

ASTSA

NEWS

A COMPLIMENTARY QUARTERLY PUBLICATION FROM
AST FOR STUDENTS OF SURGICAL TECHNOLOGY



INSIDE

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What's Next?

Why it's important to stay connected with AST after graduating

SARAN ADAMS CST, CRCST, ASTSA TREASURER



You may wonder what the next step is after graduating from your surgical technologist programs. First, give yourself a pat on the back for a job well done. And then what? Do you need to prepare to sit for your national exam? Do you

need to look for employment? How do you stay connected to your profession?

Maintaining your AST membership is one of the best ways to stay connected to the surgical technologist community after graduating. AST provides constant support, information, resources, discounts, networking and lots of educational opportunities.

Need to sit for you CST examination? AST provides study guide resources, including an app

for Apple and Android, with multiple tests to help you study for the certification test.

As a member, you have access to online continuing education whenever it fits into your schedule. There are even some that are free – a members' only perk! You will have the chance to attend workshops and conferences that will inform you on new technology, the latest trends and allow you to network with your peers from your state and across the country. As a member, you also have the opportunity to apply for scholarships and access to AST's Career Center on its website, which just may lead you to the job you've been looking for.

AST state assemblies are the frontlines of defense in each state. They keep you updated and informed about what's going on and how it affects you and this profession. They also provide educational opportunities, workshops and networking.

For all these reasons, plus others, I'll be committed to remain an AST member. I hope you enjoy your journey through your newly found profession, and realize that AST has your back and provides you with an ample amount of tools to help you be successful.

CLINICAL ROUNDS

The following entries were written by Benjamin Steventon during his clinicals.

You never know what you'll find sometimes. As one who loves to feed curiosity and enjoys a step out of the ordinary, Monday led off to a good start. The doctor was late getting to her hysteroscopy with removal of an IUD (she was unable to remove it in the clinic) because she had been delivering a baby. But once she arrived, I performed in the role of the first scrub. During the case, a number of team members stepped in to stare at the monitor. The patient's IUD was trapped in a uterine polyp, which had grown around it. Pictures were then taken using the scope.

After that, I performed first scrub for an umbilical hernia repair. It was a good case and yielded some good experience. It was challenging to do closing counts fast enough while loading/handling sutures off to the doctor. I didn't even finish the count before we were already closing the skin layer! I've got some practicing to do.

I finished my Monday with a cystourethroscopy with retrograde kidney X-rays. I performed first scrub once more and was actually allowed to do the lithotomy draping with verbal instruction (yay!). It was nice to have some experience setting up. I also had the chance, once again, to take some Isovue onto the sterile field. At some point, the circulator asked the surgical technologist how much was used, and she shrugged, but thankfully, I had kept a mental count and was able to confirm that it had been 16 ccs. The surgical technologist kind of grinned, raised her eyebrows and nodded to the circulator. It felt good to be on top of it. Sometimes I can be a bit absent-minded, space case, but I got through it.

Tuesday started with PE tubes on a cute eight-month-old who had big blue eyes. I got the chance to set up the Mayo all by myself. I found out that this doctor preferred the curved pick, not the straight one, and her PE tubes to be grasped by the rim. The case went pretty well outside of breaking a Frazier suction when I dislodged it from the suction tubing after the case. Though I was able to fit it back into the butt of the device, my surgical technologist sent it down with a repair tag. The doctor said that it was a first; she had never seen anything like it before. The long and short of it all: Frazier suction doesn't have to be on very tight to not fall off.

The next two cases were mostly observance with me lending an occasional helping hand here and there followed by help closing. The world of orthopedics was a strange place to be that day. We were in a rush to get ready for our first case, an MTP fusion of a right and a great toe, so I kept close and watched mostly, not being very familiar with the drill accessories and screws.

Immediately following I helped with a snowmobile accident patient who had broken his right distal ulna and right distal clavicle one to three weeks prior to this surgical appointment. They had to use the T-Max positioner for the shoulder and drape out a Mayo stand for the ulna. Before starting, the radiological technician tested the ability to shoot images through the Mayo stand and it worked. I helped hold the patient's arm for prepping and during the case the doctor's assistant asked me to come help hold the patient's wrist while he retracted and the doctor was able

to clean and manipulate the bone. It seemed like a long case and my surgical technologist was moving constantly back in forth, in a case which, she admitted, she'd never really done before. I was happy to watch what she was doing so that I can be slightly more familiar with it when the time comes, and I was happy to not impede the doctor's need for progress that day.

Today was a difficult day for me full of "learning opportunities." It was just "one of those days" from the beginning. It felt awkward around some of the staff in the morning as some of them were going/coming from a perioperative meeting and it was difficult to fit in to the flow with the techs as no one seemed enthusiastic about work that day. From the start, I was told that I probably wouldn't be needed as a scrub because of the likelihood of there being a full operating table of people around it. Though I helped open a bit, I wasn't too disappointed and was content to watch because of the unfamiliarity of the laparoscopic sleeve gastrectomy with umbilical repair and the tables FULL of instruments.

After lunch, our next case already had been set up for us. I was asked if I would like to prepare the Mayo for a laparoscopic colon resection, right hemicolectomy, and I stepped up. With my preceptor's help, we made it through and I was able to Mayo the whole case. It was a fast-paced, bumpy, humiliating road, but the OR staff were pretty patient with me despite it all. I won't lie, I was glad to be done with that case and it still kind of bugs me. I had to be on my toes so much that I didn't hardly know what happened in the procedure outside of parts of it here and there. After taking a liver biopsy on a piece of telfa, I set it three to four inches from the edge of my back table with nothing that should have ever bumped it off, but somehow it ended up on the floor anyway once the nurse came looking for it. I still don't know how it happened; the instruments were still in the same place too. Next, I was in a hurry and handed off a suture needle at the wrong angle for the doctor so he had to adjust before taking a bite.

I was gently corrected by my preceptor and the next one I had the needle holder loaded half way on the blade instead of at the end near the suture tie. Once I switched sides of the table with the surgical technologist while she did closing counts, I was ready to hand the next suture the right way, but he stepped away and his assistant promptly asked for it. So I handed it to her across the table the way I was prepared to hand it to doctor, the wrong way - again! I couldn't help thinking that, in their eyes, I might make a good transporter but be out of my niche in the OR - that's at least how I felt. It still plagues me a little even though I know that the mistakes weren't "big," but they were to me. As I said, it was a humbling experience.

With God's help, and some meekness in striving for success, I have some mistakes which stand out as reminders that I need to think these things through, take preventative measures and work on precision/accuracy before speed will come.

Benjamin Steventon was a student at Southeast Technical Institute in Sioux Falls, South Dakota, during his clinical rounds this past semester. As part of their clinical grade they are required to submit weekly e-mails with what they learned and what they would like to work on.

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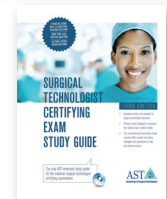
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2015 Galaxy Winners

Congratulations to all the surgical technology programs that earned the 2015 Galaxy Level award. Programs who enrolled 75% or more of its students as AST members have demonstrated its commitment to the profession of surgical technology and the future success of its students.

Aiken Technical College	Aiken, SC	Concorde Career College- San Antonio	San Antonio, TX
A.I. Prines CTHSS	Harford, CT	Coastal Georgia Technical College	Waycross, GA
Albany Technical College	Albany, GA	Daytona State College	Daytona Beach, FL
Amarillo College	Amarillo, TX	Delaware Technical Community College	Dover, DE
American Career College	Ontario, CA	Delta College	University Center, MI
Angelina College	Lufkin, TX	D. G. Erwin Technical Center	Valrico, FL
Asheville Buncombe Technical College	Asheville, NC	Eastern Idaho Technical College	Idaho Falls, ID
Ashland Community and Technical College	Ashland, KY	Eastwick College	Ramsey, NJ
Augusta Technical College	Augusta, GA	East Valley Institute of Technology	Mesa, AZ
Baker College of Allen Park	Allen Park, MI	Edgewood Community College	Tarboro, NC
Bismarck State College	Bismarck, ND	Fayetteville Technical Community College	Fayetteville, NC
Bluegrass Community and Technical College	Lexington, KY	Foothills Surgical Technical	Shelby, NC
Bossier Parish Community College	Bossier City, LA	Fortis Institute	Cookeville, TN
Bridgeport Hospital School of Nursing	Bridgeport, CT	Glendale Career College	Glendale, CA
Brown Mackie College - Cincinnati	Cincinnati, OH	Great Plains Technology Center	Lawton, OK
Brown Mackie College - Findlay	Findlay, OH	Greenville Technical College	Greenville, FL
Brown Mackie College - Fort Wayne	Fort Wayne, IN	Gulf Coast Surgical Technology	Panama City, FL
Brown Mackie College - North Canton	Canton, OH	Gwinnett Technical College	Lawrenceville, GA
Brown Mackie College - Northern Kentucky	Fort Mitchell, KY	Harrisburg Area Community College	Harrisburg, PA
Bunker Hill Community College	Chelsea, MA	Henry Ford Community College	Dearborn, MI
Cabarrus College of Health Sciences	Concord, NC	Hinds Community College	Jackson, MS
Career Technical College	Shreveport, LA	Huntsville Hospital School of Surgical Technology	Huntsville, AL
Central Georgia Technical College	Macon, GA	Hutchinson Community College	Hutchinson, KS
Cherokee Nation WW Hasting Surgical Program	Tahlequah, OK	Indiana University Health Methodist Hospital	Indianapolis, IN
Clover Park Technical College	Lakewood, WA	Itawamba Community College	Tuelp, MS
Community Care College	Tulsa, OK	Ivy Tech Community College - Indianapolis	Indianapolis, IN
Concorde Career Institute - Jacksonville	Jacksonville, FL	Ivy Tech Community College - Lafayette	Lafayette, IN
Concorde Career Institute - Miramar	Miramar, FL	John Wood Community College	Quincy, IL
Concorde Career Institute - Orlando	Orlando, FL		

Kingsborough Community College	Brooklyn, NY	Richland Community College.....	Decatur, IL
Lamar State College- Port Arthur.....	Port Arthur, TX	Robeson Community College.....	Lumberton, NC
Lenoir Community College	Kinston, NC	Rochester Community and Technical College.....	Rochester, MN
Lincoln Land Community College.....	Springfield, IL	Salter School of Nursing And Allied Health.....	Manchester, NH
Lincoln Technical Institute - Fern Park	Fern Park, FL	Sandhills Community College.....	Pinehurst, NC
Long Island University	Brooklyn, NY	San Jacinto College	Pasadena, TX
Lord Fairfax Community College	Middletown, VA	San Joaquin Valley College	Fresno, CA
Macomb Community College.....	Clenton, MI	Seward County Community College.....	Liberal, KS
Madisonville Community College	Madisonville, KY	Southeast Community College	Lincoln, NE
Meridian Institute of Surgical Assisting	Joelton, TN	Southeast Technical Institute	Sioux Falls
Miami Jacobs Career College - Dayton.....	Dayton, OH	Southeastern College- Greenacres.....	Greenacres, FL
Miami Jacobs Career College - Sharonville	Sharonville, OH	Southwestern Community College	Chula Vista, CA
Midlands Technical College	West Columbia, SC	Spartanburg Community College	Spartanburg, SC
Mid-State Technical College.....	Marshfield, WI	Spencerian College	Louisville, KY
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Moore Norman Technology Center.....	Norman, OK	The College of Health Care Professions.....	Houston, TX
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Northern Michigan University	Marquette, MI	Washington County Career Center	Marietta, OH
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Ozarks Technical Community College	Springfield, MO	West Kentucky Community	
Parkland College.....	Champaign, IL	and Technical College	Paducah, KY
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Pittsburgh Technical Institute	Oakdale, PA	Wichita Area Technical College.....	Wichita, KS
Platt College.....	Oklahoma City, OK	Wiregrass Georgia Technical College.....	Valdosta, GA
Presentation College	Aberdeen, SD	York Technical College	Rock Hill, SC
Quincy College.....	Quincy, MA		
Rasmussen College - Brooklyn Park.....	Brooklyn, NY		
Reading Hospital School of Health Sciences	Reading, PA		

SOUND ADVICE

Jessica Livengood-Portugal posted:
Trying to prepare for the certification exam, and curious if there are recommendations on what to focus on the most.

This question was recently posted to AST's Facebook page. Here are some of the responses:

Stacey Irvan: Each exam is different. So really everything.

Cindy Courtright: Because it was my weakest point, I focused on spd, and I was glad to have done so. Look over legal definitions, spd, anesthesia/meds, then review procedures.

Ralph Martin: Everything.

Leslie Harris: I just earned my certification again. Honestly all of it. Go over every chapter test.

Alyssa Orozco: If you learned it in school, they're likely to test you on it.

Tammy Eastman: I just took my national certification, and I passed it. I only studied the AST book that was issued to us in school.

Barbara Ray: Just go for it. You know the answers. Don't look back after you answer.

Lori Groinus: The NBSTSA website has the breakdown of the exam content. It's in the exam content outline in the candidate's handbook. Look there to see how many

questions will be in each category. Study everything, but put more time into the bigger categories like anatomy and procedures. Be sure you're solid on med term - it helps throughout. Good luck!

Victoria Marr: Everything. There are several versions of the test.

Theresa Moody: Focus on the information and questions that you do not remember firsthand.

Rachael Gnadinger: Basically all of it, just as everyone says. When you test, go through and answer the ones you know and if you don't know off the bat, skip and then go back and keep doing the same thing over and over.

Robert Caffyn: Go in with no preconceptions. It's multiple choice anyway, so choose the best answer.

Deondre Johns: I agree with majority of everyone on this post. Study everything, but don't forget your basics! If you take the time to think about it, it will always come to you. PS: They love to throw in those weird/bizarre words

and procedures.

Zachary Motto: It depends really. Like my test was focused on positioning and instruments. I know the class test before me was focused on pharmacology.

Maegan Bonow Kaiwi: My test had a ton of anesthesia questions. A ton.

Maria Baena: It's everything! I thought I was prepared, but when I saw my exam, I knew I was in for a challenge.

Linda Broach: Each exam is different each time. I took mine twice.

Sarah Thompson: As previously stated, the tests are all different. It is difficult to suggest one thing to study over another. Just do your best to remember as much as you can, and good luck!

Carolyn Lawhorne Netherecutt: Everything

Pamela Catano: I'd say everything. Each exam focuses on different things. My best advice ... Don't wait too long to take the test. Go with your gut and use the first answer that pops in your mind. Don't second guess yourself.

You know what you know and it will come to you as soon as you read the question.

Jennifer McCalmont: Think of the best practices and think of answers.

Shari Davenport: You're better off focusing a little on strategy, and an overall focus on all the material. Tests are different every time they are given to everyone, so picking specific areas is really not possible.

Nakesha Adamavich: I would tell you to study it all!

Zsa Zsa Chinn-Reis: Know sterilization, meds, positions and functions of instrumentation. Some answers will be very obvious, others will require "eenie meenie miney mo!"

Jeff Jones: Aseptic technique.

Britney Niksarian: Medical terminology, positioning, anatomy and physiology.

Susan Wixson Burnicle: Everything! And trust your instincts.

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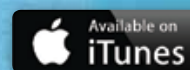
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– *Tovah M*



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Mari Mitchell.....New England Institute of Technology, East Greenwich, RI
Sarah Turner.....New England Institute of Technology, East Greenwich, RI
Lauren Ennis.....Riverside College of Health Careers, Newport News, VA
Tress Feldhaus.....Riverside College of Health Careers, Newport News, VA

April

Donna Volpe.....Eastwick College, Ramsey, NJ
Debbie Linton.....Eastwick College, Ramsey, NJ
Samantha McDowell....Eastwick College, Ramsey, NJ
Walter Kittle.....Eastwick College, Ramsey, NJ
Courtney Spackman.....Concorde Career College, North Hollywood, CA
Heather McKay.....Harrisburg Area Community College, Harrisburg, PA
Shane Shultz.....Harrisburg Area Community College, Harrisburg, PA
Cassandra Pinkerton...Lincoln University, Jefferson City, MO

Steven Zfaz..... Western Suffolk Boces, Northport, NY
Jennifer Hellewell... Career Networks Institute, Orange, CA
Kiara Johnson..... Carolinas College of Health Science, Charlotte, NC

May

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