for filing any claims. If an incident report is filled out on a case a student was in the room for, regardless of student's role in the case, an instructor must be notified immediately. Failure to do so may result in dismissal from the program.

### **EXPOSURE TO INFECTIOUS DISEASES REQUIRING MANAGEMENT/PROPHYLAXIS**

Please refer to the Surgical Technology Student Handbook

### **CLINICAL GUIDELINES**

In an effort to maintain a professional image, students are required to abide by the following dress and personal appearance code while in the clinical area. Failure to abide by the clinical guidelines will result in a written warning and can result in dismissal for the day with an absence. In addition to the appropriate hospital policies, the following program clinical policies will apply:

1. The student must be clean and neat.
2. Students must wear school name badge to each clinical site. (This is an OSHA requirement. If student does not have name badge, they may be sent home with an absence.)
3. No caps or hats of any kind.
4. Approved scrub suits must be worn to and from clinical sites.
5. The approved program scrubs must be worn to the facilities.
6. Hospital scrubs are hospital property. Student is responsible for checking out and returning scrubs. If

scrubs are not returned, students are required to incur the fee per facility to replace them. **DO NOT check out scrubs for anybody except yourself** and make sure that the scrub machine gives credit when returned. If it does not, contact clinical coordinator as soon as possible.

7. Hospital scrubs are hospital property. Checked out scrubs must NOT be removed from the facility.
8. A separate pair of clean tennis shoes is required for use only in the operating room.
9. Tennis shoes worn to and from clinical sites are to be clean and are to be either 100% white or 100% black.
10. Surgical Technology Students are not allowed to wear jewelry at the clinical sites during clinical rotations, this includes eyebrow rings. **Absolutely no fake nails or nail polish of any kind. Nails are to be kept short and clean.**
11. Any visible tattoo and/or hickey must be covered. If there are complaints associated with hickies, student will be sent home with an absence.
12. All students must wear underwear.
13. Cell phones are not allowed in the operating room. If a student is found to have **a cell phone in any area other than the employee lounge or dressing room, the student will be sent home with an absence and counseled.**
14. Eyewear must be worn at all times while participating in a surgical procedure. If a student is caught without proper PPE, student may be sent home and counted absent **regardless of time of day.**
15. Masks must be worn at all times while in areas they are required.
16. Student shall abide by **ALL** hospital policies and rules while in facility.
17. Student will conduct himself/herself in a professional manner at all times.
18. Student must accept constructive criticism while maintaining a positive attitude. He/she will avoid confrontational attitude with OR staff.
19. Student will handle concerns/complaints with OR staff by speaking with clinical coordinator and clinical instructor and provide a written statement of the complaint. If not addressed to student's satisfaction, concerns may be brought to the Program Director's attention and grievance process will ensue only if necessary.

### **SYLLABUS AND SCHEDULE CHANGES**

The program director or the clinical coordinator reserves the right to make reasonable changes to the syllabus OR schedule at any time during the semester. If this occurs, the students will be notified and furnished with a copy of all applicable changes or amendments.

### **COURSE OUTLINE**

Clinical rotations require the student to function in the operating room Monday through Wednesday from 0645-1500. Students are required to be properly attired and at the surgical scheduling board to be assigned at 0645am.

**In order to be eligible for graduation, the student must have participated in a total of 120 cases in the S1 and S2 role, in a variety of Core/Specialty and Level I/II/III cases. The cases will be verified by preceptors and instructors:**

#### **A. General Surgery cases**

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.

<b>Surgical Category</b>	<b>Total # of Cases Required</b>	<b>Minimum # of First Scrub Cases Required</b>	<b>Additional first or second scrub role cases that can be applied towards minimum of 120</b>
General Surgery	30	20	10
Surgical Specialties:	90	60	30
<ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• ENT</li> <li>• Eye</li> <li>• GU</li> <li>• Neuro</li> <li>• Ob-Gyn</li> <li>• Oral/Maxillofacial</li> <li>• Orthopedics</li> <li>• Peripheral vascular</li> <li>• Plastics</li> </ul>			

Optional: Diagnostic Endoscopy:			10 diagnostic endoscopy cases may be applied <b>only</b> toward the Second Scrub Role cases.
<ul style="list-style-type: none"> <li>• Bronchoscopy</li> <li>• Colonoscopy</li> <li>• Cystoscopy</li> <li>• EGD</li> <li>• ERCP</li> <li>• Esophagoscopy</li> <li>• Laryngoscopy</li> <li>• Panendoscopy</li> <li>• Ureteroscopy</li> </ul>			
Optional: Labor & Delivery			5 vaginal delivery cases may be applied <b>only</b> toward the Second Scrub
<b>Totals</b>	<b>120</b>	<b>80</b>	<b>40</b>

## Definitions of Clinical Roles

### **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:

- 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.

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## **ACCOMMODATIONS**

### **DIVERSITY STATEMENT**

In this class, the teacher will establish and support an environment that values and nurtures individual and group differences and encourages engagement and interaction. Understanding and respecting multiple experiences and perspectives will serve to challenge and stimulate all of us to learn about others, about the larger world and about ourselves. By promoting diversity and intellectual exchange, we will not only mirror society as it is, but also model society as it should and can be.

### **DISABILITIES STATEMENT**

Students with disabilities, including but not limited to physical, psychiatric, or learning disabilities, who wish to request accommodations in this class should notify the Disability Services Office early in the semester so that the appropriate arrangements may be made. In accordance with federal law, a student requesting accommodations must provide acceptable documentation of his/her disability to the Disability Services Office. For more information, call or visit the Disability Services Office through the Guidance and Counseling Centers at Reese Center (Building 8) [716-4606](tel:716-4606), or Levelland (Student Services Building) [716-2577](tel:716-2577)

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## **FOUNDATION SKILLS**

### **BASIC SKILLS—Reads, Writes, Performs Arithmetic and Mathematical Operations, Listens and Speaks**

F-1 Reading—locates, understands, and interprets written information in prose and in documents such as manuals, graphs, and schedules.

F-2 Writing—communicates thoughts, ideas, information and messages in writing and creates documents such as letters, directions, manuals, reports, graphs, and flow charts.

F-3 Arithmetic—performs basic computations; uses basic numerical concepts such as whole numbers, etc.

F-4 Mathematics—approaches practical problems by choosing appropriately from a variety of mathematical techniques.

F-5 Listening—receives, attends to, interprets, and responds to verbal messages and other cues.

F-6 Speaking—organizes ideas and communicates orally.

### **THINKING SKILLS—Thinks Creatively, Makes Decisions, Solves Problems, Visualizes and Knows How to Learn and Reason**

F-7 Creative Thinking—generates new ideas.

F-8 Decision-Making—specifies goals and constraints, generates alternatives, considers risks, evaluates and chooses best alternative.

F-9 Problem Solving—recognizes problems, devises and implements plan of action.

F-10 Seeing Things in the Mind's Eye—organizes and processes symbols, pictures, graphs, objects, and other information.

F-11 Knowing How to Learn—uses efficient learning techniques to acquire and apply new knowledge and skills.

F-12 Reasoning—discovers a rule or principle underlying the relationship between two or more objects and applies it when solving a problem.

### **PERSONAL QUALITIES—Displays Responsibility, Self-Esteem, Sociability, Self-Management, Integrity and Honesty**

F-13 Responsibility—exerts a high level of effort and perseveres towards goal attainment.

F-14 Self-Esteem—believes in own self-worth and maintains a positive view of self.

F-15 Sociability—demonstrates understanding, friendliness, adaptability, empathy and politeness in group settings.

F-16 Self-Management—assesses self accurately, sets personal goals, monitors progress and exhibits self-control.

F-17 Integrity/Honesty—chooses ethical courses of action.

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## **SCANS COMPETENCIES**

- C-1 **TIME** - Selects goal - relevant activities, ranks them, allocates time, prepares and follows schedules.
- C-2 **MONEY** - Uses or prepares budgets, makes forecasts, keeps records and makes adjustments to meet objectives.
- C-3 **MATERIALS AND FACILITIES** - Acquires, stores, allocates, and uses materials or space efficiently.
- C-4 **HUMAN RESOURCES** - Assesses skills and distributes work accordingly, evaluates performances and provides feedback.

**INFORMATION - Acquires and Uses Information**

- C-5 Acquires and evaluates information.
- C-6 Organizes and maintains information.
- C-7 Interprets and communicates information.
- C-8 Uses computers to process information.

**INTERPERSONAL—Works With Others**

- C-9 Participates as members of a team and contributes to group effort.
- C-10 Teaches others new skills.
- C-11 Serves Clients/Customers—works to satisfy customer’s expectations.
- C-12 Exercises Leadership—communicates ideas to justify position, persuades and convinces others, responsibly challenges existing procedures and policies.
- C-13 Negotiates—works toward agreements involving exchanges of resources; resolves divergent interests.
- C-14 Works with Diversity—works well with men and women from diverse backgrounds.

**SYSTEMS—Understands Complex Interrelationships**

- C-15 Understands Systems—knows how social, organizational, and technological systems work and operates effectively with them.
- C-16 Monitors and Corrects Performance—distinguishes trends, predicts impacts on system operations, diagnoses systems performance and corrects malfunctions.
- C-17 Improves or Designs Systems—suggests modifications to existing systems and develops new or alternative systems to improve performance.

**TECHNOLOGY—Works with a Variety of Technologies**

- C-18 Selects Technology—chooses procedures, tools, or equipment, including computers and related technologies.
- C-19 Applies Technology to Task—understands overall intent and proper procedures for setup and operation of equipment.
- C-20 Maintains and Troubleshoots Equipment—prevents, identifies, or solves problems with equipment, including computers and other technologies.



SRGT1560 Clinical I

I \_\_\_\_\_ have received a copy of the South Plains College Student Guide. I understand that I must comply with all areas of the Student Guide as a student in the Surgical Technology Program and South Plains College.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date