

PCC Surgical Technology Program
AST Core Curriculum for Surgical Technology 7ed
Clinical Surgical Rotation and Roles

PCC Clinical Rotations:

There is a total of three (3) clinical rotations. One in the summer, one in the fall and one in the spring semester of the student's second year. Any interruption in clinical placement may delay the student's anticipated date of graduation.

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.

Role Definitions:

First Scrub Role - FS:

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

1. Verify supplies and equipment
2. Set up the sterile field
 - a. Instruments
 - b. Medication
 - c. Supplies
3. Perform required operative counts
 - a. AST guidelines
 - b. Facility policy
4. Pass instruments and supplies
 - a. Anticipate needs
5. Maintain sterile technique
 - a. Recognize sterility breaks

- b. Correct sterility breaks
- c. Document as needed

Second Scrub Role - SS:

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:

1. Assistance with diagnostic endoscopy
2. Assistance with vaginal delivery
3. Cutting suture
4. Providing camera assistance
5. Retracting
6. Sponging
7. Suctioning

Observation Role - O:

The Observation 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. Observations cases cannot be applied to the required 120 case count but must be documented.

Case Requirements:

A student must complete a minimum of 120 cases as delineated below:

1. General surgery
 - a. A student must complete a minimum of 30 cases in General Surgery.
 - i. 20 of these cases must be performed in the FS role.
 - ii. 10 of these may be performed in either the FS or SS role.
2. Specialty surgery
 - a. A student must complete a minimum of 90 cases in various surgical specialties, excluding General Surgery.
 - i. 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 10 cases in four (4) 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.
 - ii. The remaining 30 cases may be performed in any surgical specialty in either the FS or SS role.
 - b. Surgical specialties (excluding General Surgery)
 - i. Cardiothoracic

- ii. Genitourinary
- iii. Neurologic
- iv. Obstetrics and Gynecologic
- v. Orthopedic
- vi. Otorhinolaryngologic
- vii. Ophthalmologic
- viii. Oral Maxillofacial
- ix. Peripheral Vascular
- x. Plastics and Reconstructive
- xi. Procurement and Transplant
- xii. Dx Endoscopy
 - 1. Bronchoscopy, Colonoscopy, Cystoscopy, EGD, ERCP, Esophagoscopy, Laryngoscopy, Panendoscopy, Sinoscopy, Ureteroscopy
- xiii. Labor & Delivery
 - 1. Vaginal Delivery and table set-ups

Counting Cases:

Cases may be counted according to surgical specialty as defined in the core curriculum.

1. One pathology is counted as one procedure.
 - a. 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.
 - a. 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.
 - b. 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.

Diagnostic vs. Operative Endoscopy Cases:

1. An endoscopy classified as a semi-critical procedure is considered a diagnostic case.
2. An endoscopy classified as a critical procedure is considered an operative case.
3. Diagnostic and operative cases will be counted according to specialty.
4. Diagnostic cases are counted in the SS role up to a total of 10 of the required 120 cases.

- a. 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.

Vaginal Delivery Cases:

1. Vaginal delivery cases are counted in the SS role of the OB/GYN specialty up to a total of five (5) of the required 120 cases.

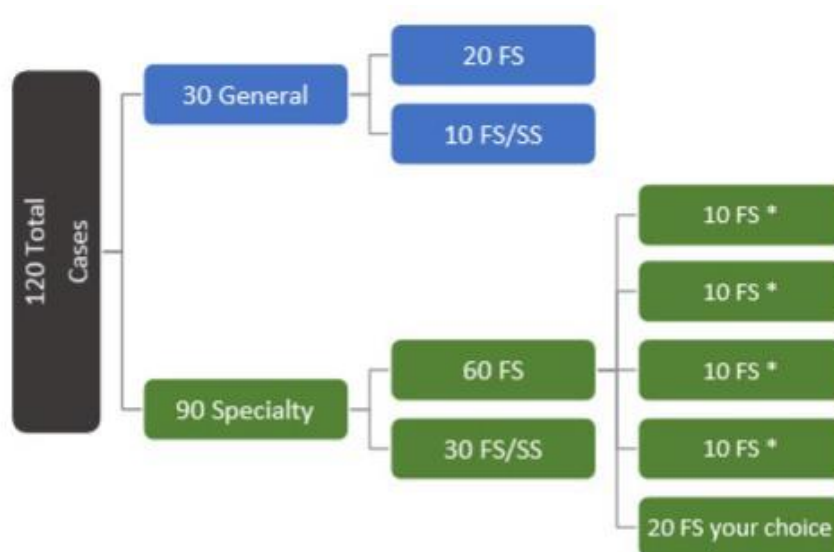
Clinical Documentation:

1. Case performed
2. Role performed
3. Preceptor Signature
4. Surgical Site Signature
5. Preceptor Evaluation
6. Student Evaluation
7. Performance Evaluation
8. 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: Surgical Case Requirements

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



Student Acknowledgement:

_____ I understand the PCC clinical rotation requirements.

_____ I understand that any interruption in clinical placement may delay my anticipated date of graduation.

Printed Name

S#

Signature

Date

Semester