

WINTER 2019

WISCONSIN ASSOCIATION OF SURGICAL TECHNOLOGISTS

President's Corner

@)!(2019

It is true that as we age the years begin to fly by. I do not know if everyone makes New Year's resolutions, but I always take time to reflect on the past and decide what I would like to aim for in the future. I hear so many people complain about their job or not liking what they have been asked to do. While there is no perfect job and we certainly can be overwhelmed by the world news I believe that each of us has a responsibility to ourselves to make room daily for happy.

The one thing that I have always enjoyed most about working in surgery is that even if I have a rough day, I know that the next will not be the same. I listen to younger surgical techs explain that they feel stressed by the demands the job requires and wonder what has changed? Everything from education to job orientation has been expanded within the ST role. What can the seasoned employees offer to help the newer ones adjust? It makes me feel good knowing that what has been done in the operating room has helped some patient improve their life. Can you share in that feeling?

Enjoy each day, treasure friendships, and find your happy.

Best wishes for an exciting New Year,

Susan McNeely

WI-AST President

Now is the Time

Your WI-AST Board is always busy preparing for the next meeting and looking for ideas to increase member involvement. Think of your profession and step up in Fall to be more proactive as a surgical technologist. Our next elections will need nominations for president, vice president, treasurer and two board positions. I was challenged by the president fifteen years ago and now challenge you to think about what you can give by representing Wisconsin. Talk to a board member to learn more.

Inside this issue:

- Feca-what??
- What kind of preceptor are you?
- Spring meeting up (or down) in Wausau



Remember That Feeling: The Importance of being a Good Preceptor

Danielle Cook, MS, CST

Think back to the very first day that you walked into the OR as a clinical student. You were probably filled with excitement and fear. Your stomach was doing somersaults. All of the knowledge and confidence you gained in class and lab suddenly seemed hard to recall and you began to question why you were even there. You had a deer in the headlights look and felt completely alone and swore no one else had ever felt this way. The lights in the OR were so bright, the smells were something that could never be created in a lab. Your instructor can tell you over and over that this is normal and the feelings will disappear but you do not believe it. How in the world were you going to survive this???? The answer...a great preceptor.

Preceptorship connects the classroom to the clinical environment. Preceptors are experienced surgical technologists who have demonstrated strong teaching and leadership roles in their department. Their role is to help students develop their knowledge and skills to become strong practicing professionals. A preceptor serves as a role model and is there to educate, evaluate, socialize, and protect the student making the transition to the OR environment. We all have preceptors that will never be forgotten because of the positive impact they had; they were encouraging, positive, an endless resource of knowledge. We also have the preceptors that did the exact opposite; they complained that they had a student, some going as far as saying they hate students, told you to “figure it out yourself,” put down their co-workers, asked if you had any idea what was going on or common sense. Some even deserted you, leaving you to wander the department lost. Having been a student, a preceptor, and clinical faculty, I have seen every aspect of precepting. My goal as a clinical instructor is to make the experience positive for both the preceptor and the student. Over the 14 years that I have served as a clinical instructor, I have developed a list of qualities that I see in effective, exceptional preceptors:

- Assess the individual student’s learning needs and help them set goals
- Provide structure and, with the assistance of the student/faculty, select cases that will provide the student with the best learning opportunities
- Teach time management and prioritization in case set-up
- Evaluate the student’s clinical competence
- Teach and promote clinical reasoning, critical thinking, and problem solving
- Provide constructive feedback and coaching
- Role-model best practice in skills and professionalism
- Demonstrate the importance of being a member of the surgical team and the importance of respect and teamwork
- Effective communication and conflict management skills
- Facilitate social interaction and acclimation to the OR culture

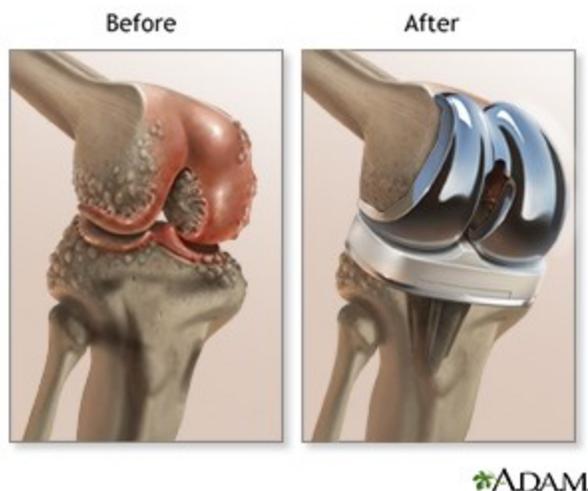
(continued)

Remember That Feeling (cont'd)

When you find out you will be precepting a new student, what are your first thoughts? Are you excited or are you annoyed? You are making an impact on the student and they will always remember you. Do you want to be remembered as that awesome preceptor that the student attributes their love of the OR to or the negative Nellie who made the student dread every single day of that rotation? The choice is yours.

Favorite Surgery

Hello fellow surgical technologists!! I want to tell you about one of my favorite cases to scrub: total knee arthroplasties. They are my favorite because every one is different and each instrument system reaches the same goal in its own unique way. Every surgeon does them differently in their own way and has a particular way to perform the surgery. I know all surgeries aren't the same and are different every time, I just enjoy the variety in a total knee. I also enjoy pushing myself each time to have a shorter tourniquet time to have better outcomes for the patients! That is why I enjoy doing total knees. Nicole Drott, CST



I Have a Bridge to Sell you...

Hello everyone, my name is Nicole Drott and I have been a CST for five and a half years. Here's a funny story I'd like to share with you! When I started my new job, I was working with an orthopedic surgeon and not many people had talked about him to me because they wanted me to experience him for myself. So, on that particular day, we had not formally met and I was in his room observing. When he walked in, I introduced myself and he asked me the routine questions like where I was from and if I was coming with experience. Then he asked me my high school song. Confused, I asked him, "What? I can't remember my school song." He told me to go home and learn it and the next time I saw him to sing it to him. So I did. I returned the next day to sing my song to him and he laughed saying, "I can't believe you actually did it. I'm impressed but don't sing anymore, okay?" The entire team shared a good laugh. I definitely had the new tech jitters and was gullible but was just doing as my surgeon asked. At least we all got a laugh! I hope everyone has a great new year!!

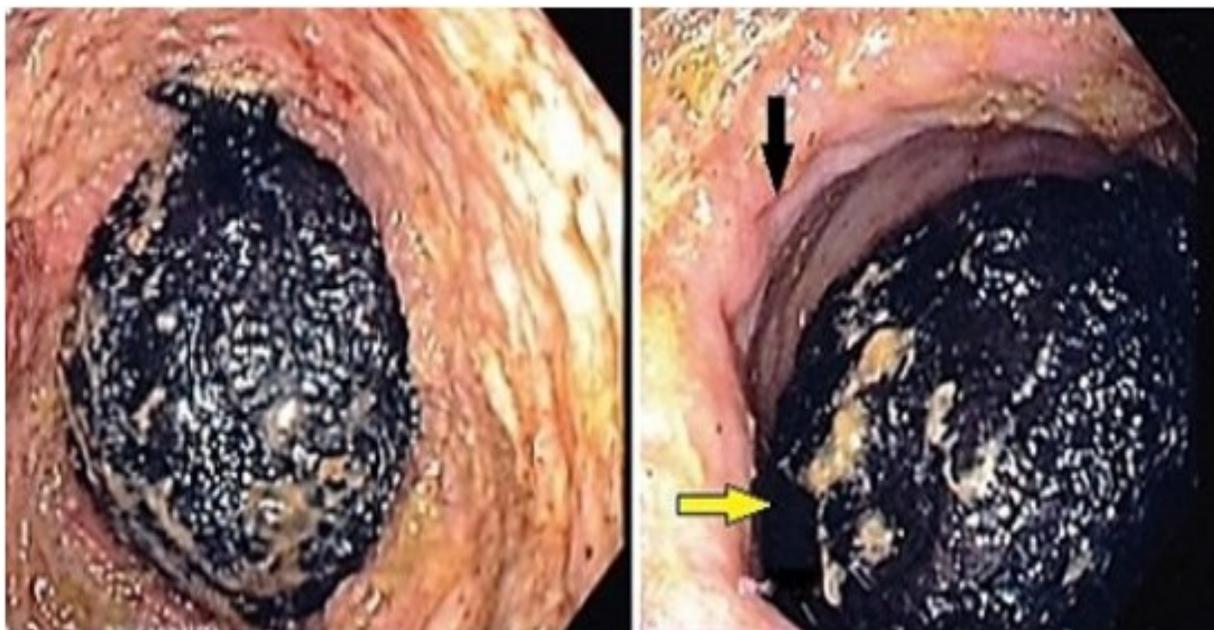
Fecalith Surgery

Daniel Dickover, CST CHI

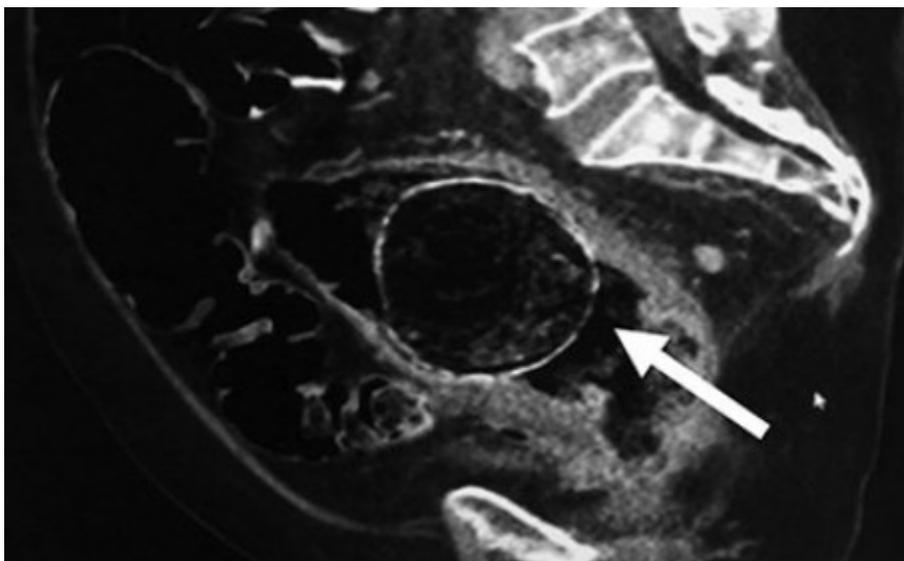
Recently I saw an exploratory laparotomy scheduled for several weeks out. I am fairly new to the world of surgery and usually expected an ex lap to be an emergent case. When I looked at the diagnosis it stated, “cecal fecalith.” From my training at Milwaukee Area Technical College I deduced the meaning from the three roots in those two words but I wondered, “Is it possible to have fecal stones?” We have all commonly encountered kidney, bladder and gall stones and more rarely tonsil stones but this was new to me.

As I looked more into it I found that, yes, it is possible to form fecal stones in the intestines. The large intestine is primarily responsible for removing liquid from and forming the stool. If this process goes on too long, due to obstruction, lack of movement or for unknown reasons, excess liquid is removed. This forms abnormally hard stool that can turn from simple constipation into a fecalith. Normal treatment is conservative but the cases below illustrate more creative and atypical resolutions.

One 1990 article from the New England Journal of Medicine reported the successful treatment of a 9-cm rectal fecalith with electrohydraulic lithotripsy.¹ The lithotripter was used to break the stone initially and then a mallet and osteotome were used to break up the remaining fragments for removal. Another case² (Photos and x-ray below) of rectal fecalith was presented in a 2017 article in a patient that was paraplegic. This particular case was resolved with, “manual disimpaction under general anesthesia.” A third case study³ from Turkey in 2016 resulted from, “rigid stool particle collection...in the appendicular lumen.” Several articles cited in this study stated that fecaliths were common in or near the appendix. This particular stone was unable to be removed with suction, snares or forceps but was successfully removed with 180ml of warm water irrigation. (continued)



Fecalith (cont'd)



So make sure to drink plenty of fluids, eat a diet rich in fiber, keep active and see your doctor if things aren't as regular as they should be. We don't want to see you on our OR table with a fecalith!

1—<https://www.nejm.org/doi/full/10.1056/NEJM199003223221220>

2—<https://www.karger.com/Article/FullText/455186>

3—<http://medicaljournal.gazi.edu.tr/index.php/GMJ/article/viewFile/1222/1128>

A Wisconsin Star

At every WI-AST meeting we recognize two students for becoming involved in the organization that represents their future. Every year our surgical technology magazine lists the members who have maintained membership for numerous years. I always read this and like to see how many of these seasoned members I know.

Our Vice President, Linda Beine CST FAST, has been a member of AST for 40 years. I questioned Linda about why she had joined AST and she replied that during her surgical technology training at Moraine Park her faculty strongly encouraged them to join. Linda began her career at St. Luke's in Milwaukee and although its name has changed it remains the operating room that has always been represented by a group of outstanding surgical techs both locally and nationally. Linda has attended over 30 National Conventions and will be a delegate for Wisconsin this year at the 50th year celebration.

I met Linda in the operating room and at state and national meetings. I enjoy her as a peer and a good friend and have relied on her expertise and guidance for decisions that affected the future direction of Wisconsin. She has been in the middle of all the changes and growth of AST. Why has she always supported this organization? Her professional demeanor shines to all who know her.

Linda is the Wisconsin 2019 Star

Wisconsin Association of Surgical Technologists

Spring for Learning

March 9th, 2019

Aspirus Wausau Hospital
333 Pine Ridge Boulevard, Wausau, WI 54401
Enter at Main Entrance



Partner Hotel: La Quinta Inn
1910 Stewart Avenue, Wausau, WI 54401
(715) 842-0421
Group Rate under code WIAST - \$52

Registration 7-7:45 Meeting begins at 7:45am – ends 2:55pm

Fees:	Before March 1st	After
Members	\$50	\$70
Nonmembers	\$70	\$90
Students/Retired	\$10	\$30

Online Registration Only:

Please go to WI.AST.org. On the home page, click Events/Spring Event and the “Register” button and follow the directions given. [Or Click Here](#)

If you have a food allergy, please contact:

Nicole Drott (715) 350-1088 nicoledrott@yahoo.com

****Sorry no refunds will be given****

Two student Scholarships will be awarded to students in attendance