



## Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology

Essentials/Standards initially adopted in 1972; revised in 1991, 2000, 2002, 2013, and  
20XX and effective xx/xxxx.

Developed by

ARC/STSA

Endorsed by

American College of Surgeons  
Association of Surgical Technologists

and

Approved by the  
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Surgical Technology profession. **Standards** are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface.*

### Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA), and the American College of Surgeons (ACS), and the Association of Surgical Technologists (AST) cooperate to establish, maintain and promote appropriate standards of quality for educational programs in Surgical Technology and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

52 These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of  
53 Surgical Technology programs. Site visit teams assist in the evaluation of a program's compliance with the  
54 accreditation standards.  
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## 56 **Description of the Profession**

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58 Surgical technologists are allied health professionals who are an integral part of the team of medical  
59 practitioners providing surgical care to patients in a variety of settings.

60 The surgical technologist works under medical supervision to facilitate the safe and effective conduct of  
61 invasive surgical procedures. This individual works under the supervision of a surgeon to ensure that the  
62 operating room or environment is safe, that equipment functions properly, and that the operative procedure  
63 is conducted under conditions that maximize patient safety.

64 A surgical technologist possesses expertise in the theory and application of sterile and aseptic technique  
65 and combines the knowledge of human anatomy, surgical procedures, and implementation tools and  
66 technologies to facilitate a physician's performance of invasive therapeutic and diagnostic procedures.  
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### 70 **I. Sponsorship**

#### 72 **A. Program Sponsor**

74 A program sponsor must be at least one of the following:

- 76 1. A post-secondary academic institution accredited by an institutional accrediting agency that is  
77 recognized by the U.S. Department of Education and must be authorized under applicable law or  
78 other acceptable authority to provide a post-secondary program, which awards a minimum of an  
79 Associate Degree at the completion of the program.
- 81 2. A post-secondary academic institution outside of the United States and its territories that is authorized  
82 under applicable law or other acceptable authority to provide a post-secondary program, which  
83 awards a minimum of Associate Degree or equivalent at the completion of the program.
- 85 3. A hospital, clinic or medical center accredited by a healthcare accrediting agency that is recognized  
86 by the U.S. Department of Health and Human Services, and authorized under applicable law to  
87 provide healthcare, and authorized under applicable law to provide the post-secondary program,  
88 which awards a minimum of an Associate Degree at the completion of the program.
- 90 4. A branch of the United States Armed Forces, or a federal or state governmental agency, which  
91 awards a minimum of an Associate Degree at the completion of the program.
- 93 5. A consortium, which is a group made up of two or more education providers that operate an  
94 educational program through a written agreement that outlines the expectations and responsibilities  
95 of each of the partners. At least one of the consortium partners must meet the requirements of a  
96 program sponsor set forth in I.A.1.- I.A.4.

98 Consortium does not refer to clinical affiliation agreements with the program sponsor.  
99

#### 101 **B. Responsibilities of Program Sponsor**

103 The program sponsor must:  
104

- 105 1. Ensure that the program meets the Standards; and
- 106
- 107 2. Award academic credit for the program or have an articulation agreement with an accredited
- 108 post-secondary institution; and
- 109
- 110 3. Have a preparedness plan in place that assures continuity of education services in the event of
- 111 an unanticipated interruption, and
- 112

113 *Examples of unanticipated interruptions may include unexpected departure of key personnel, natural*  
114 *disaster, public health crisis, fire, flood, power failure, failure of information technology services, or*  
115 *other events that may lead to inaccessibility of educational services.*

## 117 **II. Program Goals**

### 118 **A. Program Goals and Minimum Expectations**

119 The program must have the following minimum expectations statement: "To prepare entry-level  
120 Surgical Technologists who are competent in the cognitive (knowledge), psychomotor (skills), and  
121 affective (behavior) learning domains to enter the profession."  
122

123 Programs that adopt educational goals beyond the minimum expectations statement must provide  
124 evidence that all students have achieved those goals prior to entry into the field.  
125

126 Program goals must be compatible with the mission of the sponsoring institution(s), the expectations  
127 of the communities of interest, and accepted standards of roles and functions of an entry-level  
128 Surgical Technologist. Goals are based upon the substantiated needs of health care providers and  
129 employers, and the educational needs of the students served by the educational program. Program  
130 goals must be written referencing one or more of the learning domains.  
131

132 The program must assess its goals at least annually and respond to changes in the needs and  
133 expectations of its communities of interest.  
134

135 *Nothing in this Standard restricts programs from formulating goals beyond entry-level competence.*  
136

### 137 **B. Program Advisory Committee**

138 The program advisory committee must include at least one representative of each community of  
139 interest and must meet annually. Communities of interest served by the program include, but are not  
140 limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and  
141 the public.  
142

143 The program advisory committee advises the program regarding revisions to curriculum and  
144 program goals based on the changing needs and expectations of the program's communities of  
145 interest, and an assessment of program effectiveness, including the outcomes specified in these  
146 Standards.  
147

148 *Program advisory committee meetings may be conducted using synchronous electronic means.*  
149

## 150 **III. Resources**

### 151 **A. Type and Amount**

159 Program resources must be sufficient to ensure the achievement of the program's goals and  
160 outcomes. Resources must include, but are not limited to:

- 161
- 162 1. Faculty;
- 163 2. Administrative and support staff;
- 164 3. Curriculum;
- 165 4. Finances;
- 166 5. Faculty and staff workspace;
- 167 6. Space for confidential interactions;
- 168 7. Classroom and laboratory (physical or virtual);
- 169 8. Ancillary student facilities;
- 170 9. Clinical affiliates;
- 171 10. Equipment;
- 172 11. Supplies;
- 173 12. Information technology;
- 174 13. Instructional materials; and
- 175 14. Support for faculty professional development.
- 176

## 177 **B. Personnel**

178  
179 The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the  
180 functions identified in documented job descriptions and to achieve the program's stated goals and  
181 outcomes.

182  
183 At a minimum, the following positions are required.

### 184 **1. Program Director**

185  
186 The sponsor must appoint a full-time Program Director.

187  
188 Full-time is defined as the usual and customary time commitment required by the institution for  
189 faculty members in equivalent positions in other health educational activities.

#### 190 **a. Responsibilities**

191  
192 The program director must be responsible for all aspects of the program, including but not  
193 limited to:

- 194 1) Administration, organization, supervision of the program; and
- 195 2) Continuous quality review and improvement of the program; and
- 196 3) Academic oversight, including curriculum planning and development.

197  
198 *The Program Director should pursue ongoing formal training designed to maintain and*  
199 *upgrade his/her professional, instructional, and administrative capabilities.*

200  
201 *The Program Director should participate in an ARC/STSA sponsored accreditation workshop*  
202 *at least once every five years.*

#### 203 **b. Qualifications**

204  
205 The program director must:

- 206 1) Possess a minimum of an Associate Degree; and
- 207 2) Have documented education or experience in instructional methodology, curriculum  
208 design and program planning; and
- 209
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- 213

- 214 3) Be a graduate of an education program in surgical technology accredited by a nationally  
215 recognized programmatic accreditation agency; and  
216 4) Possess a credential in the field of surgical technology through a national certification  
217 program that is accredited by the National Commission on Certifying Agencies (NCCA);  
218 and  
219 5) Have a minimum total of five years of experience, either in the operating room scrub role  
220 or as an instructor in surgical technology, or a combination of both, within the past ten  
221 years.

222  
223 Persons approved as program directors under previous Standards will continue to be approved  
224 in that position at that institution.

225  
226 *The Program Director should possess experience/training as an educator.*

227  
228 *The Associate Degree should have a concentration in surgical technology.*

## 230 231 **2. Clinical Coordinator**

### 232 233 **a. Responsibilities**

234  
235 The Clinical Coordinator must:

- 236  
237 1) Coordinate clinical education; and  
238 2) Provide administration, organization, and provide supervision of student clinical  
239 experience; and  
240 3) Ensure documentation of the evaluation and progression of clinical performance leading  
241 to clinical competence; and  
242 4) Provide continuous quality review and improvement of student clinical experience; and  
243 5) Provide academic oversight, including curriculum planning and development of student  
244 clinical experience; and  
245 6) Ensure orientation to the program's requirements of the personnel who supervise or  
246 instruct students at clinical sites; and  
247 7) Coordinate the assignments of students to clinical sites.

248  
249 *Responsibilities may include didactic and laboratory instruction (in addition to clinical*  
250 *instruction) and direction and guidance of clinical instructors.*

251  
252 *The Clinical Coordinator should pursue ongoing formal training designed to maintain and*  
253 *upgrade his/her professional, instructional, and administrative capabilities.*

### 254 255 **b. Qualifications**

256  
257 The Clinical Coordinator must:

- 258  
259 1) Be a graduate of an education program in surgical technology accredited by a nationally  
260 recognized programmatic accreditation agency; and  
261 2) Possess a credential in the field of surgical technology through a national certification  
262 program that is accredited by the National Commission on Certifying Agencies (NCCA);  
263 and  
264 3) Have a minimum of three years of documented experience, either in the operating room  
265 scrub role or as an instructor in surgical technology, or a combination of both, within the  
266 past five years; and  
267 4) Possess knowledge of the curriculum; and  
268 5) Possess knowledge about the program's evaluation of student learning and

269 performance.

270  
271 Persons approved as Clinical Coordinators under previous Standards will continue to be  
272 approved in that position at that institution.

273  
274 *The Program Director may serve as Clinical Coordinator provided qualifications for*  
275 *both positions are met.*

### 276 277 278 **3. Faculty/Instructional Staff**

#### 279 280 **a. Responsibilities**

281 For all didactic, laboratory, and clinical instruction to which a student is assigned, there must  
282 be a qualified individual(s) clearly designated by the program to provide instruction,  
283 supervision, and timely assessments of the student's progress in meeting program  
284 requirements  
285

#### 286 287 **b. Qualifications**

288 Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter  
289 as documented by appropriate professional credential(s)/certification(s), education, and  
290 experience in the designated content area.

291  
292 Faculty with instructional responsibilities in core surgical technology courses must:

- 293  
294
- 295 1) be a graduate of an education program in surgical technology accredited by a nationally  
296 recognized programmatic accreditation agency.
  - 297  
298 2) possess a credential in the field of surgical technology through a national certification  
299 program that is accredited by the National Commission on Certifying Agencies (NCCA).
  - 300  
301 3) have a minimum total of two years of experience, either in the operating room scrub role  
302 or as an instructor in surgical technology, or a combination of both, within the past five  
303 years.

304  
305 Persons approved as didactic/clinical faculty and/or instructional staff under previous  
306 Standards will continue to be approved in that position at that institution.

307  
308 *Core surgical technology courses include the components of Surgical Technology*  
309 *fundamentals and practice. Examples of non-core courses include Medical Terminology,*  
310 *Pharmacology, Pathophysiology, Anatomy and Physiology, Microbiology, and other general*  
311 *education courses not specific to surgical technology.*

312  
313 *The didactic/clinical faculty with instructional responsibilities in core surgical technology*  
314 *courses should pursue ongoing formal training designed to maintain and upgrade*  
315 *professional and instructional capabilities.*

### 316 317 318 **C. Curriculum**

319 The curriculum content must ensure that the program goals are achieved. Instruction must be based  
320 on clearly written course syllabi that include course description, course objectives, methods of  
321 evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in  
322 an appropriate sequence of classroom, laboratory, and clinical activities.  
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The program must demonstrate that the curriculum offered meets or exceeds the content and competencies specified in the most current edition of the **Core Curriculum for Surgical Technology** listed in Appendix B of these **Standards**.

*Program length should be sufficient to ensure student achievement of the curriculum content.*

*ARC/STSA and CAAHEP supports and encourages innovation in the development and delivery of the curriculum.*

#### **D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

### **IV. Student and Graduate Evaluation/Assessment**

#### **A. Student Evaluation**

##### **1. Frequency and purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

*Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.*

*The evaluation system should document each student's knowledge, performance-based strengths and areas needing improvement.*

*The documentation should include a plan for routine communication, a copy of all forms used in communicating, a description of how the department and institution handles problem or failing students, and student evaluation of the communication process.*

##### **2. Documentation**

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

#### **B. Outcomes**

The program must meet the established outcomes thresholds.

##### **1. Assessment**

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

379 Outcomes assessments must include but are not limited to national credentialing examination(s)  
380 performance, programmatic retention, graduate satisfaction, employer satisfaction, and  
381 placement in full or part-time employment in the profession or in a related profession.  
382

383 A national certification examination program must be accredited by the National Commission for  
384 Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under  
385 International Organization for Standardization (ISO).  
386

387 A related profession is one in which the individual is using cognitive, psychomotor, and affective  
388 competencies acquired in the educational program.  
389

390 Graduates pursuing academic education related to progressing in health professions or serving  
391 in the military may be counted as placed.  
392

## 393 **2. Reporting**

394  
395 At least annually, the program must submit to the ARC/STSA the program goal(s), outcomes  
396 assessment results, and an analysis of the results.  
397

398 If established outcomes thresholds are not met, the program must participate in a dialogue with  
399 and submit an action plan to the ARC/STSA that responds to the identified deficiency(ies). The  
400 action plan must include an analysis of any deficiencies, corrective steps, and timeline for  
401 implementation. The program must assess the effectiveness of the corrective steps.  
402  
403

## 404 **V. Fair Practices**

### 405 **A. Publications and Disclosure**

- 406  
407  
408 1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the  
409 program offered.  
410
- 411 2. At least the following must be made known to all applicants and students  
412 a. Sponsor's institutional and programmatic accreditation status;  
413 b. Name and website address of CAAHEP;  
414 c. Admissions policies and practices;  
415 d. Technical standards;  
416 e. Occupational risks;  
417 f. Policies on advanced placement, transfer of credits and credits for experiential learning;  
418 g. Number of credits required for completion of the program;  
419 h. Availability of articulation agreements for transfer of credits;  
420 i. Tuition/fees and other costs required to complete the program;  
421 j. Policies and processes for withdrawal and for refunds of tuition/fees; and  
422 k. Policies and processes for assignment of clinical experiences.  
423
- 424 3. At least the following must be made known to all students  
425 a. Academic calendar;  
426 b. Student grievance procedure;  
427 c. Appeals process;  
428 d. Criteria for successful completion of each segment of the curriculum and for graduation; and  
429 e. Policies by which students may perform clinical work while enrolled in the program.  
430
- 431 4. The sponsor must maintain and make accessible to the public on its website a current and  
432 consistent summary of student/graduate achievement that includes one or more of these  
433 program outcomes: national credentialing examination(s), programmatic retention, and



434 placement in full or part-time employment in the profession or a related profession as  
435 established by the ARC/STSA.

436  
437 **B. Lawful and Non-discriminatory Practices**

438  
439 All activities associated with the program, including student and faculty recruitment, student  
440 admission, and faculty employment practices, must be non-discriminatory and in accord with federal  
441 and state statutes, rules, and regulations. There must be a faculty grievance procedure made known  
442 to all paid faculty.

443  
444 **C. Safeguards**

445  
446 The health and safety of patients/clients, students, faculty, and other participants associated with the  
447 educational activities of the students must be adequately safeguarded. Surgical Technology  
448 students must be readily identifiable as students.

449  
450 All activities required in the program must be educational and students must not be substituted for  
451 staff.

452  
453 **D. Student Records**

454  
455 Grades and credits for courses must be recorded on the student transcript and permanently  
456 maintained by the program sponsor in an accessible and secure location. Students and graduates  
457 must be given direction on how to access their records. Records must be maintained for student  
458 admission, advisement, and counseling while the student is enrolled in the program.

459  
460 **E. Substantive Change**

461  
462 The sponsor must report substantive change(s) as described in Appendix A to ARC/STSA in a timely  
463 manner. Additional substantive changes to be reported to ARC/STSA within the time limits  
464 prescribed include:

- 465  
466 1) Facilities; change in location/program physical address.  
467 2) Maximum Enrollment Capacity (MEC)  
468 3) Change of Ownership.  
469 4) Distance Education (deletion/addition)  
470 5) Satellite (deletion/addition)  
471 6) Consortium Partnership (deletion/addition)

472  
473 **F. Agreements**

474  
475 There must be a formal affiliation agreement or memorandum of understanding between the  
476 program sponsor and all other entities that participate in the education of the students describing the  
477 relationship, roles, and responsibilities of the program sponsor and that entity.  
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## APPENDIX B

### Curriculum for Educational Programs in Surgical Technology

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#### 1. Healthcare Sciences

a. Medical Terminology

- 1) Combine prefixes, word roots, and suffixes to create medical terms.
- 2) Pronounce medical terms.
- 3) Write medical terms.
- 4) Identify abbreviations.

b. Anatomy and Physiology

- 1) Identify the basic organizational structures of the human body, including body planes, general organization, and terms of reference.
- 2) Analyze the basic structure of cells and relate cellular components to integrated cell function.
- 3) Analyze the types of tissue that make up organs and the characteristics of each.
- 4) Compare and contrast organs of the body.
- 5) Analyze the different body systems for composition and function.

c. Microbiology

- 1) Correlate the impact of microbiology in relationship to the practice of sterile technique and infection control in the operative setting.
- 2) Identify the name and function of various parts of the compound microscope.
- 3) Compare and contrast the structure and characteristics of different microorganisms.
- 4) Analyze the various immune responses that occur in the body as defenses against invasion by pathogens.
- 5) Relate the infectious process to surgical practice.

d. Pathophysiology

- 1) Relate pathophysiology to surgical interventions.
- 2) Analyze the relationship between cell pathology and disease.
- 3) Examine hemodynamic disorders, inflammation, and infection.
- 4) Compare and contrast the various surgical pathologies of each body system.

e. Pharmacology and Anesthesia

- 1) Analyze the principles of anesthesia administration.
- 2) Compare and contrast methods, agents, and techniques of anesthesia administration and preparation.
- 3) Define patient monitoring devices and their application during anesthesia administration.
- 4) Correlate anesthesia monitoring devices with patient homeostasis.
- 5) Explain anesthesia complications and interventions.
- 6) Define and calculate medication conversions and dosages.
- 7) Apply general terminology to medication uses.
- 8) Prepare and manage medications and solutions.
- 9) Use medications in the care of the surgical patient.

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#### 2. Professional Practice

a. Professionalism

- 1) Communication Skills
  - a) Didactic:

- 532 i. Define and describe types of communication relationships.  
533 ii. Discuss goals of communication.  
534 iii. Describe the significance of content and tone in communication.  
535  
536 b) Skill Applications:  
537 i. Demonstrate principles of communication in the surgical setting.  
538 ii. Demonstrate body language and non-verbal communication.  
539  
540 2) Conflict Resolution  
541 a) Identify the skills necessary to resolve conflict in the workplace.  
542 b) Distinguish the types of behavioral concerns found in society.  
543 c) Discuss the strategies to negotiate effective problem resolution.  
544 d) Evaluate the methods to prevent conflict in the surgical arena.  
545  
546 3) Employability Skills  
547 a) Didactic:  
548 i. Assess employment opportunities for the surgical technologist.  
549 ii. Evaluate personal employability qualities and develop an employment strategy that  
550 includes positive characteristics.  
551 iii. Compare and contrast various types of employment/applications and follow-up  
552 correspondence.  
553 iv. Analyze various interview strategies.  
554 v. Compare and contrast the various roles in the surgical technology profession.  
555  
556 b) Skill Applications:  
557 i. Develop a plan of action to secure employment in the healthcare field.  
558 ii. Develop a professional resume.  
559 iii. Demonstrate responsible and accountable behavior within the role and  
560 competencies of the surgical technologist.  
561  
562 4) Ethical and Moral Issues  
563 a) Didactic:  
564 i. Review the American Hospital Association's (AHA) Patient Care Partnership  
565 ii. Understand the influence of ethics in professional practice.  
566 iii. Discuss the role of morality during ethical decision making.  
567 iv. Discuss examples of ethical situations and problems in the health professions.  
568 v. Demonstrate the key elements related to developing a surgical conscience.  
569 vi. Review principles of problem solving in ethical decision making.  
570 vii. Discuss principles of patient confidentiality including verbal and written.  
571  
572 b) Skill Applications:  
573 i. Demonstrate the key elements related to developing a surgical conscience.  
574  
575 5) Legal Issues  
576 a) Analyze the concepts of law.  
577 b) Define the various types of legal doctrines.  
578 c) Discuss the concepts that influence the standards of conduct.  
579 d) Analyze the legal elements of proper documentation.  
580 e) Describe the types of sentinel events.  
581 f) Summarize the intentions of risk management.

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- 6) Management and Leadership
  - a) Identify the characteristics of a successful leader.
  - b) Discuss the functions and roles of leadership.
  - c) Understand diverse styles of management theory.
  - d) Explore pathways to advance in management roles.
  
- 7) Teamwork
  - a) Didactic:
    - i. Discuss methods for successful surgical team participation.
    - ii. Discuss strategies for the attainment of effective team goals.
    - iii. Compare and contrast individual skills vs. collaboration roles and responsibilities.
  
  - b) Skill Applications:
    - i. Demonstrate principles of teamwork in the surgical environment.
  
- b. Healthcare facility information
  - 1) All-hazards
    - a) Describe the types of disasters or public health emergencies.
    - b) Discuss the effects of emerging infectious diseases.
    - c) Describe the effect disasters can have on the environment.
    - d) Describe how healthcare facilities can manage waste.
    - e) Describe the purpose and coordination of the all-hazards systems including the hospital incident command system, national incident management systems, and national response framework.
    - f) Describe the components of a healthcare facility emergency operations plan.
    - g) Explain the personal and professional responsibilities of healthcare workers when participating in the management of a disaster or hazard.
    - h) Describe how to mitigate casualties according to specific types of hazards.
    - i) Describe the four responses that apply to every type of disaster.
    - j) Describe the triage procedures.
    - k) Describe the role of the surgical technologist during triage.
    - l) Describe the processes used to control contamination.
    - m) Describe the support roles of the surgical technologist.
    - n) Discuss the moral and ethical issues relevant to hazards.
  
  - 2) HCF Organization and Management
    - a) Compare the different roles of the team members in the surgical setting.
    - b) Identify the proper chain of command in the operating room.
    - c) Describe the health care facility departments that provide direct and indirect patient care.
    - d) Describe the healthcare agencies that impact the provision of surgical services.
  
  - 3) Physical Environment
    - a) Discuss location of the surgical services within the healthcare facility.
    - b) Describe basic floor plan designs for surgical services.
    - c) Explain the principles underlying the design of the surgical department.
    - d) Describe the floor plan of the operating room.
    - e) Summarize the components that comprise the environmental systems.
    - f) Describe the principles of environmental system safety controls.

- 632 c. Biopsychosocial concepts  
633 1) Death and Dying  
634 a) Evaluate perceptions regarding death and dying.  
635 b) Define the various causes of death.  
636 c) Discuss the definitions of death.  
637 d) Compare and contrast responses to the process of death.  
638 e) Evaluate the various coping strategies and mechanisms.  
639 f) Analyze quality vs. quantity of life.  
640 g) Evaluate the process when a patient death occurs in the operating room.  
641 h) Discuss the issues regarding organ and tissue recovery from deceased individual.  
642 i) Discuss the issues related to suicide.  
643  
644 2) Needs of the Patient  
645 a) Evaluate the holistic needs of the surgical patient.  
646 b) Identify responses in relation to the needs of the patient population.  
647 c) Discuss the needs of susceptible populations.  
648
- 649 3. **Technological Science Concept**  
650 a. Information technology  
651 1) Describe the basic components of a computer system.  
652 2) Evaluate basic electronic medical records (EMR) systems used.  
653 3) Evaluate safe practices for implementing information technology.  
654 4) Describe best practices in securing protected health information (PHI).  
655
- 656 b. Electricity  
657 1) Didactic:  
658 a) Define terminology.  
659 b) Describe the principles of electrical flow.  
660 c) Describe the various components of the electrosurgical unit.  
661  
662 2) Skill Applications:  
663 a) Demonstrate electrical safety.  
664 b) Demonstrate knowledge of operating the electrosurgical unit.  
665
- 666 c. Lasers  
667 1) Describe the biophysics of lasers.  
668 2) Discuss the advantages of using lasers.  
669 3) Describe the types of lasers.  
670 4) Describe the specific applications of each type of laser.  
671 5) Demonstrate proper care and handling of surgical lasers.  
672 6) Demonstrate patient and healthcare provider safety in relationship to lasers in a surgical setting.  
673
- 674 d. Minimally Invasive Applications  
675 1) Discuss the applications of each type of minimally invasive surgery (MIS) system.  
676 2) Discuss the advantages of each type of MIS system.  
677 3) Discuss the risks associated with the use of each type of MIS system.  
678 4) Discuss the components of minimally invasive systems.  
679
- 680 e. Interventional Radiology  
681 1) Describe the purpose of interventional radiology (IR).

- 682 2) Discuss the considerations for the use of IR.  
683 3) Describe imaging modalities.  
684 4) Evaluate the role of the surgical technologist.  
685

#### 686 4. **Surgical Technology**

##### 687 a. Equipment

- 688 1) Didactic:  
689 a) Identify the purposes of the various types of equipment.  
690 b) Review the uses of the various types of equipment.  
691 c) Describe the perioperative handling of equipment.  
692  
693 2) Skill Applications:  
694 a) Demonstrate the assembly of various types of equipment.  
695 b) Demonstrate the use of various types of equipment.  
696 c) Demonstrate the care of various types of equipment.  
697

##### 698 b. Instrumentation

- 699 1) Didactic:  
700 a) Identify the manufacturing characteristics of surgical instruments.  
701 b) Compare the grades of surgical instruments.  
702 c) Describe the categories of surgical instruments.  
703 d) Apply knowledge of surgical instrumentation to specific surgical specialties.  
704 e) Evaluate perioperative instrumentation handling concepts.  
705  
706 2) Skill Applications:  
707 a) Demonstrate perioperative instrument handling.  
708 b) Demonstrate proper transport of instrumentation.  
709

##### 710 c. Supplies

- 711 1) Didactic:  
712 a) Identify surgical supplies.  
713 b) Explain the usage of surgical supplies.  
714 c) Explain the principles of handling the various types of surgical supplies.  
715 d) Evaluate selection of surgical supplies.  
716  
717 2) Skill Applications:  
718 a) Demonstrate the role of the surgical technologist in the application of surgical supplies.  
719

##### 720 d. Asepsis and Sterile Technique

- 721 1) Didactic:  
722 a) Define and describe the terms related to asepsis and sterile technique.  
723 b) Apply concepts related to asepsis.  
724 c) Evaluate sources of contamination.  
725 d) Discuss principles and practices of sterile technique.  
726  
727 2) Skill Applications:  
728 a) Demonstrate proper sterile technique.  
729

##### 730 e. Sterile Processing

- 731 1) Didactic:

- 732 a) Define terms related to sterile processing.  
733 b) Describe the processes of decontamination.  
734 c) Describe the manual methods used for cleaning of surgical instrumentation and equipment.  
735 d) Describe the mechanical methods used for cleaning.  
736 e) Describe the concepts of disinfection.  
737 f) Discuss the principles related to preparing items for sterilization.  
738 g) Analyze the requirements for sterilizing items.  
739 h) Discuss the principles of sterile storage.  
740 i) Discuss the principles of distributing sterile supplies.  
741  
742 2) Skill Applications:  
743 a) Demonstrate point-of-use cleaning methods.  
744 b) Demonstrate use of various types of sterilization machines.  
745 c) Demonstrate proper technique in storing, handling, and distributing sterile supplies.  
746  
747 f. Perioperative Case Management  
748 1) Preoperative  
749 a) Surgical Attire  
750 i. Didactic:  
751 i.) Identify select types of surgical attire.  
752 ii.) Describe the purposes of surgical attire.  
753 iii.) Identify the types of accessory attire.  
754 iv.) Discuss restrictions involving surgical attire.  
755  
756 ii. Skill Applications:  
757 i.) Demonstrate the principles involved in donning or doffing surgical attire.  
758  
759 b) Establishing the Sterile Field  
760 i. Didactic:  
761 i.) Describe the principles associated with establishing the sterile field.  
762 ii.) Explain the steps for preparing an operating room.  
763 iii.) Describe the use of the surgeon's preference card.  
764 iv.) Describe the concepts that are applied for opening sterile items.  
765 v.) Explain the sequence of opening sterile supplies.  
766 vi.) Explain the steps for organizing the back table.  
767 vii.) Explain the steps for organizing the Mayo stand.  
768 viii.) Describe the final steps required to finish establishing the sterile field.  
769 ix.) Analyze special circumstances that require adjusting the normal routine for  
770 establishing the sterile field.  
771  
772 ii. Skill Applications:  
773 i.) Demonstrate opening sterile supplies.  
774 ii.) Demonstrate the procedure to correct contaminations during the opening  
775 process.  
776 iii.) Demonstrate the process of organizing the sterile field.  
777 iv.) Demonstrate the principles of economy of motion  
778 v.) Demonstrate the principles of spatial awareness when organizing the sterile  
779 field.  
780 vi.) Demonstrate the finalization of the sterile field.





- 830 i.) Demonstrate the principles of asepsis when draping the patient, furniture,  
831 and equipment.  
832
- 833 g) Perioperative Documentation  
834 i. Didactic:  
835 i.) Summarize the purpose of documentation.  
836 ii.) Describe the documents found in the surgical patient's chart.  
837 iii.) Discuss the purpose of an informed consent.  
838 iv.) Describe the types of informed consent.  
839
- 840 ii. Skill Applications:  
841 i.) Demonstrate participation in the *Surgical Safety Checklist* process.  
842
- 843 h) Patient ID and Time-out Procedure  
844 i. Didactic:  
845 i.) State the purpose of patient identification.  
846 ii.) Describe the patient identification procedure according to patient  
847 situation.  
848 iii.) Describe the purpose of the time-out procedure.  
849 iv.) Identify the sequence for the time-out procedure.  
850 v.) Recall who will participate in the time-out procedure.  
851 vi.) Identify the time-out components.  
852
- 853 ii. Skill Applications:  
854 i.) Participate in the identification process of a surgical patient.  
855
- 856 i) Physical Preparation of the Patient  
857 i. Didactic:  
858 i.) Describe the physical preparation that the surgical patient may receive  
859 prior to the surgical procedure.  
860 ii.) Identify methods of patient transport.  
861 iii.) Discuss the principles of transporting a patient.  
862 iv.) Discuss the principles of transferring a patient.  
863 v.) Identify equipment utilized for transferring of the surgical patient.  
864 vi.) List the indications for urinary catheterization.  
865 vii.) List the items to be taken under consideration when performing urinary  
866 catheterization.  
867 viii.) List the supplies required to perform urinary catheterization.  
868 ix.) Explain the steps for performing urinary catheterization.  
869 x.) Discuss the principles of monitoring urine output.  
870 xi.) Explain the factors to be taken under consideration when the patient  
871 position is selected.  
872 xii.) Identify the sections of the OR table.  
873 xiii.) Explain the functions of the OR table.  
874 xiv.) Describe the surgical positions.  
875 xv.) Describe the various types of accessory devices.  
876 xvi.) Evaluate the uses of accessory devices.  
877 xvii.) Explain the factors to be taken under consideration to perform the patient  
878 skin prep.  
879 xviii.) Describe the various types of skip prep supplies.

- 880 xix.) Compare different skin prep solutions.
- 881 xx.) Explain the steps for completing a patient skin prep.
- 882
- 883 ii. Skill Applications:
- 884 i.) Demonstrate the principles of safe patient transport and transfer.
- 885 ii.) Demonstrate basic positioning of the surgical patient.
- 886 iii.) Demonstrate urinary catheterization.
- 887 iv.) Demonstrate skin preparation.
- 888
- 889 2) Intraoperative
- 890 a) Surgical Incisions and Exposure
- 891 i. Didactic:
- 892 i.) Identify the anatomy as related to each type of incision.
- 893 ii.) Distinguish among the various types of incisions.
- 894 iii.) Identify surgical incision selection based upon proper planning.
- 895 iv.) Describe the principles of exposure.
- 896
- 897 ii. Skill Applications:
- 898 i.) Demonstrate techniques for tissue exposure.
- 899
- 900 b) Maintenance of the Sterile Field
- 901 i. Didactic:
- 902 i.) Discuss the concepts that apply to the maintenance of the sterile field.
- 903 ii.) Explain the duties of the surgical technologist to maintain the sterile field.
- 904 iii.) Describe special considerations that require the surgical technologist to
- 905 adjust maintaining the sterile field.
- 906
- 907 ii. Skill Applications:
- 908 i.) Demonstrate sharps safety.
- 909 ii.) Demonstrate fire safety precautions during the intraoperative surgical
- 910 phase.
- 911 iii.) Demonstrate correctly passing instruments.
- 912 iv.) Demonstrate methods for monitoring the sterile field.
- 913 v.) Demonstrate performing counts.
- 914 vi.) Demonstrate transfer of care.
- 915 vii.) Demonstrate managing medications.
- 916 viii.) Demonstrate techniques for handling various types of specimens.
- 917 ix.) Demonstrate handling various types of sponges on the sterile field.
- 918 x.) Demonstrate application of various types of dressings.
- 919
- 920 c) Hemostasis
- 921 i. Didactic:
- 922 i.) Analyze the principles of surgical hemostasis.
- 923 ii.) Differentiate between various methods of hemostasis.
- 924
- 925 ii. Skill Applications:
- 926 i.) Demonstrate the surgical technologist's role in hemostasis.
- 927
- 928 d) Wound Management
- 929 i. Didactic:

- 930 i.) Define terminology related to suture.
- 931 ii.) Discuss the requirements of suture packaging.
- 932 iii.) List the desired characteristics of suture materials.
- 933 iv.) Describe the factors that must be considered when choosing suture material.
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- 935 v.) Explain the characteristics used to classify suture material.
- 936 vi.) Analyze the characteristics of each type of suture materials.
- 937 vii.) Describe The characteristics of suture needles.
- 938 viii.) Identify the factors that must be considered when choosing a suture needle.
- 939
- 940 ix.) Describe the parts of a suture needle.
- 941 x.) Explain the principles of handling suture needles.
- 942 xi.) Describe the various types of suture techniques.
- 943 xii.) Define the types of wound closure.
- 944 xiii.) Identify the factors that must be considered when selecting the type of needle holder.
- 945
- 946 xiv.) Describe the techniques for cutting suture material.
- 947 xv.) Summarize the skin closure techniques.
- 948 xvi.) Describe the various types of wound closure accessories.
- 949 xvii.) Define the terminology related to wound healing.
- 950 xviii.) Describe the various types of wounds.
- 951 xix.) Analyze the mechanisms of wound healing.
- 952 xx.) Evaluate the classification of surgical wounds.
- 953 xxi.) Analyze the factors that influence wound healing.
- 954 xxii.) Describe the complications that interrupt normal wound healing.
- 955
- 956 ii. Skill Applications:
- 957 i.) Demonstrate proper suture selection, preparation, handling, and cutting techniques.
- 958
- 959 ii.) Demonstrate proper placement, handling, loading, and disposal of surgical needles.
- 960
- 961 iii.) Demonstrate the application of the principles of asepsis to basic wound care techniques.
- 962
- 963
- 964 e) Specimen Care
- 965 i. Didactic:
- 966 i.) Describe specimen types.
- 967 ii.) Discuss methods of obtaining specimens.
- 968 iii.) Identify specimen collection containers.
- 969 iv.) Describe the procedures for handling transfer of specimens.
- 970 v.) List required labeling components.
- 971 vi.) Discuss the procedure for managing a specimen incident.
- 972
- 973 ii. Skill Applications:
- 974 i.) Demonstrate specimen handling and the validation process.
- 975
- 976 3) Postoperative
- 977 a) Application of Dressings
- 978 i. Didactic:
- 979 i.) Describe the types of surgical dressings.

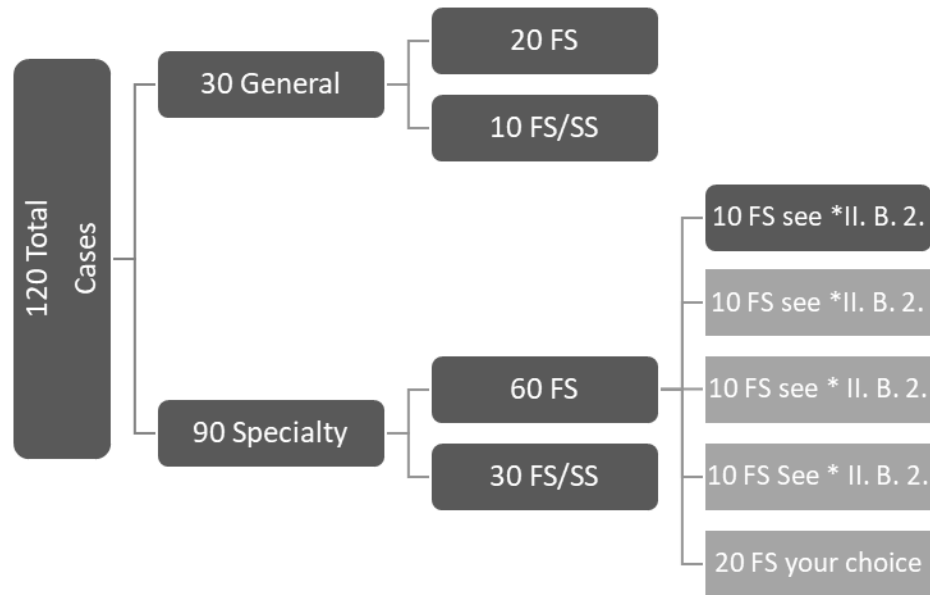
- 980 ii.) Evaluate the functions of surgical dressings.
- 981
- 982 ii. Skill Applications:
- 983 i.) Demonstrate the preparation of surgical dressings.
- 984 ii.) Demonstrate the application of surgical dressings.
- 985
- 986 b) Breakdown of the Sterile Field
- 987 i. Didactic:
- 988 i.) Discuss the concepts for the breakdown of the sterile field.
- 989 ii.) Explain the steps that are taken to breakdown the sterile field.
- 990
- 991 ii. Skill Applications:
- 992 i.) Demonstrate the breakdown of the sterile field.
- 993
- 994 c) PACU
- 995 i. Analyze the postoperative care of the surgical patient.
- 996 ii. Describe potential surgical patient complications.
- 997 iii. Describe the assistive role of the surgical technologist.
- 998 iv. Describe equipment and supplies.
- 999 v. Discuss the criteria for patient discharge.
- 1000
- 1001 d) Disinfection of the Surgical Environment
- 1002 i. Didactic:
- 1003 i.) Describe the purpose of disinfection of the surgical environment.
- 1004 ii.) Describe the cleaning process utilizing disinfecting agents.
- 1005 iii.) Describe disinfecting agents.
- 1006
- 1007 ii. Skill Applications:
- 1008 i.) Demonstrate disinfection of the surgical environment.
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- 1010 g. Assistant Circulator Duties
- 1011 1) Didactic:
- 1012 a) Discuss the perioperative duties of the assistant circulator.
- 1013
- 1014 2) Skill Applications:
- 1015 a) Demonstrate the perioperative duties of the assistant circulator to include documentation.
- 1016
- 1017 h. Surgical Procedures by Specialty
- 1018 1) Didactic
- 1019 a) Apply medical terminology as it relates to each procedure.
- 1020 b) Compare and contrast the approach for each procedure.
- 1021 c) Review the anatomy and physiology for each procedure.
- 1022 d) Discuss the diagnostic procedures and pathology used to obtain a diagnosis.
- 1023 e) Describe preoperative patient preparation and considerations for each procedure.
- 1024 f) Discuss the operative sequence for each procedure.
- 1025 g) Recognize the necessary supplies, instrumentation, and equipment for each procedure.
- 1026 h) Evaluate the use of medications for each procedure.
- 1027 i) Identify the wound classifications for each procedure.
- 1028 j) Discuss postoperative care, considerations, and potential complications for the surgical
- 1029 patient.

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i. Surgical Rotation and Roles

1) Surgical Rotation Case Requirements.

a) A student must complete a minimum of 120 cases as delineated below in the diagram.



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2) First and Second Scrub Role and Observation.

a) First Scrub Role (FS)

i. To document a case in the First Scrub (FS) role, the student shall perform the following duties during any given surgical procedure with proficiency:

- i.) Verify supplies and equipment
- ii.) Set up the sterile field
  - 1. Instruments
  - 2. Medication
  - 3. Supplies
- iii.) Perform required operative counts
  - 1. AST guidelines
  - 2. Facility policy
- iv.) Pass instruments and supplies
  - 1. Anticipate needs
- v.) Maintain sterile technique
  - 1. Recognize sterility breaks
  - 2. Correct sterility breaks
  - 3. Document as needed

b) Second Scrub Role (SS)

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

- 1064 i.) Assistance with diagnostic endoscopy
- 1065 ii.) Assistance with vaginal delivery
- 1066 iii.) Cutting suture
- 1067 iv.) Providing camera assistance
- 1068 v.) Retracting
- 1069 vi.) Sponging
- 1070 vii.) Suctioning

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1072 c) Observation Role (O)

- 1073 i. The O role is defined as a student who has not met criteria for the FS or SS role. The
- 1074 student is observing a case in either the sterile or nonsterile role. Observation cases
- 1075 cannot be applied to the required 120 case count but must be documented.

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