

## SURGICAL ROTATION CASE REQUIREMENTS

-from Core Curriculum for Surgical Technology, 7<sup>th</sup> edition.

Surgical Specialty	Total # of Cases Required	Minimum # of First Scrub Cases Required	Maximum # of Second Scrub Cases That Can be Applied Towards 120 Cases
General Surgery	30	20	10
Surgical Specialties: <ul style="list-style-type: none"> <li>• Cardiothoracic</li> <li>• ENT</li> <li>• Eye</li> <li>• GU</li> <li>• Neuro</li> <li>• Ob-Gyn</li> <li>• Oral/Maxillofacial</li> <li>• Orthopedics</li> <li>• Peripheral vascular</li> <li>• Plastics</li> </ul>	90	60	30  5 vaginal delivery cases may be applied <b>only</b> toward the Second Scrub Role cases in OB/GYN.
Optional: Diagnostic Endoscopy: <ul style="list-style-type: none"> <li>• Bronchoscopy</li> <li>• Colonoscopy</li> <li>• Cystoscopy</li> <li>• EGD</li> <li>• ERCP</li> <li>• Esophagoscopy</li> <li>• Laryngoscopy</li> <li>• Panendoscopy</li> <li>• Ureteroscopy</li> </ul>			10 diagnostic endoscopy cases may be applied toward the second scrub cases.
<b>Totals</b>	<b>120</b>	<b>80</b>	<b>40</b>

### Objectives:

- I. The surgical technology program is required to verify through the surgical rotation documentation the student's 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 can 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.

## **SURGICAL ROTATION CASE REQUIREMENTS, continued**

- 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.
        - i. 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).
        - ii. 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 are counted in the SS role of the OB/GYN specialty, up to a total of five of the required 120.
  - 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 as defined in the core curriculum.
      - a) One pathology is counted as one procedure.
        - i. *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.*
      - b) Counting more than one case on the same patient.
        - i. *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.*
        - ii. *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.*

- iii. *A surgical specialty not listed in the CCST-7e may be counted according to the surgeon's specialty or sub-specialty.*
  - iv. *A surgical procedure listed in the CCST-7e and performed by a surgeon with a subspecialty certification may be counted as either specialty or sub-specialty.*
- c) 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.
    - i. *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.*

G. Documentation

- i. Case performed
- ii. Role performance
- iii. Performance evaluations
- iv. Verification by program director