***2021 REVISED CORE CURRICULUM FOR SURGICAL***

***TECHNOLOGY,* 7th 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, A. Minimum Expectations: “To prepare entry-level Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.”

Objectives:

1. 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.
   * 1. 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.

* + 1. No information in this document prevents programs from exceeding the minimum established by the Surgical Rotation Case Requirements.

1. Students must complete a minimum of 120 cases as delineated below.

A. General Surgery

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 Surgery

1. Students must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.

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 four different specialties must be completed in the First Scrub Role (40 cases total).
        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 cases may be performed in any surgical specialty either in the First or Second Scrub Role.

2. Surgical specialties (excluding General Surgery)

1. Cardiothoracic
2. Genitourinary
3. Neurologic
4. Obstetric and gynecologic
5. Orthopedic
6. Otorhinolaryngologic
7. Peripheral vascular
8. Plastics and reconstructive
9. Procurement and transplant
   1. 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.

* 1. Case experience in the Second Scrub Role is **not** mandatory.
  2. Observation cases **must be documented,** but do not count towards the 120 required cases.

1. Counting cases
   * 1. Cases will be counted and documented according to surgical specialty as defined in the core curriculum
        1. One pathology is counted as one procedure.
        2. Example: A 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 and one case.
     2. Counting more than one case on the same patient.
        1. Example: 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, and the LeFort I repair is an oral- maxillofacial surgical specialty.
        2. Example: A procedure that requires different set-ups and includes different specialties may be counted as separate cases. A mastectomy procedure (general surgery) followed with immediate reconstruction or augmentation (plastics and reconstruction) are counted as separate cases.

**3.** Diagnostic vs. operative endoscopy cases

**a.** An endoscopy classified as a semi-critical procedure is considered a diagnostic case.

**b.** An endoscopy classified as a critical procedure is considered an operative case.

**c.** Diagnostic and operative cases will be counted according to specialty.

**d.** Diagnostic cases are counted in the SS role up to a total of ten of the required 120 cases.

**Example:** A cystoscopy is a diagnostic procedure. If an adjunct procedure is performed, it is considered operative; therefore, a cystoscopy with ureteral stent placement is an operative

**e.** Vaginal delivery cases are counted in the SS role of the OB/GYN specialty, up to a total of five of the required 120.

**IV.** Documentation

1. Case performed
2. Role performed
3. Performance evaluations
4. Verification by program director

*\*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.*

20 FS

30 General

10 FS/SS

10 FS \*

10 FS \*

60 FS

10 FS \*

90 Specialty

30 FS/SS

10 FS \*

20 FS your choice

120 Total Cases

|  |  |  |  |
| --- | --- | --- | --- |
| 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:   * Cardiothoracic * ENT * Eye * GU * Neuro * Ob-Gyn * Oral/Maxillofacial * Orthopedics * Peripheral vascular * Plastics | 90 | 60 | 30 |
| Optional:  Diagnostic Endoscopy:   * Bronchoscopy * Colonoscopy * Cystoscopy * EGD * ERCP * Esophagoscopy * Laryngoscopy * Panendoscopy * Ureteroscopy |  |  | 10 diagnostic endoscopy cases  may be applied only toward the Second Scrub Role cases.  • Refer to  Objective II. C. |
| Optional:  Labor & Delivery |  |  | 5 vaginal delivery cases may be applied only toward the Second Scrub Role cases.  • 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.