Standard III.C.—Curriculum

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content and competencies specified in the current edition of the **Core Curriculum for Surgical Technology** (see Appendix B – Curriculum).

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

Interpretation of Standard III.C.— Clinical Case Requirements—CCST6e

The program should publish the clinical case requirement for successful completion of the program, as defined in the *Core Curriculum for Surgical Technology, 6e (CCST6e).*

- The clinical case requirement should meet the criteria for each classification as defined in the "Surgical Rotation Case Requirements" sheet published in the *CCST6e* on pages 173 -174.
- The total minimum number of cases each student should complete is 120.
- Students are required to complete a minimum of thirty (30) cases in General Surgery. Twenty (20) of those cases should be in the First Scrub Role (as defined on page 175 of the *CCST6e*).
- Students are required to complete a minimum of ninety (90) cases in various surgical specialties. Sixty (60) of those cases should be in the first scrub role and evenly, but not necessarily equally distributed between a minimum of four (4) surgical specialties.
- The surgical technology program is required to verify through the surgical rotation documentation the student's progress in the first and second scrub role in surgical procedures of increasing complexity as he/she moves toward entry-level graduate abilities (as defined on page 175 of the *CCST6e*).
- Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. However, up to ten (10) diagnostic endoscopic cases and five (5) vaginal delivery cases can be counted towards the maximum number of second scrub role cases. Diagnostic endoscopy cases include endoscopy cases that are strictly diagnostic in nature—Cystoscopy, Laryngoscopy, and Colonoscopy. Endoscopy cases with enhancements, such as Cystoscopy with Bladder Biopsy or Stent Placement and Colonoscopy with Polypectomy are considered surgical procedures and can be performed in the second scrub and/or first scrub roles, provided they perform all skills listed under the applicable role [see CCST6e, page 175].
- Observation cases should be documented but do not count towards the one hundred twenty (120) required cases.
- Cases performed across multiple specialties should be counted under the surgeon of record's specialty (Thyroidectomy performed by a General surgeon—general; Thyroidectomy performed by an ENT surgeon—ENT).
- Counting cases: Cases should be counted according to surgical specialty. Examples:
- Trauma patient requires a Splenectomy and repair of a LeForte I fracture. Two (2) cases can be counted and documented since the Splenectomy is a general surgery specialty and the Repair of LeForte I is an Oral-Maxillofacial surgical specialty.

Patient requires a Breast Biopsy followed by a Mastectomy. It is one (1) pathology, breast cancer, and the specialty is General Surgery; therefore, it is counted and documented as one (1) procedure—one case.

Scope cases that convert to an open case [e.g.: Laparoscopic Cholecystectomy converted to an Open Cholecystectomy] are counted and documented as one (1) procedure—one case.

Student clinical case logs should clearly indicate the number and type of cases completed, the role of the student in each case, as defined in the *CCST6e*, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism (s)/methods to ensure validity of log documentation] and dates).

Student case logs should be consistently maintained, verified, stored in hardcopy or digital copy, retained for a minimum of 5 years, and clearly provide evidence that students are completing

EXAMPLE—Standard III.C.— Clinical Case Requirements—

An example of a clinical case log that demonstrates compliance with **Standard III.C.** would include the following information:

- Name of student, clinical facility, and Preceptor/Clinical Instructor
- Date surgical procedure was performed
- Surgical procedure
- The specialty designation (General Surgery, various Surgical Specialties, Diagnostic Endoscopy, Vaginal Delivery)
- Role/skill level performed as defined on page 175 of the *CCST6e*—First Scrub Role, Second Scrub Role, or Observation Role
- Signatures of Student, Preceptor (if applicable), and Faculty

Case logs or supporting documentation should contain a key or legend that includes instructions on how to correctly and accurately document the clinical case experiences.

All clinical case experiences should be recorded in the clinical case log, even if the cases do not count toward completion of the clinical case requirement (e.g.: observation cases).

A case log summary sheet should also be used by the program to demonstrate the following for each student:

- Total number of cases performed
- # of First Scrub cases in General Surgery
- # of Second Scrub cases in General Surgery
- # of First Scrub cases in at least four (4) surgical specialties
- # of Second Scrub cases in at least four(4) surgical specialties
- # of Diagnostic Endoscopy cases in the Second Scrub Role
- # of Vaginal Deliveries in the Second Scrub Role