



TO: Surgical Technology Program Directors

FROM: AST
ARC/STSA
NBSTSA

DATE: October 29, 2014

RE: Revised "Surgical Rotation Case Requirements," *Core Curriculum for Surgical Technology*, 6th edition

Dear Surgical Technology Program Director,

Recently representatives of the three organizations, AST, ARC/STSA, and NBSTSA, met to work on revising the "Surgical Rotation Case Requirements" document. This was initiated by the feedback received from Program Directors since the document has been in use for approximately one academic year. AST is pleased to announce the publication of the revised document which is attached to this cover letter. The revised document is also available on the AST website, www.ast.org.

On September 30, 2014, the ARC/STSA received a revised draft of AST's Surgical Rotation Case Requirements for surgical technology programs from the Revision Panel for input in order to assist programs' compliance with the Standards. The ARC/STSA Board of Directors determined that upon publication by AST, currently CAAHEP accredited surgical technology programs may implement the revised Surgical Rotation Case Requirements right away, consistent with CAAHEP Standard **III.C. Curriculum**. Formal revision of Appendix B in the Standards to reflect the revised requirements will occur in the next several months, and ARC/STSA will notify programs when that process is completed. Programs need not wait for notification to implement the revised Surgical Rotation Case Requirements once published by AST.



CORE CURRICULUM FOR SURGICAL TECHNOLOGY, 6th edition **SURGICAL ROTATION CASE REQUIREMENTS**

Goal Statement: The goal of the Surgical Rotation Case Requirements is to contribute to the development of a well-rounded, competent, entry-level surgical technologist. As stated in CAAHEP Standard II. Program Goals, C. Minimum Expectations:

“To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Objectives:

- I.** The surgical technology program is required to verify through the surgical rotation documentation the students’ progression in the scrub role in surgical procedures of increased complexity as he/she moves towards entry-level graduate competency.
 - A.** While it is understood that no program is able to control surgical case volume or the availability of various surgical specialties, it is the responsibility of the program to provide students with a diversified surgical rotation experience.
 - B.** No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.

- II.** Students must complete a minimum of 120 cases as delineated below.
 - 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.

Surgical Category	Total # of Cases Required	Minimum # of First Scrub Cases Required	Additional first or second scrub role cases that can be applied towards minimum of 120
General Surgery	30	20	10
Surgical Specialties: <ul style="list-style-type: none"> • Cardiothoracic • ENT • Eye • GU • Neuro • Ob-Gyn • Oral/Maxillofacial • Orthopedics • Peripheral vascular • Plastics 	90	60	30
Optional: Diagnostic Endoscopy: <ul style="list-style-type: none"> • Bronchoscopy • Colonoscopy • Cystoscopy • EGD • ERCP • Esophagoscopy • Laryngoscopy • Panendoscopy • Ureteroscopy 			10 diagnostic endoscopy cases may be applied only toward the Second Scrub Role cases. <ul style="list-style-type: none"> • Refer to Objective II. C.
Optional: Labor & Delivery			5 vaginal delivery cases may be applied only toward the Second Scrub Role cases. <ul style="list-style-type: none"> • Refer to Objective II. C.
Totals	120	80	40

FIRST AND SECOND SCRUB ROLE AND OBSERVATION

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.