

**CLINICAL
SURGICAL ROTATION AND ROLES**

SURGICAL ROTATION CASE REQUIREMENTS

Objectives: The learner will:

1. Describe the purpose of the observation role.
2. Develop professional competency by performing in the scrub role during an arranged clinical experience.
3. Evaluate the development of professionalism throughout clinical experiences using various methods.
4. Utilize sufficient documentation for verifying cases and roles performed.
5. Demonstrate procedural proficiency by completing a minimum of 120 surgical cases.

Content:

I. Role definitions

A. First Scrub Role (FS)

1. To document a case in the FS role, the student shall perform the following duties during any given surgical procedure with proficiency:

- a) Verify supplies and equipment
- b) Set up the sterile field
 - 1) Instruments
 - 2) Medication
 - 3) Supplies
- c) Perform required operative counts
 - 1) AST guidelines¹
 - 2) Facility policy
- d) Pass instruments and supplies
 - 1) Anticipate needs
- e) Maintain sterile technique
 - 1) Recognize sterility breaks
 - 2) Correct sterility breaks
 - 3) Document as needed

¹AST Guidelines for Best Practice can be found on the AST website.

www.ast.org

B. Second Scrub Role (SS)

1. The SS role is defined as a student who has not met all criteria for the FS role but actively participates in the surgical procedure in its entirety by completing any of the following:

- a) Assistance with diagnostic endoscopy
- b) Assistance with vaginal delivery
- c) Cutting suture
- d) Providing camera assistance
- e) Retracting
- f) Sponging
- g) Suctioning

C. Observation Role (O)

1. The O role is defined as a student who has not met the FS or SS criteria. The student is observing a case in either the sterile or nonsterile role. Observation cases cannot be applied to the required 120 case count but must be documented.

II. Case requirements – A student must complete a minimum of 120 cases as delineated below: (*refer to diagram A*)

A. General surgery

1. A student must complete a minimum of 30 cases in General Surgery.
 - a) 20 of these cases must be performed in the FS role.
 - b) The remaining 10 cases may be performed in either the FS or SS role.

B. Specialty surgery

1. A student must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.
 - a) A minimum of 60 cases must be performed in the FS role and distributed amongst a minimum of four surgical specialties.
 - 1) A minimum of ten cases in four different specialties must be completed in the FS role (40 cases total).
 - 2) The additional 20 cases in the FS 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 in either the FS or SS role.
2. Surgical specialties (excluding General Surgery)
 - a) Cardiothoracic
 - b) Genitourinary
 - c) Neurologic
 - d) Obstetric and gynecologic
 - e) Orthopedic
 - f) Otorhinolaryngologic
 - g) Ophthalmologic
 - h) Oral Maxillofacial
 - i) Peripheral vascular
 - j) Plastics and reconstructive
 - k) Procurement and transplant

III. Counting cases

- A.** Cases may be counted according to surgical specialty² as defined in the core curriculum.
1. One pathology is counted as one procedure.

²Programs should contact their accrediting agencies for additional clarification.

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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.

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.

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 procedure.

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

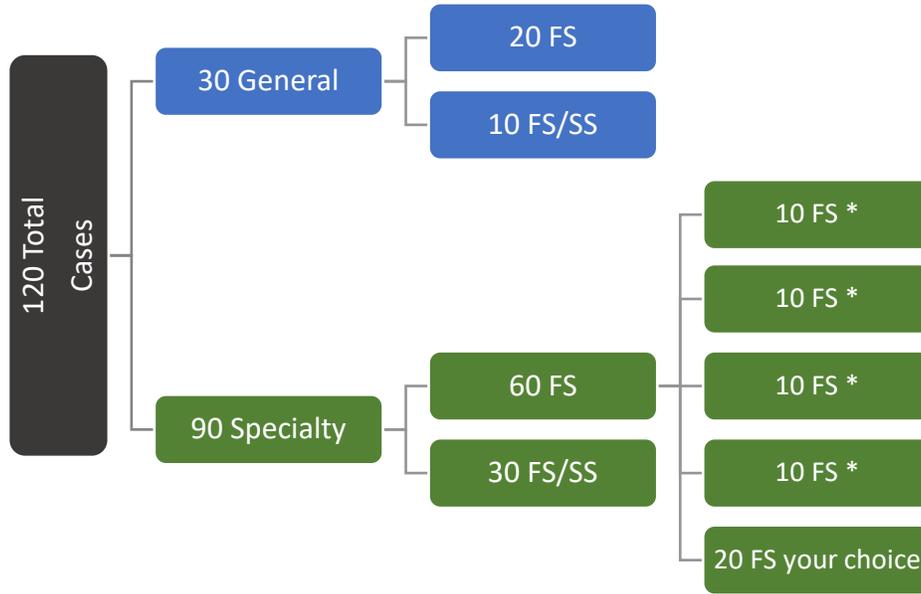
IV. Documentation^{2*}

- A. Case performed
- B. Role performed
- C. Performance evaluations
- D. 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.*

Diagram A: Surgical Case Requirements

The numbers shown below reflect the minimum case requirements and surgical specialties.



*See Case requirements section **II.B.1.**