

# Spring 2016 Surgical Tech Faculty SLO Survey

*Spring 2016 - Faculty - Surgical Technology*

## **Q3 - What do you think your students liked best about your program?**

The hands on experience and the variety of learning opportunities they get from a variety of people. This is also a drawback on occasion due to the differing opinions they get (referring to clinical).

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With most of them gaining jobs already, I would have to say that they have earned a specific skill set in short time that allowed them to become employable. Having the opportunity to take the national exam at Western allows them to receive certification in a planned, no surprises environment.

## **Q4 - What do you think your students would like to see changed in your program?**

A little more interaction with first and second year students in the program. This is difficult due to the classroom and clinical schedule each student has (1st yr students in one place while the 2nd yr students are in another). Did include one thing this year and there has been positive feedback. They (1st yr) indicate they feel they are going to be out of touch with the profession with the summer break, but once they get going again in the summer they do not forget very much (according to the 2nd yr students). The ability to practice more surgical procedures in the lab setting (can practice, but difficult due to the difficulty of mirroring a surgical procedure).

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Exams and powerpoint lectures typically are a focus of frustration; typically in the first year.

## **Q5 - How many students will graduate from your program this trimester?**

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**Q7 - How many graduates are able to use effective communication skills?**

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All

**Q8 - Provide any comments you have on effective communication skills taught in this program.**

Students are taught this everyday in clinical. If not taught they see it. If they do not display the skill to do this, they are approached by their preceptor or clinical instructor and situations are gone over so they can learn from them. It is not a matter of being able to do it, some of them choose not to do it or choose not to change how they communicate.

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Students are expected to communicate their needs during the first year. This is heightened once they start clinical rotation. Communication is a premium skill that is warranted in the OR. Students learn that effective communication leads to optimum patient care and better outcomes for all.

**Q9 - How many graduates are able to apply mathematical concepts?**

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All

**Q10 - Provide any comments you have on the application of mathematical concepts taught in this program.**

Concepts are taught in the first year but are used throughout the program in the clinical setting. IF they are unable to use these concepts they are review and verbally tested on occasion.

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Graduating students are tasked with medication math within the OR. This is an expectation that is assessed in their Pharm course and exercised at clinical.

**Q11 - How many graduates are able to transfer social and natural science theories into practical applications?**

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All

**Q12 - Provide any comments you have on transferring social and natural science theories into practical applications, and how it is taught in this program.**

These skill are used everyday in clinical. They are taught through new concepts (recycling) and processes. Social skills are used everyday and students are addressed about how they handle different situations whether they handle them well or poorly.

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Social science connections begin in class with peer interaction. Students are allowed to express their ethics, values and differing beliefs as they apply to the occupation and patient care. This typically allows for good discussion with peers. This expands in the clinical sites as students have the opportunity to interact with varying team members in different roles. Natural science theories are demonstrated and applied in the surgical role. Physics, Biology, and Human Sciences are premium in the surgical technology role when dealing with varying pathological conditions, medical equipment application, and sterilization practices.

**Q13 - How many graduates are able to use critical thinking skills?**

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All

**Q14 - Provide any comments you have on critical thinking skills taught in this program.**

Critical thinking skills are a must in the operating room. Students are put into situations on a daily basis but have a preceptor or one site clinical instructor if they can not handle these situations. If they are unable to handle these situations they are able to learn by watching others deal with them. On occasion they are put into situations where they can just observe and not have to worry about making a decision and just observe how others handle situations.

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Critical thinking is a specific quality that all students must demonstrate at some level in the program. This quality does strengthen as students progress in their scrub abilities and acclimation to the clinical sites. Students are challenged with multi-tasking and quick decision making situations that allow for good assessment and self evaluation.

**Q15 - How many graduates are able to use technology effectively?**

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All

**Q16 - Provide any comments you have on how using technology effectively is taught in this program.**

Technology is always changing and new things are constantly brought into the environment. If they are not able to adjust and use new technology they would not be successful at this point in the program.

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The surgical technology role constantly progresses in the field of technology. Students are tasked with learning varying modes of power driven equipment, surgical instruments, radiation based equipment, communication devices, etc. Some of these skills are taught and assessed in the classroom and lab, but most are evaluated in the clinical setting.

**Q17 - How many graduates are able to value themselves and work ethically with others in a diverse population?**

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All

**Q18 - Provide any comments you have on how valuing one's self and working ethically with others in a diverse population is taught in this program.**

The profession itself deals with ethical decisions from the moment the students get into clinical and even before they come to clinical. They can decide to come sick and get employees and patients sick or they can decide not to practice the most basic skills of aseptic and surgical technique. Ethics in this profession is one of the biggest priorities and if the students have gotten this far they must have made good ethical decisions.

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Again, students are faced with multiple denominations, races, and beliefs while working in this profession. Students are encouraged to vocalize their experiences and ask questions related to scenario or clinical applications.

**Q19 - How many graduates are able to make decisions that incorporate the importance of sustainability?**

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All

**Q20 - Provide any comments you have on how incorporating the importance of sustainability in the decisions one makes is taught in this program.**

Done almost everyday. Recycling programs are in place at clinicals and if not practiced the staff at the hospitals will let the students know and then the clinical instructor if processes are not practiced.

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Students understand the usefulness of recycling and minimizing. This leads to cost effectiveness for the college and the hospitals. Students are instructed on healthy patterns that are practiced with the these sites that lessen the environmental impact and at a reduced cost.

**Q22 - How many graduates are able to apply healthcare and technological science principles to the perioperative environment?**

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All

**Q23 - Provide any comments you have about teaching this program outcome.**

The students direct involvement with technological equipment has a direct impact on the care of our patients. Initial planning, handling of supplies and equipment during a procedure, followed by care and clean up lead to safety and effective use.

**Q24 - How many graduates are able to maintain principles of sterile technique in the surgical environment?**

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All

**Q25 - Provide any comments you have about teaching this program outcome.**

Must be practiced everyday. If not they would be pulled and/or spoken to about how they could do a better job. All students know this is a must and do a good job at following strict sterile technique

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At this point, sterile technique is second nature for our students. They can maintain sterile technique throughout a surgical procedure that leads to good outcomes for our patients. Recognition and correction is the hallmark of a sound, well skilled surgical technologist. As students progress they are challenged with making these corrective actions and being vocal about possible breaches in sterile technique.

**Q26 - How many graduates are able to provide a safe, efficient, and supportive environment for the patient?**

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All

**Q27 - Provide any comments you have about teaching this program outcome.**

They are able to do this but are not always put up to the task and are asked to do other things because there are other people in the clinical setting/room that assist with this. Students do make comments about not being able to do this and they are told that they need to make a conscious effort to do these things and let their preceptor know that they want to work on these things for the day/week/month.

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Students are educated early on in the program that the patient is the MOST important person in the room. Recognizing patient issues, assisting with patient care, and advocating for the patient are exercised daily at the clinical sites.

**Q31 - How many graduates are able to prepare the patient, operating room and surgical team for preoperative phase?**

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All

**Q32 - Provide any comments you have about teaching this program outcome.**

They have been tasked with this a little more the last 6 weeks and all of them are successful to varying degrees. Some of them may have questions about some things that need to be done and are hesitant to ask them while others will complete the task with little to no hesitation or questions.

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This particular objective stems into critical thinking. An element of responsibility is strengthened when an ST student can be responsible enough to validate the correct supplies and instrumentation for a particular procedure before the patient is brought into the OR. This is exercised daily in the OR.



**Q33 - How many graduates are able to perform intraoperative case management in the scrub role?**

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All

**Q34 - Provide any comments you have about teaching this program outcome.**

Just to varying degrees. Some are told things they can work on and then change temporarily and go back to making the same mistakes the next day. These are mistakes that are harmless and the normal person would not pick up on but would make everything go much smoother.

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Students surgical skills have progressed over the past year that have led to significant independence in the scrub role. This covers a very large field of surgical specialties that each student has been exposed to at the clinical sites.

**Q35 - How many graduates are able to perform postoperative case management?**

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All

**Q36 - Provide any comments you have about teaching this program outcome.**

All can but need to be told when they can do this or they have a hard time determining/balancing when to the tasks associated with post operative care and have to be directed on occasion.

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Using effective communication, vocalizing needs, applying critical thinking, appropriate skill sets all lead to effective case management and safety for the patient. Students typically gain independence with this role as they progress.

**Q37 - How many graduates can function as an ethical, legal, and professional member of the healthcare team as determined by governing bodies.**

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All

**Q38 - Provide any comments you have about teaching this program outcome.**

Might not be taught directly put it is practiced everyday by being in the environment.

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Students are made aware of the legal, ethical, and professional responsibilities of the profession and how it directly impacts their involvement in the OR. They are assessed in class and on their national examination on the specific legal implications within the OR.

**Q29 - Consider this class of graduating students, what was most challenging for the faculty in your program?**

Getting the re-entry students to buy into the changes in the program and the new instructors in the program. Some of them did the work on their own to get caught up with the students that were currently in the program while others did not make much of an effort to build relationships with the existing student in the program. Wide variety of social skills and those who were not willing to make changes in how they deal with people.

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Seven week classes are very challenging. Especially when one particular course has 15 competencies to be taught in 7 weeks. They are not light topics, and need to be taught assessed and integrated into each students skill set.

**Q30 - Please use this space to share any other feedback, comments, or suggestions about your experience teaching in this program this past trimester.**

Eight hour clinical days are tough on the operating room staff. They seem to get burnt out with the number of students that are in clinical with no or little reward. The OR staff does a great job with our students but you can see with two weeks left it is wearing on them. As a clinical instructor I try to balance what staff has a student or no student but it is difficult to do. This would be even more difficult to do if I did not have a prior relationship with the staff at this hospital. It would be nice to do something for the staff at the clinical sites for all of the hard work and devotion to our students learning and becoming competent surgical techs.