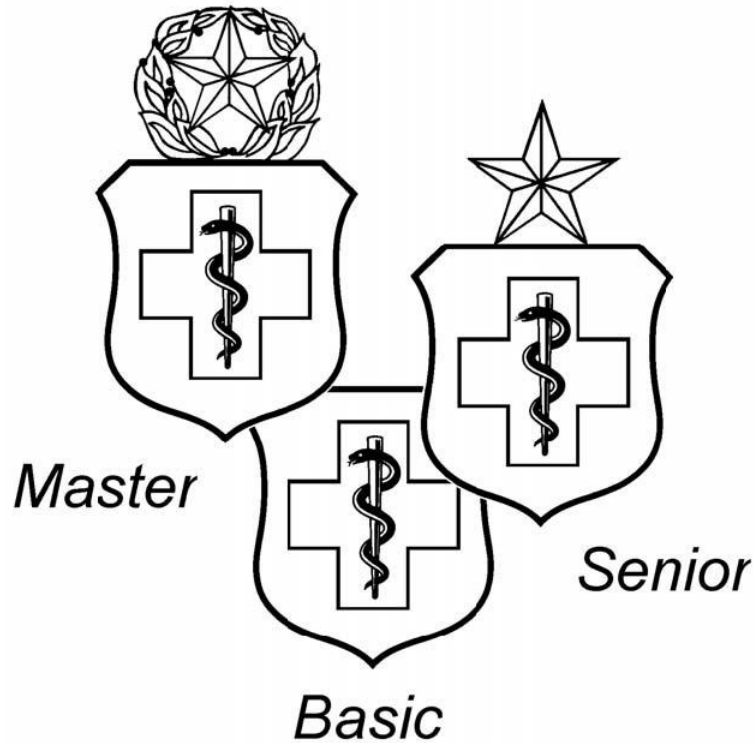


AFSCs 4N1X1/B/C/D
SURGICAL TECHNOLOGIST



CAREER FIELD EDUCATION AND TRAINING PLAN

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**CAREER FIELD EDUCATION AND TRAINING
PLAN SURGICAL SERVICE SPECIALTY
AFSC 4N1X1**

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**SURGICAL TECHNOLOGIST SPECIALTY
AFSC 4N1X1
UROLOGY SURGICAL SPECIALTY-SHRED B
ORTHOPAEDIC SURGICAL SPECIALTY-SHRED C
OTOLARYNGOLOGY SURGICAL SPECIALTY-SHRED D
CAREER FIELD EDUCATION AND TRAINING PLAN**

PART I

Preface

1. This Career Field Education and Training Plan (CFETP) is a comprehensive education and training document that identifies the legal scope of practice within the Air Force medical Service, lifecycle education/training requirements, training support resources, and minimum requirements for this specialty. The CFETP will provide personnel a clear career path to success and will instill rigor in all aspects of career field training. The clear expectation is that surgical service specialty personnel be utilized to the full extent of their knowledge/task certification.

NOTE: Civilians/contract personnel occupying associated positions will use Part II to support duty position qualification training.

2. Initial skills training requirements were identified during the Surgical Services Specialty Training Requirements Team (STRT)/Utilization and Training Workshop (U&TW) meeting held 14 February - 18 February 2022 at Fort Sam Houston, TX. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of Occupational Survey Report data, Training Requirements Analysis data, and 4N1X1 subject-matter expert (SME) input.

3. The CFETP consists of two parts. Formal course developers and field supervisors use both parts of the plan to manage, plan and control training within the career field.

3.1. **Part I** contains five sections that provide information necessary for overall management of the specialty.

3.1.1. Section A, **General Information** explains how everyone will use the plan.

3.1.2. Section B, **Career Field Progression and Information** identifies career field progression information, duties and responsibilities, training strategies, and career field path.

3.1.3. Section C, **Skill Level Training Requirements** associates each level with specialty qualifications (knowledge, education, training, and other).

3.1.4. Section D, **Resource Constraints** lists deficiencies in resources needed to accomplish the training mission. Some examples are funds, manpower, equipment, and facilities.

3.1.5. Section E, **Transitional Training Guide:** N/A

3.2. **Part II** contains six sections. At the unit level, supervisors and trainers use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

3.2.1. Section A, **Specialty Training Standard** (STS) includes duties, tasks, technical references to support training, Air Education and Training Command (AETC) conducted training, wartime course, core task, and correspondence course requirements.

3.2.2. Section B, **Course Objective List** identifies the training standards supervisors will use to determine if airmen satisfy training requirements.

3.2.3. Section C, **Support Materials** identifies available support materials; an example is a qualification training package (QTP), which may be developed to support proficiency training. These packages are available on the official Air Force Publications Electronic Master Catalog of Training Documents along with the CFETP (www.e-publishing.af.mil).

3.2.4. Section D, **Training Course Index** is a tool that supervisors can use to determine the resources available to support training (both mandatory and optional courses).

3.2.5. Section E, **MAJCOM-Unique Requirements** identifies requirements supervisors can use to determine additional training required for the associated qualification needs.

3.2.6. Section F, **Documentation and Training** provides guidance on documentation of training (medical specific) and enlisted training record.

NOTE: Reference the most current Air Force Enlisted Classification Directory (AFECD) for specialty descriptions.

4. Using guidance provided in the CFETP will ensure individuals in this specialty receive effective and efficient training at the appropriate points in their careers. This plan will enable us to train today's work force for tomorrow's jobs. At unit level, supervisors and trainers will use Part II to identify, plan, and conduct training commensurate with the overall goals of this plan.

Abbreviations/Terms Explained

Advanced Training (AT). Formal course which provides individuals who are qualified in one or more positions of their Air Force Specialty (AFS) with additional skills/knowledge to enhance their expertise in the career field. Training is for selected career airmen at the advanced level of the AFS.

Air Force Career Field Manager (AFCFM). The Air Force focal point for the designated career field within a functional community. Serves as the primary advocate for the career field, addressing issues and coordinating functional concerns across various staffs. Responsible for the career fields policy and guidance.

Air Force Job Qualification Standard (AFJQS). A comprehensive task list which describes particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on AFJQS are common to all persons serving in the described duty position.

Air Reserve Components (ARC). United States Air Force Reserve (USAFR) and Air National Guard (ANG) components and their members.

Air Force Specialty (AFS). A group of positions (with the same title and code) that require common qualifications.

Career Development Courses (CDC). Non-resident, student instruction materials (self-study correspondence course) designed to provide airmen with the fundamental knowledge of their AFS.

Career Field Education and Training Plan (CFETP). CFETP is a comprehensive core training document that identifies legal scope of practice within the Air Force Medical Service (AFMS); life-cycle education and training requirements; training support resources, and minimum core task requirements for a specialty. The CFETP aims to give personnel a clear path and instill a sense of industry in career field training.

Certification. A formal indication of an individual's ability to perform a task to required standards.

Certification Official. A person whom the commander assigns to determine an individual's ability to perform a task to required standards. In DAFMAN 36-2689, *Training Program* the term also refers to the trainer as well as the person who signs off on the training record in the certifier block.

Certified Surgical Technologist (CST). A formal certification offered by the National Board of Surgical Technology and Surgical Assisting.

Comprehensive Medical Readiness Program (CMRP) Training Requirements. The Readiness portion of your AFSC-specific sustainment training as defined in AFI 41-106, *Medical Readiness Program Management*. Designed to ensure all members with a fully qualified AFSC maintain adequate skills to perform their duties during wartime, humanitarian assistance, homeland security/defense, and disaster response contingencies. Required training is every 12 - 24 months.

Continuation Training. Additional training exceeding requirements with emphasis on present or future duty assignments.

Core Task. Items the AFCFM identifies as a minimum qualification requirement for everyone within an AFS regardless of duty position. Core tasks may be specified for a particular skill level or in general across the AFSC. Guidance for using core tasks can be found in the applicable CFETP narrative. *In accordance with (IAW) DAFMAN 36-2689, core tasks do not have to be signed off on the STS in the certifier column; however, they may be signed off by the trainer in the trainer column.*

Course Objective List (COL). A publication, derived from initial/advanced skills course training standard, identifying the tasks and knowledge requirements, and respective standards provided to achieve a 3- or 7-skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations IAW DAFMAN 36-2689.

Course Training Standard. Training standard that identifies the training members will receive in a specific course.

Enlisted Specialty Training. A mix of formal training (technical school) and informal training (on-the-job) to qualify and upgrade Airmen in each skill level of a specialty.

Exportable Training. Additional training via computer assisted, paper text, interactive video, or other necessary means to supplement training.

Go. The stage at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision. Meeting the task standard. The stage at which the trainee may be signed off on the task in the STS. DAFMAN 36-2689 equates this stage to the 3c proficiency code.

Initial Skills Training. A formal resident course which provides AFSC entry level training.

Instructional System Development (ISD). A deliberate and orderly, but flexible process for planning, developing, implementing, and managing instructional systems. It ensures personnel are taught in a cost-efficient way the knowledge, skills, and attitudes essential for successful job performance.

Major Command (MAJCOM) Functional Manager (MFM). Senior leaders, designated by the appropriate functional authority who provides day-to-day management responsibility over specific functional communities at the MAJCOM or ARC level. While they should maintain an institutional focus in regard to resource development and distribution, MFMs are responsible for ensuring their specialties are equipped, developed, and sustained to meet the functional community's mission as well as encouraging force development opportunities in order to meet future needs of the total Air Force mission.

Medical Treatment Facility (MTF). Any Department of Defense (DoD) facility (i.e., area medical center, regional hospital, clinic, or other medical unit) that provides health care to active duty members and their dependents, or to retired military members and their dependents. MTFs are also locations where patient care training is conducted.

Milestones. Milestones identify the projected timeframe the trainee will complete all required tasks, home station training, deployment/unit type code (UTC) tasks, and each set of CDCs as required.

No Go. Trainee has not gained enough skill, knowledge, and experience to perform task without supervision. Does not meet task standard.

Occupational Survey Report. A detailed report showing the results of an occupational survey of tasks performed within a particular AFS.

On-the-Job Training (OJT). Hands-on, over-the-shoulder training, conducted to certify personnel in both upgrade (skill level) award and job qualification (duty position certification) training. This is a dual channel concept using formal training and hands-on training task performance.

Optimal Training. The ideal combination of training settings resulting in the highest levels of proficiency on specified performance requirements within the minimum time possible.

Qualification Training. Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel OJT program occurs both during and after the upgrade training process to maintain up-to-date qualifications. It is designed to provide the performance skills required to do the job.

Qualification Training Package (QTP). An instructional package designed for hands-on performance training designed to qualify an airman in a specific position, or on a piece of equipment. This training occurs both during and after upgrade training to maintain up-to-date qualifications. It may be printed, computer-based, or in other audiovisual media.

Position Qualification Training. Training designed to qualify an airman in a specific position that occurs after upgrade training.

Proficiency Training. Additional training, either in-residence or exportable advanced training courses, or OJT, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade.

Resource Constraints. Resource deficiencies, such as money, facilities, time, manpower, and equipment that preclude desired training from being delivered.

Scope of Practice. The extent or range of subject knowledge, task knowledge, and task performance listed as tasks in the STS that Surgical Service Specialty personnel apply in the performance of duty at the 3/5/7 skill levels. When the MTF executive management team determines there is need for enlisted personnel to perform tasks beyond the STS, a waiver will be requested IAW AFI 44-119, *Medical Quality Operations*.

Skills Training. A formal course which results in the award of a skill level.

Skills Verification. Used to *initially* certify that an individual can demonstrate an adequate level of skill and proficiency to correctly perform a task.

Specialty Training. A mix of formal training (technical school) and informal training (on- the job) to qualify and upgrade airmen in the award of a skill level or AFSC sub-specialty.

Specialty Training Standard (STS). An Air Force publication that describes/lists skills and knowledge that Airmen in a particular AFS needs on the job. It also identifies the training provided to achieve a 3/5/7-skill level within an enlisted AFS. It further serves as a contract between the AETC and the functional user to show which of the overall training requirements for an AFSC are taught in formal schools and correspondence courses.

Standard. An exact value, a physical entity, or an abstract concept, established and defined by authority, custom, or common consent to serve as a reference, model, or rule in measuring quantities or qualities, establishing practices or procedures, or evaluating results. A fixed quantity or quality.

Supplemental Training. Training toward a portion of an AFS without change to the AFSC. Formal training on new equipment, methods and technology that are not suited for OJT.

Sustainment Training. Regular and recurring training necessary to maintain the skills of a fully qualified individual to adequately perform the mission and related duties required by his/her job position in peacetime/wartime.

Task Analysis. Process of describing job tasks in terms of Job Performance Requirement (JPR) and the process of analyzing these JPRs to determine training requirements. Formerly named Training Requirement Analysis.

Task Module (TM). A group of tasks performed within an AFS that are performed together, and require common knowledge, skills, and abilities. TMs are identified by an identification code and a statement.

Total Force. All collective Air Force components (active, reserve, guard, and civilian/contract elements) of the United States Air Force.

Trainer. A trained and qualified person who teaches personnel to perform specific tasks through OJT methods. Also, equipment that the trainer uses to teach personnel specified tasks.

Training Capacity. The ability of a unit or base to provide training. Authorities consider the availability of equipment, qualified trainers, study reference materials, and so on in determining a unit's training capability.

Training Setting. The type of forum in which training is provided (formal resident school, on-the-job, field training, mobile training team, self-study etc.).

Upgrade Training. Mandatory training which leads to attainment of higher level of proficiency/skill.

Utilization and Training Workshop (U&TW). A forum of MAJCOM AFSC functional managers, SMEs, and AETC training personnel that determines career ladder training requirements.

Section A - General Information

1. Purpose of the CFETP.

1.1. This CFETP provides information necessary for AFCFM, MFMs, commanders, training managers, supervisors, and trainers to plan, develop, manage, and conduct an effective career field training program. This plan outlines the training that individuals in this AFS should receive in order to develop and progress throughout their career. It identifies initial skills, upgrade, qualification, advanced, and proficiency training.

1.2. Initial skills training is the AFS-specific training an individual receives upon entry into the Air Force, or upon retraining into this specialty, for award of the 3-skill level. Normally, this training is conducted by AETC at the 59th Training Group (59 TRG), Fort Sam Houston, TX. Initial skills training also refers to the training an individual receives when either entering into an AFSC sub-specialty (shred) training as a non-prior service trainee or lateral training by a 4N151/71. Upon successful completion of specialty course, all 4N1X1 personnel will become 3-levels.

1.3. Non-prior service students will be upgraded to 5-skill level upon obtainment of CST certification and completion of required task training. SrA and SSgt 4N151s retraining into the surgical specialties 4N1X1 B/C/D will be upgraded to the 5-skill level upon completion of all mandatory training requirements. After award of 5-level, SrA must receive a line number for promotion to SSgt, and complete all specialty tasks for award of the 7-skill level.

1.4. SSgt and TSgt 4N171 retraining into the surgical specialties 4N1X1 B/C/D will be placed in TSC F, once required task training is complete, they are awarded the 5-skill level.. After award of 5-level they will be entered into TSC G and upon completion of all required task training they will be awarded the 7-skill level. Lateral retraining into either shred regardless of rank and/or skill level will result in a 24-month Specialty Knowledge Test (SKT) exemption.

1.5. **Upgrade training** identifies the mandatory courses (resident and correspondence), and task qualification requirements for award of the 3-, 5-, 7-, 9-skill levels. **Qualification training** is actual hands-on task performance training designed to qualify an airman in a specific duty position. This training occurs both during and after the upgrade training process. It is designed to provide the performance skills/knowledge required to do the job. **Advanced training** is formal specialty training used for selected Airmen. **Proficiency training** is additional training, either in-residence or exportable advanced training courses, or OJT, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade.

1.6. The CFETP has several purposes:

1.6.1. Serves as a management tool to plan, manage, conduct, and evaluate a career field training program. Also, it is used to help supervisors identify training at the appropriate point in an individual's career.

1.6.2. Identifies task and knowledge training requirements and generally describes "scope of practice" in the Surgical Service Specialty and recommends training/education throughout each phase of an individual's career.

1.6.3. Lists training courses available in the specialty, identifies sources of training, and the training delivery method employed.

1.6.4. Identifies major resource constraints which impact full implementation of the desired career field training process.

2. Use of the CFETP.

2.1. The CFETP will be used by the AFCFM, MFMs and supervisors at all levels to ensure comprehensive and cohesive training programs are available for each individual in the specialty.

2.2. AETC training personnel will develop/revise formal resident, non-resident, field and exportable training based on requirements established by the users and documented in Part II of the CFETP. They will also work with the AFCFM to develop acquisition strategies for obtaining resources needed to provide the identified training.

2.3. MFMs will ensure their training programs complement the mandatory initial, upgrade, and proficiency requirements outlined in the CFETP. Identified requirements can be satisfied by OJT, resident training, non-resident (exportable) training, contract training, or read-ahead modules. MAJCOM-developed training to support this AFSC must be identified for inclusion into this plan.

2.4. QTPs are developed by the AFCFM, IAW DAFMAN 36-2689.

2.5. Each individual will complete the mandatory training requirements specified in this plan. The lists of courses in Part II will be used as a reference to support training.

3.0. Coordination and Approval of the CFETP. The AFCFM is the approval authority. MAJCOM representatives and AETC training personnel will identify needs and coordinate on the career field training requirements. The AETC training manager for this specialty will initiate an annual review of this document by AETC and MFMs to ensure currency and accuracy. Using the list of courses in Part II, they will eliminate duplicate training.

Section B - Career Progression and Information

1. Specialty Description.

1.1. Chief Enlisted Manager (4N000). The 4N191, Surgical Service Superintendent, is awarded Chief Enlisted Manager (CEM) 4N000 upon promotion to CMSgt. The Surgical Service Career Field merges with the Aerospace Medical Service career field at the CMSgt level.

1.2. Surgical Technologist.

1.2.1 Specialty Summary. Participates in, and manages planning, providing, and evaluating surgical patient care activities and related training programs. Organizes the medical environment, performs and directs support activities in patient care situations, including contingency operations and disasters. Assists professional staff in providing patient care for surgical patient before, during, and after surgery. Performs scrub and circulating duties in the operating room (OR). Assists with post-anesthesia recovery of patients. Processes, stores, and distributes sterile supplies. Participates in planning, implementing, and evaluating management activities related to OR and Sterile Processing and Distribution (SPD). Performs duties as Urology, Orthopedic, Otolaryngology, and Special Operations Surgical Team (SOST) Surgical Technologists. Related DoD Occupation Subgroup: 130100.

1.3. Duties and Responsibilities.

1.3.1. Directs, performs, and coordinates administrative functions. In coordination with executive management team, establishes administrative policies for surgical functions and provides input into strategic resource planning. Determines methods and sources of obtaining data for routine or special reports. Directs, coordinates, and validates budget requirements. Serves as a consultant to the MAJCOM Functional Manager. Participates or assists in developing and implementing command programs. Conducts staff assistance and consultant visits. Assists the executive management team with developing, interpreting, and evaluating instructions, regulations, policies, and procedures. Oversees development, implementation and evaluation of medical readiness plans and programs. Oversees and participates in implementation of continual quality improvement plans and programs.

1.3.2. Provides, supervises and manages surgical patient care activities. Performs surgical tasks. Acts as team leader and member. Transports patients, and related records to and from the OR and recovery room. Assists nursing staff with preoperative patient preparation activities. Helps with routing medical materiel management activities. Accomplishes routine safety checks and operator preventive maintenance on fixed and moveable medical equipment and fixtures. Performs routine and specialized housekeeping activities. Prepares OR for surgery by setting up and opening sterile supplies and instruments. Assists anesthesia personnel with patient positioning and anesthesia support. Applies principles of asepsis, infection control, and medical ethics. Assists with terminal cleanup of OR and prepares for follow-up procedures. Assembles, wraps, and sterilizes instrument sets, supplies, and linen packs. Stores, maintains, and distributes sterile patient care items. Prepares specimens for transport to the laboratory. Performs scrub duties in OR. Scrubs hands and arms and dons sterile gown and gloves. Prepares and maintains sterile instruments, supplies, and equipment of draped tables and stands. Counts sponges, needles, instruments, and related items with circulating nurse before, during, and after surgical procedures. Assists the operative team with applying sterile drapes to the surgical field. Passes

instruments, sutures, and other supplies to the sterile operative team. Anticipates surgeon's needs, and assists with surgical procedures as directed. Cares for surgical specimens on the sterile field. Cleans and prepares instruments and reusable supplies for terminal sterilization and decontamination. Participates in contingency or disaster field training, exercises, and deployments.

1.3.3. Performs recovery room or basic nursing duties. Assists surgeon and nursing staff with monitoring and recording vital signs. Administers oxygen, helps arouse patient, and carries out surgeon's post-operative orders. Assists with identifying and managing of postoperative complications.

1.3.4. Performs general clinic functions. Schedules and prepares patients and sets up instruments, supplies, and equipment for specialized procedures in the OR and specialty clinics. Assists specialty surgeon during surgical and diagnostic procedures. Assembles, operates, and maintains diagnostic and therapeutic equipment. Orders diagnostic laboratory and radiographic procedures as directed. Performs administrative activities unique to specific surgical clinics.

1.3.5. Provides medical training to agencies and personnel other than medical. Training includes areas such as aseptic technique and Tactical Casualty Combat Care (TCCC). Schedules in-service training on new procedures, techniques, and equipment. Provides required basic life support (BLS) training. Conducts or schedules periodic disaster training, fire drills, and evacuation procedures.

1.3.6. Performs urology functions. Operates special urological radiography equipment. Administers injections, catheterizes patients, performs laboratory tests and procedures, and administers intravesical medications under supervision of the physician.

1.3.7. Performs orthopedic functions. Applies and removes casts and splints as directed by health care providers. Administers topical anesthetics under the supervision of the physician. Assembles and applies orthopedic traction devices. Instructs patients in using crutches, canes, and other orthopedic appliances.

1.3.8. Performs otolaryngology functions. Performs minor diagnostic and therapeutic ear, nose, and throat (ENT) procedures. Administers topical anesthetics under supervision of the physician. Performs diagnostic hearing evaluations and vestibular function tests.

1.3.9. Performs SOST Surgical Technologist functions. Performs special operations damage control surgical/resuscitation support in austere conditions, and organic critical care CASEVAC.

1.3.10. SOST Surgical Technologists are also required to conduct bi-annual field training in which they plan, coordinate, and execute SOST specific Mission Essential Task Lists (METLs) to ensure members are properly trained in how to merge surgical skills onto multiple SOF aircraft as well as other opportune, air, land, and sea platforms.

1.3.11. Performs management and training functions as a surgical technologist. Plans and schedules workloads as well as duty assignments. Establishes work methods and standards. Evaluates work capability and proficiency of subordinates. Plans and conducts training. Interprets policies and instructions. Inspects and evaluates activities and procedures to ensure maintenance of asepsis and proper environmental, equipment, and facility safety conditions.

Analyzes requirements and supervises requisition, storage, maintenance, and issue of equipment and supplies. Supervises, prepares and maintains reports and records.

1.4. Specialty Qualifications

1.4.1. **Knowledge.** The following knowledge is mandatory for award of AFSC indicated:

1.4.2. **4N1X1/X1X.** Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and their treatment; MTF and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical material procedures; basic medical administration procedures; legal aspects of preoperative care and medical ethics; roles and qualifications of surgical team members; and basic clinical functions. Obtain and maintain BLS certification.

1.4.3. **4N1X1B.** Anatomy and physiology of the genitourinary system and its disorders, genitourinary system terminology, and radiology techniques in urological procedures.

1.4.4. **4N1X1C.** Anatomy and physiology of the musculoskeletal system and its disorders; musculoskeletal system terminology; common practices, techniques, and principles of fracture immobilization including plaster and other casting materials; methods and principles of traction application; and common orthopedic complications and their management.

1.4.5. **4N1X1D.** Anatomy and physiology of the head and neck; disorders of ENT; medical terminology related to the ENT specialty; and special audiometry testing.

1.4.6. **Education.** For entry into this specialty, completion of high school is required with courses in general science, biology, chemistry, hygiene, and psychology is desirable.

1.4.7. **Training.** The following training is mandatory for award of the AFSC indicated:

1.4.8. **4N131.** Completion of the surgical service resident and clinical course.

1.4.9. **4N131B.** Completion of the basic urology course.

1.4.10. **4N131C.** Completion of the basic orthopedic course.

1.4.11. **4N131D.** Completion of the basic otolaryngology course.

1.4.12. **Experience.** The following experience is mandatory for award of the AFSC indicated:

1.4.12.1. **4N151/X.** Qualification in and possession of AFSC 4N131/X. Also, experience in functions such as general care and treatment of patients; assisting the operative team and nursing staff in surgery; preparing patients for surgery; and performing sterile, unsterile, and related surgical activities. Maintain BLS certification. Obtain and maintain CST.

1.4.12.2. **4N171/X.** Qualification in and possession of AFSC 4N151/X. Also, experience in

supervising and performing functions such as assisting surgeon and supervisor. Maintain BLS and CST.

1.4.12.3. **4N191.** Qualification in and possession of AFSC 4N171/X. Also, experience in managing functions such as medical/surgical related patient care and administrative activities.

1.5. Other. The following are mandatory as indicated:

1.5.1. For entry into sub-specialties B, C, and D, prior qualification and possession of AFSC 4N151.

1.5.2. For award and retention of AFSCs 4N1X1/X, the following are mandatory as indicated:

1.5.2.1. Must not have chronic, untreated emotional instability or other unresolved mental health conditions according to the provisions of DAFMAN 48-123, *Medical Examinations and Standards*.

1.5.2.2. No latex sensitivity or dermatosis major issues resulting in rashes or inflammation of the skin preventing surgical task completion. No fear of blood according to the provisions of DAFMAN 48-123.

1.5.2.3. No limitations for continuous standing according to the provisions of DAFMAN 48-123.

1.5.2.4. For new recruits only, minimum score of 23 required on 4N1 Tailored Adaptive Personality Assessment System (TAPAS)/Armed Services Vocational Aptitude Battery (ASVAB) predictive success model (PSM).

1.5.3. For award and retention of these AFSCs, must maintain an Air Force Network License according to AFI 17-130, *Cybersecurity Program Management and AFMAN 17301, Computer Security*.

2. Skill and Career Progression.

2.1. Career Field Path. Adequate training and timely progression from the apprentice to the superintendent skill level play an important role in the Air Force's ability to accomplish its mission. It is essential that everyone involved in training do their part to plan, manage, and conduct an effective training program IAW DAFMAN 36-2689. The guidance provided in this part of the CFETP will ensure each individual receives viable training at appropriate points in his/her career. The following narrative and the AFSC 4N1X1 career field flow charts identify the training career path, and defines the training required in an individual's career.

2.2. Apprentice (3) Level. Upon completion of initial skills training, a trainee will work with a trainer to enhance knowledge and skills. He/she will initiate task qualification training in STS core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised. Work towards completion of CST requirements to obtain certification.

2.3. Journeyman (5) Level. Once upgraded to the 5-skill level, journeymen will enter into

continuation training to broaden their experience base. Individuals will attend the Airman Leadership School (ALS) at the appropriate point of their enlistment. Five-skill levels may be considered for appointment as training certifiers after promotion to SSgt. Also, after award of the 5-skill level, first-term airmen in their CAREERS window, and career airmen, may apply for lateral retraining into one of the surgical sub-specialties [Urology (4N1X1B), Orthopedics (4N1X1C), or Otolaryngology (4N1X1D)]. Five-level individuals may be assigned in various positions in Anesthesia, Surgery, SPD, Supply, surgical specialty clinics, and other areas relating to Surgical Services. They are also encouraged to start working on their continuing education toward a CCAF degree in Surgical Services Technology.

2.3.1. EXCEPTION TO POLICY:

2.3.1.1. First-term Airmen 4N151 may apply for lateral retraining prior to their normal window if they have served a minimum of 24 months of their enlistment for entry into the 4N1X1B, 4N1X1C, and 4N1X1D shreds of their AFSC only.

2.3.1.2. Members that are overseas may apply for retraining into the 4N1X1B/C/D specialty and return to their OCONUS unit. The member must have a minimum of 12 months retainability in their DEROS after completion from the formal training course. This approval must be routed through the MTF 4N1 and MAJCOM 4N1 Functional Manager. The 4N Assignments Functional Manager and the AETC/SGU office must be notified, and funding must support the member going TDY and returning to overseas location.

2.3.1.3. AFSC shreds are considered proficient in the basic AFSC and may be used in either the shred or basic AFSC. **Example:** An individual's primary AFSC is 4N151D. Because this AFSC is authorized to be used within the shred, the individual is considered qualified to work in either AFSC 4N151 or 4N151D. However, while a 4N151 may temporarily work in a specialty clinic the individual will not be awarded a shred until all formal course/training requirements for the award of the shred is completed.

2.3.2. 4N131B/C/D. Upon selection for lateral retraining, the trainee will attend the in-residence course. Upon completion of initial skills training, a trainee will work with a trainer to enhance knowledge and skills. The trainer will initiate task qualification training in STS core tasks and all STS tasks assigned for the duty position. Once task certified, a trainee may perform the task unsupervised. Five-skill-level journeymen will also enter into continuation training to broaden their experience base. Those holding the 5-skill level may be assigned in various positions in their specialty and related areas.

2.4. Craftsman (7) Level. A craftsman can expect to fill positions such as various Noncommissioned Officer In Charge (NCOIC) staff positions in the operating room, SPD, clinics, and any other requirement specified in the AFECD. Continuation training is available and should be used based on the individual's particular training needs. Those holding the 7-skill level should take courses to obtain added knowledge on management of resources and personnel. To assume the rank of MSgt, individuals must be graduates of the Noncommissioned Officer Academy (NCOA). Continued academic education is encouraged.

2.5. Superintendent (9) Level. A superintendent can expect to fill various supervisory and management positions. Additional training in the areas of budget, manpower, resources, and personnel management should be pursued through continuing education. Additional higher

education and completion of courses outside of the career AFSC are also recommended.

2.6. Air Force Career Field Manager (Medical). Per AFI 44-104, the CFM serves as enlisted consultant to the Air Force Surgeon General for all AFSC-related matters. In addition, enlisted CFMs have primary responsibilities as defined in DAFMAN 36-2689, and the AFECD, AFI 36-2640, *Total Force Development*, and AFI 41-106.

2.7. Chief Enlisted Manager Level (0). AFSC/CEM code 4N000 awarded upon selection for promotion to CMSgt.

2.8. Enlisted Deliberate Development. Occurs through the guidance, direction and execution of Enlisted Development Teams (EDT). Through EDTs, enlisted career field leadership executes planning and succession planning to ensure Air Force specialties are effectively equipped, developed and sustained to provide the required capabilities to accomplish the mission. Succession planning is the responsibility of EDTs and entails identifying key developmental positions (KDPs) and key leadership positions (KLPs).

2.9. EDT. Provide vectors based on projected (or anticipated) aggregated requirements by grade, level, and position type. A vector is an EDT’s collective recommendation for an experience level, training or education opportunity, or position type for an Airman’s next or subsequent assignment. EDTs ensure a career field’s senior leadership becomes familiar with Airmen assigned to their functional area and assesses Airmen’s qualifications and potential for future opportunities. EDTs must be executed in the most cost-efficient manner possible. This includes taking full advantage of remote capabilities, conducting EDTs in conjunction with other scheduled meetings, and minimizing the need for AFPC support and resources to execute EDTs.

2.10. KDP/KLPs. CAFSC specific. Identified by AFCFM and approved MFMs (Final approval, AFCFM). Positions develop 4Ns for future leadership and strategic roles. KDPs/KLPs are reviewed annually. Below is a brief list of approved KDPs/KLPs.

AFS	Position Title	Identify <u>either</u> KDP <u>or</u> KLP	Duty Location(s)	Skill Level	Required Grade	Position Requirements (if any)
4N1	Associate Career Field Manager	KDP	Falls Church, VA	4N191	SMSgt	CST Highly Desired
4N1	AFMC MFM	KDP	Eglin AFB, FL	4N191	SMSgt	CST Highly Desired
4N1	AETC MFM	KDP	San Antonio, TX	4N191	SMSgt	CST Highly Desired
4N1	AF Service Lead	KDP	San Antonio, TX	4N191	SMSgt	CST Required
4N1	BAMC Flight Chief/Group FM	KDP	San Antonio, TX	4N171	MSgt	CST Highly Desired

3. Training Decisions. The CFETP uses a building block approach (simple to complex) to encompass the entire spectrum of training requirements for the 4N1X1X career field. The spectrum includes a strategy for when, where, and how to meet the training requirements. The strategy must be apparent and affordable to reduce duplication of training and eliminate a disjointed approach to training. Decisions were made as to the content of the CFETP during the STRT held 14 February - 18 February 2022 at Fort Sam Houston, TX and the table-top U&TW conducted on 6 August 2013.

3.1. Initial Skills Training. Initial skills course content (3-skill level) will be revised to provide training needed to prepare graduates for Surgical Technologist Specialty positions.

3.2. Upgrade Training. CDCs were replaced with obtaining the CST as a 5-skill level upgrade

requirement.

3.3. STS Changes. Core tasks and other requirements for 5- and 7-skill levels were established.

4. Community College of the Air Force (CCAF).

4.1. Enrollment. Enrollment in the CCAF occurs upon completion of basic military training (BMT). Off-duty education is a personal choice that is highly encouraged for all.

4.2. Earning a CCAF Associate’s Degree.

4.2.1. The CCAF provides the opportunity to obtain an Associate of Applied Science Degree in Surgical Services Technology as follows:

4.2.1.1. The 5-skill level *must* be held at the time of program completion.

4.2.1.2. Degree requirements (60 semester hours): At least the Journeyman (5 skill-level) must be held at the time of graduation. A minimum of 15 semester hours of CCAF Institutional credit must be applied to graduate and can be fulfilled through technical education, LMMS, and/or Program Electives

4.2.1.2.1. Technical Education (24 Semester Hours). A minimum of nine (9) semester hours of CCAF institutional credit awarded from specialty-related formal training must be applied toward Technical Core subject requirements. Technical Electives may be satisfied by CCAF credit or other sources in-transfer

4.2.1.2.2 Technical Core Maximum Semester Hours:

Fundamentals to Central Sterile Supply	3
Introduction to Orthopedic Care/Surgery	3
Introduction to Surgical Technology	6
Medical Readiness	3
Non-Sterile Duties/Surgical Technology	3
Operating Room Nursing Practicum	3
Orthopedic Techniques with Lab I.....	3
Orthopedic Techniques with Lab II	6
Otolaryngology Clinical I.....	3
Otolaryngology Clinical II.....	6
Otolaryngology Techniques I.....	3
Otolaryngology Techniques II	6
Sterile Duties / Surgical Tech	6
Surgical Services / Clinical Setting	3
Surgical Supplies & Equipment	3

4.2.1.2.3 Technical Elective..... Maximum Semester Hours

CCAF Upgrade Training	15
General Biology	3
General Psychology.....	3
Human Anatomy & Physiology	9
Medical Terminology	3
Microbiology	3
Pathophysiology	3

Pharmacology	3
Principles of Surgical Technology	3
Specialty-Related Subjects In-Transfer	9

4.2.1.2.4. Leadership, Management, and Military Studies (6 Semester Hours). Professional military education, civilian management courses accepted in-transfer and/or by testing credit.

4.2.1.2.5. General Education (15 Semester Hours). Applicable courses must meet the General Education Requirement (GER) subject criteria and in-transfer requirements.

Subjects/Courses.....	Semester Hours
Written Communication (English Composition)	3
Oral Communication (Speech)	3
Mathematics	3
Social Science.....	3
Humanities	3

4.2.1.2.6. Program Elective (15 Semester Hours). Courses applying to technical education, LMMS or General Education requirements; natural science courses meeting General Education requirement application criteria; foreign language credit earned at Defense Language Institute; maximum 9 semester hours of CCAF degree-applicable technical course credit otherwise not applicable to program of registration

4.2.2. All 4N1X1 -5 and -7 level personnel must maintain their Certified Surgical Technologist (CST) through the National Board of Surgical Technology and Surgical Assisting.

4.2.2.1. Air Force Credentialing Opportunities On-Line (AF COOL).

The AF COOL Program is managed by CCAF and provides a research tool designed to increase an Airman’s awareness of national professional credentialing and funding opportunities available for all Air Force occupational specialties. AF COOL also provides information on specific occupational specialties, civilian occupational equivalencies, AFSC related national professional credentials, credentialing agencies, and professional organizations. AF COOL contains a variety of information about credentialing and licensing and can be used to:

- Get background information about civilian licensure and certification in general and specific information on individual credentials including eligibility requirements and resources to prepare for an exam.
- Identify licenses and certifications relevant to an AFSC.
- Learn how to fill gaps between Air Force training and experience and civilian credentialing requirements.
- Get information on funding opportunities to pay for credentialing exams and associated fees.
- Learn about resources available to Airmen that can help them gain civilian job credentials.

To learn more about AF COOL and funding processes, please visit:

<https://afvec.us.af.mil/afvec/af-cool/welcome>

4.3. Uniformed Services University College of Allied Health Sciences (CAHS).

Urology Technologist Degree

4.3.1. Urology Technologist Degree Pathway

College of Allied Health Sciences

Degree Plan

**Degree: Associate of Science in
Health Sciences (ASHS)**

**Major: Urology Technician
(Air Force)**

The ASHS degree requires at least 60 semester hours with:

1. GPA of at least 2.0 and a grade of “C-“or better in all courses
2. Residence of at least 25% of the degree plan
3. General Education of at least 30 semester hours
4. Major Technical Field of Study of at least 15 semester hours
5. General Electives (if needed to achieve 60 semester hours) Prerequisite:
6. Surgical Technologist Program (approximately 20 semester hours of CCAF transfer credit)

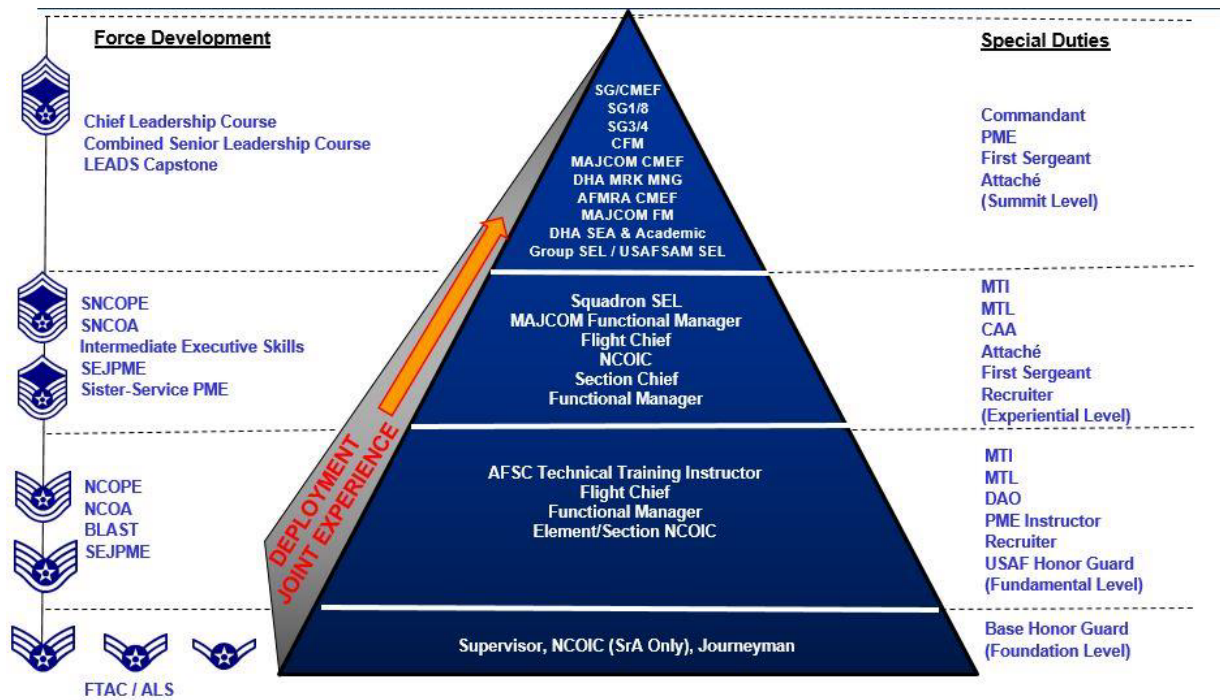
General Education Requirements (30)	Hours	Major and General Elective Requirements (30)	Hours
Communication (6 minimum)		Major Technical Field of Study (15 minimum)	
Oral – Transfer Coursework	3	URT 3301* - Introduction to Urology A&P, Genitourinary Disorder and Cancers	3
Written – Transfer Coursework	3	URT 3202* - Urologic Radiology	2
Quantitative Science (9 minimum)		URT 3203* - Clinical Urology (didactic)	2
Math – Transfer Coursework	3	URT 3904* - Clinical Rotation I (clinical)	9
Natural Science – Transfer Coursework	3	URT 4405* - Clinical Rotation II (clinical)	4
Health Science – Transfer Coursework	3		
Human Science (6 minimum)			
Humanity – Transfer Coursework	3		
Social Science – Transfer Coursework	3		
Additional General Education		General Electives	
General Education – Transfer Coursework	9	General Electives – Transfer Coursework	10
General Education Requirements Total (30 minimum)	30	Major/General Elective Requirements Total (30 minimum)	30

*These courses are part of the Urology Technician core requirements and fulfill CAHS' residency requirements. To receive the ASHS degree, all CAHS' students must:

- Complete all coursework above and send official transcript(s) to CAHS.
- Submit CAHS request for graduation.

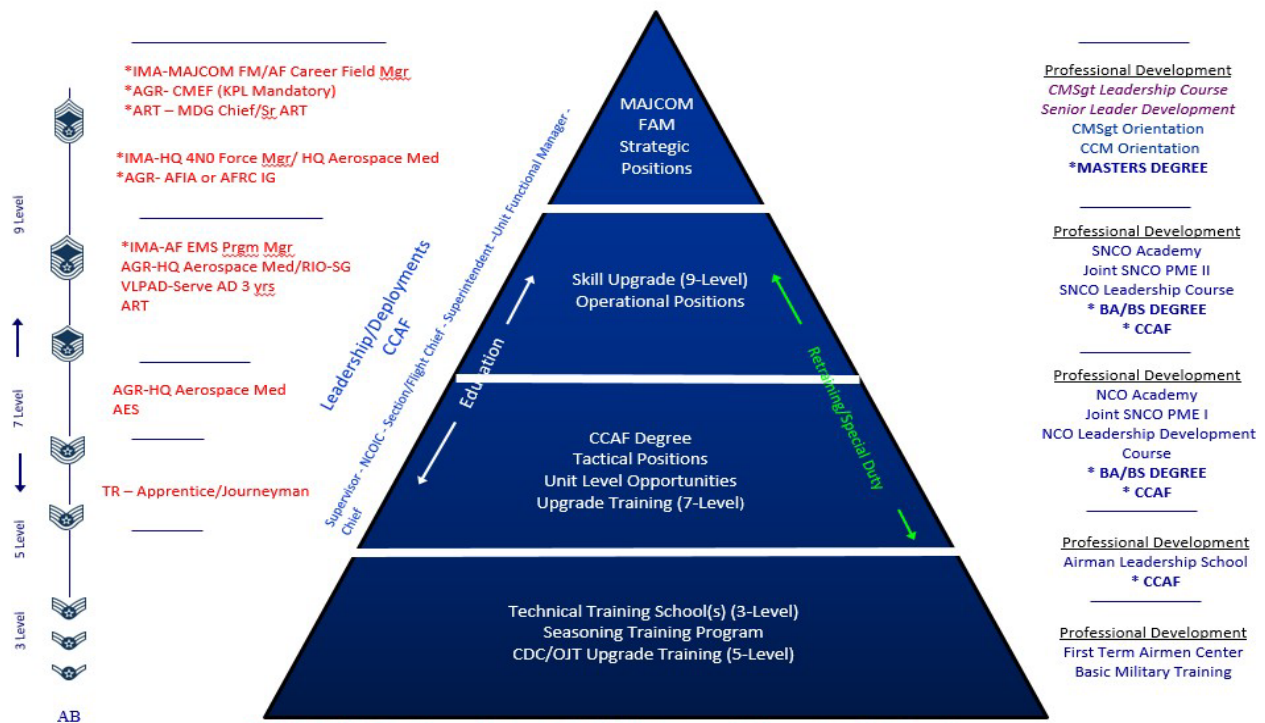
5. Career Field Path.

5.1. Enlisted Career Pyramid.



5.2. Reserve Career Pyramid.

Reserve Career Pyramid



Both IMA and AGR positions are 3-4 years. MFM/SG will not concur with career status for AGR positions.

5.3. Enlisted Career Path. |

	Grade Requirements	
Education and Training Requirements	Rank	Careerfield Opportunities
Upgrade to Journeyman (5-Skill Level) <ul style="list-style-type: none"> • Certified in all STS Core Tasks • Basic Life Support (BLS) • Tactical Combat Casualty Course-Combat Medic or Medical Provider • Complete all duty position training • QTPs for assigned position • CST Certification 	A1C/SRA	<ul style="list-style-type: none"> • Operating Room (OR) • Sterile Processing & Distribution (SPD) • Clinical Research
Upgrade to Craftsman (7-Skill Level) <ul style="list-style-type: none"> • BLS • CST Certification • QTPs for assigned position • Complete all core and duty position training requirements • Graduate ALS 	SSgt/TSgt	<ul style="list-style-type: none"> • Urology Surgical Technologist • Orthopedic Surgical Technologist • Otolaryngology Surgical Technologist • Technical Training Instructor • Phase II Training Instructor • Special Operations Surgical Team (SOST) Surgical Technologist • GST Instructor • SMART Instructor • GST Instructor
SNCO <ul style="list-style-type: none"> • BLS • CST Certification • Graduate NCOA 	MSgt	<ul style="list-style-type: none"> • Key Development/Leadership Positions • Flight Chief
Upgrade to Superintendent (9-Skill Level) <ul style="list-style-type: none"> • BLS • Graduate SNCOA 	SMSgt	<ul style="list-style-type: none"> • Squadron Senior Enlisted Leader (SEL) • Key Development/Leadership Positions • 4N1 MAJCOM Functional Manager • 4N1 Associate Career Field Manager
Chief Enlisted Manager (CEM) (4N000) <ul style="list-style-type: none"> • CLC • Intermediate Executive Skills Course 	CMSgt	<ul style="list-style-type: none"> • MAJCOM Level Assignments • 4N MAJCOM Functional Manager • Medical Group Superintendent • 4N Air Force Career Field Manager

Section C - Skill Level Training Requirements

1. Purpose. Skill level training requirements in this career field are defined in terms of tasks and knowledge requirements. This section outlines the specialty qualification requirements for each skill level in broad, general terms and establishes the mandatory requirements for entry, award and retention of each skill level. The specific task and knowledge training requirements are identified in the STS in Part II, Sections A and B of this CFETP.

2. Specialty Qualification Requirements.

2.1. Apprentice Level Training

2.1.1. Knowledge. The following knowledge is mandatory for award of 4N131: Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and his/her treatment; MTF and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical materiel procedures; basic medical administration procedures; legal aspects of perioperative care and medical ethics; roles and qualifications of surgical team members; and basic clinical functions.

2.1.2. Education. Completion of high school or general educational development equivalency is mandatory for entry into this AFSC. Courses in general science, biology, and chemistry are desirable.

2.1.3. Training. Completion of the basic surgical technologist course is mandatory for award of the apprentice skill level.

2.1.4. Training Sources and Resources.

2.1.4.1. Completion of the Surgical Technologist Apprentice Phase I Course at Medical Education and Training Campus (METC), Fort Sam Houston, TX and Surgical Technologist Apprentice Phase II at a designated site satisfies the knowledge and training requirements specified in the specialty qualification section (above) for award of the 3-skill level. Reference Section D – Training Course Index for course numbers.

2.1.4.2. QTPs are Air Force publications and are mandatory for use during upgrade/qualification training when available for a duty position, program, or piece of equipment. These packages are identified and made available on the official Air Force Publications Electronic Master Catalog of Training Documents along with the CFETP. Procedures for requesting QTP development are also contained on the Air Force E-publication website. A list of all training courses to support education and training, including QTPs, is in Part II, Sections C and D, of this CFETP.

2.1.5. Implementation. After 3-level course completion, job qualification training starts when an individual is assigned to their first duty position. Thereafter, it is initiated anytime an individual is assigned duties they are not qualified to perform. QTPs will be used concurrently to obtain necessary duty position qualifications.

2.2. Journeyman Level Training.

2.2.1. Specialty Qualification. All 4N131/B/C/D qualifications apply to the 4N151/B/C/D respective requirements.

2.2.1.1. Individuals must hold AFSC 4N1X1 for qualification for lateral training to the 4N1X1B/C/D sub-specialties.

2.2.1.2. Other qualification information is located in the official specialty description in the AFECD.

2.2.2. Knowledge.

2.2.2.1. For the basic AFSC, and all shreds, knowledge of the following is mandatory: Fundamentals of anatomy and physiology; principles of asepsis and sterile techniques; preparing and storing surgical sets and packs, surgical instrumentation, and equipment; OR and anesthesia procedures; pathology as it applies to specimen care and handling; basic microbiology and infection control principles; basic surgical pharmacology; sterilizing and disinfecting procedures; surgical and anesthesia complications and their treatment; MTF and OR environmental hazards and safety procedures; handling and storage of compressed gases; basic medical materiel procedures; basic medical administration procedures; legal aspects of perioperative care and medical ethics; roles and qualifications of surgical team members; basic clinical functions; military hygiene and sanitation; risk management, disaster preparedness, and chemical warfare.

2.2.2.2. In addition to subparagraph 2.2.2.1., for the 4N151B shred, knowledge of the following is mandatory: anatomy and physiology of the genitourinary system and its disorders, genitourinary system terminology, and radiology techniques in urological procedures. Must also maintain a working knowledge of surgical instrumentation/procedure set-up for urological procedures.

2.2.2.3. In addition to subparagraph 2.2.2.1., for the 4N151C shred, knowledge of the following is mandatory: anatomy and physiology of the musculoskeletal system and its disorders; musculoskeletal system terminology; common practices, techniques; and principles of fracture immobilization including plaster and other casting materials; methods and principles of traction application; and common orthopedic complications and their management. Must also maintain a working knowledge of surgical instrumentation procedure set-up for orthopedic procedures.

2.2.2.4. In addition to subparagraph 2.2.2.1., for the 4N151D shred, knowledge of the following is mandatory: anatomy and physiology of the head and neck; disorders of ENT; medical terminology related to the ENT specialty; and special audiometry testing. Must also maintain a working knowledge of surgical instrumentation procedures set-up for otolaryngology procedures.

2.2.3. Education. To assume the grade of SSgt individuals must be graduates of the ALS.

2.2.4. Training. Completion of the following requirements is mandatory for the award of the 5-skill level AFSC: (1) obtaining CST certification; (2) certification in all STS core tasks; (3) completion of any QTPs for assigned duty position.

2.2.4.1. Upon selection for lateral training, the trainee will attend the respective in-residence specialty course.

2.2.4.1.1. 4N151B/C/D. Upgrade training consists of completing: (1) all STS core tasks; (2) any QTPs assigned for the duty position.

2.2.4.2. Failure to meet or maintain training qualifications will be managed IAW DAFMAN 36-2689.

2.2.5. Experience. Possess AFSC 4N131B/C/D before entry into upgrade training.

2.2.6. Training Sources and Resources.

2.2.6.1. Obtainment of CST satisfies the knowledge requirements specified in the specialty qualification section (above) for award of the 5-skill level. The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers using available QTPs. Requests for trainer/certifier qualification training must be coordinated through the unit training manager.

2.2.6.2. Completion of urology, orthopedics, or otolaryngology courses satisfies the knowledge and training requirements specified in the specialty qualification section (above) for award of the sub-specialty AFSC shred.

2.2.7. Implementation. Upgrade training is initiated after award of the 3-skill level. Additional qualification training is initiated anytime trainees are assigned duties they are not qualified to perform. Obtaining CST certification, completing STS core tasks, and applicable QTPs must be accomplished to be awarded the 5-skill level.

2.3. Craftsman Level Training.

2.3.1. Specialty Qualification. All 4N151/B/C/D qualifications apply to the 4N171/B/C/D respective requirements.

2.3.2. Knowledge. All 4N151/B/C/D qualifications apply to the 4N171/B/C/D respective requirements.

2.3.3. Education. To assume the rank of MSgt individuals must be graduates of the NCOA.

2.3.4. Training. Completion of the following requirements is mandatory for the award of the 7-skill level AFSC: (1) certification in all STS core tasks; (2) completion of applicable core task QTPs; and (3) the minimum rank of SSgt.

2.3.5. Experience. Qualification in and possession of AFSC 4N151/B/C/D.

2.3.6. Other. N/A

2.3.7. Training Sources and Resources. The STS identifies all the core tasks required for qualification. Upgrade and qualification training are provided by qualified trainers utilizing available QTPs. In addition to the Air Force E-publication website, they can also be found on the AFMS Knowledge Exchange (<https://kx2.afms.mil/kj/kx8/SurgicalServiceCFM/Pages/home.aspx>).

2.3.8. Implementation. Upgrade training is initiated when an individual possesses the 5-skill level and holds the rank of SSgt-select or higher. Additional qualification training is initiated anytime trainees are assigned duties they are not qualified to perform. All STS core tasks, specifically identified 7-level tasks in the STS, applicable QTPs, and the 7-level CDCs when available must be completed for award of the 7-skill level.

2.4. Superintendent Level Training.

2.4.1. Specialty Qualification. All 4N171 qualifications apply.

2.4.2. Knowledge. Knowledge of the following is required: Surgical nursing theory and techniques; anatomy and physiology; medical ethics and legal aspects; operating room procedures; sterilization and aseptic techniques; transporting the sick and wounded; operation and maintenance of medical instrumentation and equipment; medical readiness; organization and function of surgical/medical service, SPD, and clinical services; resource management; risk management; continual quality improvement programs, and administration.

2.4.3. Education. Completion of the SNCOA is desirable.

2.4.4. Training. Upgrade training to the 9-skill level in 4N1X1/X, consists of promotion to the rank of SMSgt.

2.4.5. Experience. For award of AFSC 4N191, qualification in and possession of AFSC 4N171, 4N171B, 4N171C, or 4N171D is mandatory.

2.4.6. Other. N/A

2.4.7. Training Sources/Resources. N/A

2.4.8. Implementation. N/A

2.5. Comprehensive Medical Readiness Program. CMRP training is mandatory for all active duty, guardsmen, and reservists. CMRP training requirements can be found at: [https://kx.health.mil/kj/kx8/SurgicalServiceCFM/Documents/Surgical%20Services%20Technologist_Checklist_4N1_CM RP%20Checklist%20-%20\(Final%20Ver%2021%20Oct%2021\).pdf](https://kx.health.mil/kj/kx8/SurgicalServiceCFM/Documents/Surgical%20Services%20Technologist_Checklist_4N1_CM RP%20Checklist%20-%20(Final%20Ver%2021%20Oct%2021).pdf)

If you are a 4N1X1X/B/C/D, you need to accomplish the training for your particular sub-specialty.

Section D - Resource Constraints

1.1. Purpose. This section identifies known resource constraints which preclude optimal/desired training from being developed or conducted, including information such as cost and manpower. Narrative explanations of each resource constraint and an impact statement describing what effect each constraint has on training are included. Also included in this section are actions required, office of primary responsibility, and target completion dates. Resource constraints will be, as a minimum, reviewed and updated annually.

2. Specific Constraints.

2.1. Apprentice Level Training.

2.1.1. Constraint. No 3-skill level constraints exist.

2.2. Journeyman Level Training.

2.2.1. Constraint. No 5-skill level constraints exist.

2.3. Lateral Training.

2.3.1. No lateral training constraints exist.

2.4. Craftsman Level Training.

2.4.1. Constraints. No 7-skill level constraints exist.

Section E - Transitional Training Guide

NOTE: This area is reserved.

PART II

Section A - Specialty Training Standard

1. Implementation. This STS will be used for technical training provided by AETC resident classes beginning August 2015.

2. Purpose. As prescribed in DAFMAN 36-2689, Attachment 4, Air Force Training Program Career Field Education and Training, this STS:

2.1. Lists in column 1 of attachments 2, 3, 5, 7, and 9 are the most common tasks knowledge and technical references (TRs) necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. TRs in the source summary are commercial publications or other service publications that are essential for OJT and mission accomplishment and are referenced by title throughout the STS. The unit OJT section will consolidate the requirements for the unit they support and order publications through the medical group/clinic library activity.

2.2. Uses the numbers 5 or 7 in column 2 of attachments 2, 3, 5, 7 and 9, to identify core tasks required for upgrade to the 5-and 7-skill levels respectively in the surgical service apprentice specialty. Personnel must be trained on appropriate core and duty tasks to complete upgrade training. **Not all tasks require third party certification. The symbol “^” in column 2 identifies critical tasks. These are the only tasks that require third party certification.**

2.3. *Certification.* Column 3 of attachments 2, 3, 5, 7 and 9, is used to record completion of tasks and knowledge training requirements. Use automated training management systems, if available, to document technician qualifications. Task certification must show a certification or completion date. **NOTE:** Trainers must (1) possess a 4N1XX AFSC or DoD equivalent; (2) be qualified on the tasks they will train; (3) be recommended by their supervisor; and (4) have completed the Air Force Training Course (AFTC). Certifiers must (1) be at least a SSgt or civilian equivalent; (2) possess a minimum of 5-skill level; (3) have completed the AFTC; and (4) be trained and/or certified on tasks they will certify. The certification official must be someone other than the trainer. Licensed/credentialed healthcare providers may substitute as trainers and/or certifiers without attending the AFTC. If the trainer is a licensed/credentialed provider, they may serve as both the trainer and certifier.

2.4. Column 4 of attachments 2, 3, 5, 7 and 9, shows formal training, correspondence course and QTP requirements. It also shows the proficiency to be demonstrated on the job by the trainee as a result of training on the task and career knowledge provided by the correspondence course. For a list of QTP volume numbers and titles, refer to Section C. **NOTE:** Training codes in columns 4B and 4C reflected for 5 and 7-skill levels indicate the information provided in the CDCs. These codes are not intended to reflect the level required to satisfy OJT upgrade requirements.

2.5. Contains qualitative requirements. Attachment 1 contains the proficiency code key used to indicate the level of training and knowledge provided by the resident training courses.

2.6. Is used to document tasks when placed in the electronic training record. Refer to DAFMAN 36-2689 for further guidance on documentation, transcribing, certification, decertification, and recertification.

2.7. Is used as a performance standard. Tasks are trained and qualified to the “Go” level. “Go” means the individual can perform the task without assistance and meets local demands for accuracy, timeliness, and correct use of procedures (“Go” level equates to “3c” in the STS proficiency code key).

2.8. Is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). SKT is developed at the AETC Occupational Analysis Division, by SNCOs with extensive practical experience in their career field. The test samples knowledge of STS subject-matter areas judged by test development team members as most appropriate for promotion to higher grades. Questions are based upon study references listed in the *Enlisted Promotion References and Requirements Catalog*. WAPS is not applicable to the ANG or ARC.

3. Recommendations.

3.1. Identify inadequacies and recommend changes to this training standard through channels at 59 TRG/TGE, 2931 Harney Road, Fort Sam Houston, TX 78234 or use the Customer Service Information Line (CSIL) is available for the supervisor’s convenience to identify graduates who may have received over or under training on task/knowledge items listed in this specialty training standard. For quick responses to problems, call our CSIL, DSN 420-1080 (commercial 210-808-1080) or email usaf.jbsa.937-trg.list937-trg-tge@mail.mil to report your findings.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same point of contact listed in the above paragraph.

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

ROBERT I. MILLER
Lieutenant General, USAF, MC, SFS
Surgeon General

10 Attachments:

1. Identification and Qualitative Requirements
2. 4N1X1 STS
3. Clinic Personnel STS
4. 4N1X1 STS Training Reference (TR) Source Summary
5. Urology (4N1X1B) STS
6. 4N1X1B STS Training Reference (TR) Source Summary
7. Orthopedics (4N1X1C) STS
8. 4N1X1C STS Training Reference (TR) Source Summary
9. Otolaryngology (4N1X1D) STS
10. 4N1X1D STS Training Reference (TR) Source Summary

Attachment 1: Identification and Qualitative Requirements

<i>This Block Is For Identification Purposes Only</i>		
Name Of Trainee		
Printed Name (<i>Last, First, Middle Initial</i>)	Initials (Written)	SSAN (Last 4)
Printed Name Of Certifying Official And Written Initials		
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	
<i>N/I</i>	<i>N/I</i>	

QUALITATIVE REQUIREMENTS

Proficiency Code Key		
	Scale Value	Definition: The individual
Task Performance Levels	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (Extremely Limited)
	2	Can do most parts of the task. Needs only help on hardest parts. (Partially Proficient)
	3	Can do all parts of the task. Needs only a spot check of completed work. (Competent)
	4	Can do the complete task quickly and accurately. Can tell or show others how to do the task. (Highly Proficient)
*Task Knowledge Levels	a	Can name parts, tools, and simple facts about the task. (Nomenclature)
	b	Can determine step by step procedures for doing the task. (Procedures)
	c	Can identify why and when the task must be done and why each step is needed. (Operating Principles)
	d	Can predict, isolate, and resolve problems about the task. (Advanced Theory)
**Subject Knowledge Levels	A	Can identify basic facts and terms about the subject. (Facts)
	B	Can identify relationship of basic facts and state general principles about the subject. (Principles)
	C	Can analyze facts and principles and draw conclusions about the subject. (Analysis)
	D	Can evaluate conditions and make proper decisions about the subject. (Evaluation)
<p>Explanations</p> <p>* A task knowledge scale value may be used alone or with a task performance scale value to define a level of knowledge for a specific task. (Example: b and 1b)</p> <p>** A subject knowledge scale value is used alone to define a level of knowledge for a subject not directly related to any specific task, or for a subject common to several tasks.</p> <p>- This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC.</p> <p>X This mark is used alone in the course columns to show that training is required but not given due to limitations in resources.</p> <p>/ This mark indicates dual codes. Dual codes indicate the established requirement followed by a slash mark (/) and the proficiency level that will be obtained under existing constraints, for example: 2b/X (unfunded) or 2b/a (partially funded). If a task or knowledge statement will not be supported by a formal course or CDC, us a dash (-).</p> <p>NOTE: All tasks and knowledge items shown with a proficiency code are trained during war time.</p>		

Explanation of Columns and Documentation of Training

***NOTE:** Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP. A copy needs to be maintained in the units Master Training Plan (MTP).*

Column 1: Identifies the task/knowledge areas. Supervisors should circle the task items required for the individual's duty position as outlined in the MTP.

Column 2: Items in column 2 marked with a "*" are the tasks/knowledge that are trained in resident wartime course. Those marked with a "3, 5, and/or 7" are core tasks, and those marked "*" and a 3, 5, and/or 7" are core and wartime tasks. All core tasks must be completed prior to any upgrade in skill level.

Column 3: Used to document task proficiency/qualification to the GO/NO-GO level. Any item that has a "^" in Column 3E must be certified by a certifying official.

Column 4: Identifies the training proficiency levels taught in formal training courses such as resident training and CDCs.

<p><i>NOTE: Training references are numbered in the STS and in the source summaries (attachments 4, 6, 8, and 10). The references are Air Force, DoD, other agency, or commercial publications that are essential for OJT and mission accomplishment. Unit OJT section will consolidate the requirements for the unit they support and order publications. Tasks that have a "-" in the 3-, 5-, 7-skill level column are not trained in the resident or correspondence course. The Tasks are listed for OJT training purposes only.</i></p>
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Attachment 2: 4N1X1 STS

1. Tasks, Knowledge And Technical References	2. Tasks		3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided via ICW and/or			
	Core/Cert ^	Deployment * / SEI +	A	B	C	D	E	A	B	C	D
			Tng Start	Tng Complete	Trainee Initials	Traineer Initials	Certifier Initials	3-lvl	5-lvl	7-lvl	9-lvl
1. Air Force Medical Service (AFMS) Organization											
1.1. AFMS TR: AFD 44-1; AFI 44-102; KX											
1.1.1. Air Force Doctrine								A	-	-	-
1.1.2. Mission								A	-	-	-
1.1.3. Organizational Structure								A	-	-	-
1.1.4. Functions								A	-	-	-
2. Standards of Conduct AFMAN 41-210; Public Law 104-191, Public Law 93-579, AFI 41-200, Public Law 104-191, "HIPAA Act of 1996", AFH 1 Airman (Version 1 November 2021), AFH 33-337											
2.1. Ethical conduct											
2.1.1. Legal aspects/responsibilities								A	-	-	-
2.1.2. Common negligent acts								A	-	-	-
2.2. Health Insurance Portability and Accountability Act of 1996. (HIPAA) Guidelines											
2.2.1. Patient confidentiality								A	-	-	-
2.2.2. Release of patient information								A	-	-	-
2.3. Understand appropriate customer service techniques											
2.3.1. Active listening								A	-	-	-
2.3.2. Verbal/non-verbal communication								A	-	-	-
2.3.3. Telephone etiquette								A	-	-	-
2.3.4. Conflict resolution								A	-	-	-
2.4. Define patient advocacy											
2.4.1. Patient rights and responsibilities								A	-	-	-

2.4.2. Patient sensitivity								A	-	-	-
2.4.3. Cultural/religious sensitivity								A	-	-	-
2.4.4. Emotional support for patient/significant others											
2.4.4.1. Patient's needs								A	-	-	-
2.4.4.2. Patient's fears								A	-	-	-
3. Safety in AFMS Environment TR: DAFI 48-145; AFI 90-821; AFPD90-8; AORN Guidelines for Perioperative Practice											
3.1. AFOSH (Air Force Occupational Safety and Health)											
3.1.1. Document Training AF Form 55								-	-	-	-
3.2. Operational Risk Management								A	-	-	-
3.3. Hazard Communication Program (HAZCOM)								A	-	-	-
3.4. Perform fire safety procedures								a	-	-	-
3.5. Apply electrical safety standards:								a	-	-	-
3.6. Isolation/emergency power systems								A	-	-	-
3.7. Demonstrate compressed gas safety management procedures											
3.7.1. Cylinder handling	5	*						2b	-	-	-
3.7.2. Cylinder storage	5	*						2b	-	-	-
3.7.3. In-line connectors/valves	5	*						2b	-	-	-
3.7.4. Verify cylinder contents/pressures	5	*						2b	-	-	-
3.7.5. Replace Empty gas cylinders	5							2b	-	-	-
3.8. Demonstrate chemical safety procedures											
3.8.1. Handling	5							a	-	-	-
3.8.2. Storage	5							a	-	-	-
3.8.3. Disposal	5							a	-	-	-
3.9. Demonstrate biohazard safety procedures											
3.9.1. Handling	5							2b	-	-	-
3.9.2. Storage	5							2b	-	-	-
3.9.3. Disposal	5							2b	-	-	-
4. Infection Control TR: AFI 44-108; Surgical Technology for the Surgical Technologist: A Positive Care Approach, AAMI ST79											
4.1. Types of microorganisms											

4.1.1. Viruses								A	-	-	-
4.1.2. Bacteria								A	-	-	-
4.1.3. Spores								A	-	-	-
4.2. Blood borne pathogens								A	-	-	-
4.3. The infectious process											
4.3.1. Modes of transmission								A	-	-	-
4.3.2. Body defense mechanisms								A	-	-	-
4.4. Perform hand washing	5							3c	-	-	-
4.5. Don scrub attire	5							3c	-	-	-
4.6. Limit movement in the surgical suite								2b	-	-	-
4.7. Proper personal hygiene techniques								B	-	-	-
4.8. Center for Disease Control (CDC) Standard Precautions								B	-	-	-
4.9. Perform cleaning procedures											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach											
4.9.1. Surgical Suite											
4.9.1.1. Initial cleaning	5							2b	-	-	-
4.9.1.2. Between-case cleaning	5							2b	-	-	-
4.9.1.3. End-of-day cleaning	5							2b	-	-	-
4.9.2. Surgical Equipment Cleaning											
4.9.2.1. Initial cleaning	5							2b	-	-	-
4.9.2.2. Between-case cleaning	5							2b	-	-	-
4.9.2.3. End-of-day cleaning	5							2b	-	-	-
5. Sterile Processing and Distribution (SPD)											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; AAMI ST79, The Basics of Sterile Processing											
5.1. Sterile Processing and Distribution mission	5 [^]	*						A	-	-	-
5.2. Perform SPD procedures											
5.2.1. Perform Cleaning Procedures in SPD											
5.2.1.1. Decontamination Area	5							2b	-	-	-
5.2.1.2. Assembly Area	5							2b	-	-	-
5.2.1.3. Sterile and Unsterile Storage								A	-	-	-
5.2.2. Instrument Receiving											
5.2.2.1. Select and Don appropriate PPE	5 [^]	*						2b	-	-	-
5.2.2.1. Perform Instrument collection/transport	5 [^]	*						b	-	-	-
5.2.2.2. Verify Inventory	5 [^]	*						b	-	-	-

Documentation											
5.2.2.3. Perform Decontamination IAW manufacturer instructions for use	5^	*						2b	-	-	-
5.2.3. Processing Reusable Medical Equipment/Instrumentation IAW Manufacturers Instructions for Use											
5.2.3.1. Washer decontaminator/sterilizer											
5.2.3.1.1. Perform Inspection	5^	*						2b	-	-	-
5.2.3.1.2. Perform Validation Testing	5^	*						2b	-	-	-
5.2.3.1.3. Operate	5^	*						2b	-	-	-
5.2.3.2. Ultrasonic cleaner											
5.2.3.2.1. Perform inspection	5^	*						2b	-	-	-
5.2.3.2.2. Perform validation testing	5^	*						2b	-	-	-
5.2.3.2.3. Operate	5^	*						2b	-	-	-
5.2.3.3. Lumen Washers											
5.2.3.3.1. Perform Inspection								b	-	-	-
5.2.3.3.2. Perform Validation Testing								b	-	-	-
5.2.3.3.3. Operate								b	-	-	-
5.2.3.3.4. Manual Cleaning Methods	5^	*						2b	-	-	-
5.2.3.3.5. High Level Disinfection								A	-	-	-
5.3. Assemble Instruments											
5.3.1. Inspect	5^	*						2b	-	-	-
5.3.2. Lubricate								b	-	-	-
5.3.3. Sort, Assemble, Verify Instruments per Countsheets	5^	*						2b	-	-	-
5.4. Perform Instrument Packaging Procedures											
5.4.1. Diagonal Wrap	5^	*						2b	-	-	-
5.4.2. Peel-packs	5^	*						2b	-	-	-
5.4.3. Rigid containers	5^	*						2b	-	-	-
5.4.4. Item labeling	5^	*						2b	-	-	-
5.5. Sterilization Procedures											
5.5.1. Steam Sterilization											
5.5.1.1. Principles								B	-	-	-
5.5.1.2. Clean Sterilizer	5^	*						2b	-	-	-
5.5.1.3. Perform Leak Test	5^	*						2b	-	-	-
5.5.1.4. Perform Air Removal Test	5^	*						2b	-	-	-
5.5.1.5. Verify Load Contents and Documentation	5^	*						2b	-	-	-
5.5.1.6. Validate and Select appropriate Sterilization Cycles	5^	*						2b	-	-	-
5.5.1.7. Load Sterilizer	5^	*						2b	-	-	-

5.5.1.8. Operate Sterilizer	5^	*						2b	-	-	-
5.5.1.9. Unload Sterilizer	5^	*						2b	-	-	-
5.5.1.10. Validate and document Biological Indicator results	5^	*						2b	-	-	-
5.5.1.11. Validate and document Chemical Indicator results	5^	*						2b	-	-	-
5.5.1.12. Validate and document sterilization parameters were met	5^	*						2b	-	-	-
5.5.2. Chemical Sterilization											
5.5.2.1. Principles								A	-	-	-
5.5.2.2. Clean Sterilizer	5^	*						b	-	-	-
5.5.2.3. Verify Load Contents and Documentation	5^	*						b	-	-	-
5.5.2.4. Validate and Select appropriate Sterilization Cycles	5^	*						b	-	-	-
5.5.2.5. Load Sterilizer	5^	*						b	-	-	-
5.5.2.6. Operate Sterilizer	5^	*						b	-	-	-
5.5.2.7. Unload Sterilizer	5^	*						b	-	-	-
5.5.2.8. Validate and document biological indicators results	5^	*						b	-	-	-
5.5.2.9. Validate and document chemical indicators results	5^	*						b	-	-	-
5.5.2.10. Validate and document sterilization parameters were met	5^	*						b	-	-	-
5.6. Instrument Distribution Procedures											
5.6.1. Verify Inventory Documentation								b	-	-	-
5.6.2. Validate receiving location and distribute								b	-	-	-
6. Patient Preparation/Preoperative Care											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach, current edition											
6.1. Verify surgical checklist completion								2b	-	-	-
6.2. Identify patient	5	*						2b	-	-	-
6.3. Identify patient needs											
6.3.1. Age specific								2b	-	-	-
6.3.2. Special needs								2b	-	-	-
6.4. Confirm signed patient consent form								2b	-	-	-
6.5. Assist in moving patient to/from											
6.5.1. Gurney	5	*						2b	-	-	-
6.5.2. Patient bed								1a	-	-	-
6.5.3. Crib								-	-	-	-

6.5.4. Wheelchair								-	-	-	-
6.6. Transport patient to the surgical suite								-	-	-	-
7. Pharmacology TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Lippincott Manual of Nursing Practice; Davis's Drug Guide for Nurses											
7.1. Medication types											
7.1.1. Coagulants								A	-	-	-
7.1.2. Anti-coagulants								A	-	-	-
7.1.3. Vaso-constrictors								A	-	-	-
7.1.4. Vaso-dilators								A	-	-	-
7.1.5. Antibiotics								A	-	-	-
7.1.6. Steroids								A	-	-	-
7.1.7. Diuretics								A	-	-	-
7.1.8. Dyes/contrast media								A	-	-	-
7.1.9. Sedatives								A	-	-	-
7.1.10. Narcotics								A	-	-	-
7.1.11. Anti-cholinergic								A	-	-	-
7.1.12. Oxygen								A	-	-	-
7.2. Manage medications intraoperatively											
7.2.1. Identify medications	5	*						3b	-	-	-
7.2.2. Transfer Medication to the Sterile Field	5	*						3b	-	-	-
7.2.3. Label medications	5	*						3b	-	-	-
7.2.4. Account for medication usage	5	*						3b	-	-	-
7.3. Medication administration TR: Taber's Cyclopedic Medical Dictionary											
7.3.1. Patient's Rights in Medication Administration								b	-	-	-
7.3.2. Document medication administration and fluid therapy								b	-	-	-
7.3.3. Perform intramuscular injection								b	-	-	-
7.3.4. Perform oral medication administration								b	-	-	-
7.3.5. Perform sublingual medication administration								b	-	-	-
7.3.6. Perform ophthalmic ointment and drops administration								b	-	-	-
7.3.7. Perform intranasal medication administration								b	-	-	-
7.3.8. Prepare/Perform Medication											
7.3.8.1. Injection								-	-	-	-

7.3.8.2. Irrigation								-	-	-	-
7.3.8.3. Topical								-	-	-	-
7.3.8.4. Contrast Media								-	-	-	-
7.4. Irrigation solutions											
7.4.1. Normal saline								B	-	-	-
7.4.2. Sterile water								B	-	-	-
7.4.3. Ringer's solution								B	-	-	-
7.4.4. Glycine solution								B	-	-	-
7.5. Assist with irrigation procedures											
7.5.1. Identify irrigation solutions	5	*						3b	-	-	-
7.5.2. Label solutions	5	*						3b	-	-	-
7.5.3. Account for irrigation usage	5	*						3b	-	-	-
7.6. Commonly used intravenous (IV) solutions											
7.6.1. Electrolyte solutions								B	-	-	-
7.6.2. Blood volume expanders								B	-	-	-
8. Anesthesia											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines; Mosby Clinical nursing skills & techniques											
8.1. Preoperative anesthesia medications											
8.2. Types/methods of administration											
8.2.1. General								B	-	-	-
8.2.2. Local								B	-	-	-
8.2.3. Regional								B	-	-	-
8.2.4. Monitored Anesthesia Care (MAC)								B	-	-	-
8.3. Commonly used supplies/equipment								A	-	-	-
8.4. Assist with anesthesia complications								-	-	-	-
8.4.1. Malignant hyperthermia								a	-	-	-
8.4.2. Shock								a	-	-	-
8.4.3. Assist with respiratory complications								a	-	-	-
8.4.4. Assist with cardiovascular complications								a	-	-	-
8.5. Commonly used IV supplies											
8.5.1. Needles/catheters								B	-	-	-
8.5.2. Tubing								A	-	-	-
8.6. Perform and Label											
8.6.1. Venipuncture								1a	-	-	-
8.6.2. Nasal/Pharyngeal Swab								-	-	-	-
8.7. Initiate peripheral IV access								1a	-	-	-

and infusion										
8.8. Draw blood from IV site								-	-	-
8.9. Monitor IV fluid								-	-	-
8.10. Monitor infusion IV pumps								-	-	-
8.11. Change IV fluid								-	-	-
8.12. Discontinue IV fluid								1a	-	-
8.13. Assist with blood administration										
8.13.1. Retrieve blood/blood products.								2b	-	-
8.13.2. Prepare blood warmer								-	-	-
8.14. Assist with administration of oxygen										
8.14.1. Fixed	5	*						2b	-	-
8.14.2. Portable	6	*						2b	-	-
8.15. Measure/document patient vital signs										
8.15.1. Blood pressure										
8.15.1.1. Manual	5	*						2b	-	-
8.15.1.2. Electronic	5	*						2b	-	-
8.15.2. Pulse										
8.15.2.1. Manual	5	*						2b	-	-
8.15.2.2. Electronic	5	*						2b	-	-
8.15.3.2. Respirations	5	*						2b	-	-
8.16. Maintain certification in healthcare provider Basic Life Support (BLS) TR: Basic Life Support for Healthcare Providers	5	*						3c	-	-
9. Operating Room Responsibilities TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines; AAMI Standards										
9.1. Check posted schedules										
9.1.1. Technologist assignment								2b	-	-
9.1.2. Surgical case	5	*						2b	-	-
9.2. Select required sterile supplies	5	*						2b	-	-
9.3. Gather required equipment	5	*						2b	-	-
9.4. Perform functional check of equipment										
9.4.1. Electrosurgery devices	5	*						2b	-	-
9.4.2. Cardiac monitors								-	-	-
9.4.3. Defibrillators	5	*						a	-	-
9.4.4. Surgical lights	5	*						2b	-	-
9.4.5. Portable suction units	5	*						2b	-	-
9.4.6. Hyper/Hypothermia units								b	-	-
9.4.7. Solution warming cabinets	5	*						a	-	-

9.4.8. Fiber optic light sources	5	*						2b	-	-	-
9.4.9. Surgical microscopes								a	-	-	-
9.4.10. Lasers								a	-	-	-
9.4.11. Video equipment	5	*						2b	-	-	-
9.4.12. Insufflators	5	*						a	-	-	-
9.4.13. Doppler unit								-	-	-	-
9.4.14. Sequential Compression Device	5	*						a	-	-	-
9.4.15. Endoscopic equipment											
9.4.15.1. Rigid	5	*						a	-	-	-
9.4.15.2. Flexible								a	-	-	-
9.4.16. Operating table											
9.4.16.1. Manual								2b	-	-	-
9.4.16.2. Electrical	5	*						2b	-	-	-
9.4.16.3. Orthopedic fracture								-	-	-	-
10. Circulating Duties											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines; Sheehy's Manual of Emergency Care											
10.1. Position OR equipment/furniture	5	*						2b	-	-	-
10.2. Open sterile items											
10.2.1. Rectangular wrapped	5	*						2b	-	-	-
10.2.2. Diagonally wrapped	5	*						2b	-	-	-
10.2.3. Rigid containers	5	*						2b	-	-	-
10.2.4. Peel packs	5	*						2b	-	-	-
10.3. Assist with patient positioning											
10.3.1. Assist moving patient to/from surgical table	5	*						2b	-	-	-
10.3.2. Dorsal (supine)	7	*						2b	-	-	-
10.3.3. Prone	7	*						2b	-	-	-
10.3.4. Lithotomy	7	*						2b	-	-	-
10.4. Verify operative site								2b	-	-	-
10.5. Insert/remove urinary catheter	7	*						2b	-	-	-
10.6. Perform hair removal								2b	-	-	-
10.7. Select appropriate antiseptic agent											
10.7.1. Patient considerations	5	*						2b	-	-	-
10.7.2. Surgical site considerations	5	*						2b	-	-	-
10.8. Perform antimicrobial skin preps											
10.8.1. Abdominal	5	*						2b	-	-	-
10.8.2. Extremities	5	*						2b	-	-	-
10.8.3. Perineal/Dirty areas	5	*						2b	-	-	-
10.8.4. Contaminated wounds								b	-	-	-

10.9. Assist sterile team members with donning sterile surgical attire	5	*						2b	-	-	-
10.10. Project sterile items intraoperatively	5	*						2b	-	-	-
10.11. Manage specimens/cultures											
10.11.1. Label specimens	5	*						2b	-	-	-
10.11.2. Document log book								a	-	-	-
10.12. Assist nurse with surgical counts								2b	-	-	-
10.13. Restock supplies in OR	5	*						-	-	-	-
11. Scrub Duties TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines											
11.1. Perform surgical hand and arm scrub	5	*						3c	-	-	-
11.1.1. Dry hands using aseptic technique	5	*						3c	-	-	-
11.2. Waterless hand scrub	5	*						3c	-	-	-
11.3. Don sterile surgical attire	5	*						3c	-	-	-
11.4. Drape operating room furniture											
11.4.1. Back table	5	*						3c	-	-	-
11.4.2. Basin stands	5	*						3c	-	-	-
11.4.3. Mayo stands	5	*						3c			
11.5. Verify instrument/supply sterility	5	*						3c	-	-	-
11.6. Organize instrumentation/supplies on sterile field	5	*						3c	-	-	-
11.6.1. Perform instrumentation/equipment function test	5	*						3c	-	-	-
11.6.2. Perform preoperative counts with nurse	5	*						3c	-	-	-
11.7. Prepare sterile antimicrobial preps								2b			
11.8. Gown/glove surgical team members	5	*						3c	-	-	-
11.9. Assist surgeon with draping patient	5	*						2b	-	-	-
11.10. Maintain sterile field	5	*						3c	-	-	-
11.11. Select appropriate surgical instruments								2b	-	-	-
11.12. Pass instruments to surgeon	5	*						3c	-	-	-
11.13. Pass sharps/needles using appropriate safety techniques											

11.13.1. Hands free	5	*						3c	-	-	-
11.13.2. Hand to hand	5	*						3c	-	-	-
11.14. Manipulate endoscopic equipment under surgeon's supervision											
11.14.1. Rigid								a	-	-	-
11.14.2. Flexible								a	-	-	-
11.15. Perform intraoperative tissue handling techniques											
11.15.1. Traction/counter-traction								a	-	-	-
11.15.2. Dissection								a	-	-	-
11.16. Maintain operative exposure											
11.16.1. Manual retraction								2b	-	-	-
11.16.2. Mechanical retraction								2b	-	-	-
11.16.3. Suction								2b	-	-	-
11.16.4. Illumination								2b	-	-	-
11.17. Assist surgeon with hemostasis											
11.17.1. Clamping								a	-	-	-
11.17.2. Suture ligation								a	-	-	-
11.17.3. Ligaclips								a	-	-	-
11.17.4. Electro-surgical/electrocautery								a	-	-	-
11.17.5. Tamponade								a	-	-	-
11.18. Define wound healing process								A	-	-	-
11.19. Wound closure materials											
11.19.1. Suture Needles								A	-	-	-
11.19.2. Suture Materials								A	-	-	-
11.19.3. Stapling Devices								A	-	-	-
11.19.4. Adhesives								A	-	-	-
11.20. Assist surgeon with wound closure											
11.20.1. Prepare suture material/needles	5	*						2b	-	-	-
11.20.2. Suture cutting	5	*						2b	-	-	-
11.20.3. Skin staplers	5	*						2b	-	-	-
11.20.4. Adhesives								2b	-	-	-
11.21. Perform site closure under direct provider supervision											
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach, current edition											
11.21.1. Suture incision								a	-	-	-
11.21.2. Staple incision								a	-	-	-
11.22. Remove staples/suture								a	-	-	-
11.23. Types of surgical drains								B	-	-	-

11.24. Manage specimens on the sterile field	5	*						2b	-	-	-
11.25. Perform intra-op counts with nurse	5	*						2b	-	-	-
11.26. Assist surgeon with application of dressing								2b	-	-	-
11.27. Breakdown sterile field TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and Guidelines, current edition											
11.27.1. Contaminated drapes	5	*						2b	-	-	-
11.27.2. Instruments/supplies	5	*						2b	-	-	-
11.27.3. Biohazards/sharps	5	*						2b	-	-	-
11.27.4. Initial/point-of-use cleaning gross contaminants	5	*						2b	-	-	-
11.27.5. Medication disposal	5	*						2b	-	-	-
12. Sterile Storage TR: AFI 44-108; AAMI ST79 Standards; AORN Guidelines for Perioperative Practice											
12.1. Nonsterile Requirements		*						B	-	-	-
12.2. Sterile Requirements		*						B	-	-	-
12.3. Environmental factors		*						B	-	-	-
12.4. Liquids		*						B	-	-	-
12.5. Refrigeration		*						B	-	-	-
12.6. Rotate stock	5	*						2b	-	-	-
12.7. Verify shelf life	5	*						2b	-	-	-
12.8. Check for outdated supplies	5	*						2b	-	-	-
13. Surgical Service Management TR: 4N1 CFETP; The Enlisted Force Structure											
13.1. Orient new personnel to unit	7	*						-	-	-	-
13.2. Assign personnel to work area	7	*						-	-	-	-
13.3. Manage work assignments and priorities	7	*						-	-	-	-
13.4. Develop duty schedules	7	*						-	-	-	-
13.5. Develop on call schedules	7	*						-	-	-	-
13.6 Develop military/civilian TR: AFI 38-101; DAFI 36-24061											
13.6.1. Job/Position descriptions	7	*						-	-	-	-
13.6.2. Performance standards	7	*						-	-	-	-
13.7. Evaluate work performance											
13.7.1. Military personnel	7	*						-	-	-	-

13.7.2. Civilian personnel								-	-	-	-
13.8 Formal course graduate evaluations TR: DAFMAN 36-2689, AFI 41-102											
13.8.1. Field evaluation Questionnaires (FEQ)								-	-	-	-
13.9. Medical Expense Personnel Reporting System (MEPRS) AFI 41-102								-	-	-	-
13.10. Manpower document TR: AFMAN 41-102											
13.10.1. Unit Manpower Document (UMD)								-	-	-	-
13.10.2. Unit Personnel Manpower Roster (UPMR)								-	-	-	-
13.10.3. Authorization Change Request (ACR)/Authorization Change Notice (ACN)								-	-	-	-
13.10.4. Urgent manning requests								-	-	-	-
13.11. Develop Budget TR: AFI 41-120											
13.11.1. Cost analysis								-	-	-	-
13.11.2. Equipment requirement projection								-	-	-	-
13.12. Perform supply management procedures TR: AFI 41-209; AFMAN 41-216											
13.12.1. Activity Issue/Turn-In								-	-	-	-
13.12.2. Backorder Report								-	-	-	-
13.12.3. Equipment Authorizations List (Allowance standard)								-	-	-	-
13.12.4. Custodial Action/Custodial Report List								-	-	-	-
13.12.5. Stock levels								-	-	-	-
13.12.6. Materiel inventories								-	-	-	-
13.12.7. Materiel references								-	-	-	-
13.12.8. Supply requests								-	-	-	-
13.12.9. Equipment requests								-	-	-	-
13.12.10. Blanket Purchase/ Standard Service Agreement								-	-	-	-
13.12.11. Automatic resupply systems								-	-	-	-
13.12.12. Defense Medical Logistics Standard Support (DMLSS)								-	-	-	-
13.12.13. Materiel complaint procedures								-	-	-	-

13.13. Fraud, Waste & Abuse Prevention										
Detection standards										
TR: AFI 23-111; DAFMAN 41-209										
13.13.1. Property liability							A	-	-	-
13.13.2. Pecuniary liability							A	-	-	-
13.13.3. Report of Survey							-	-	-	-
13.14. Develop unit self-assessment checklist TR: AFI 44-119; HIS Website: https://www.afia.af.mil/							-	-	-	-
13.15. Performance improvement (PI) process TR: AFI 44-119; HIS Website: https://www.afia.af.mil							A	-	-	-
13.16. Risk management process TR: AFI 44-119; HSI Website: HSI Website: https://www.afia.af.mil							A	-	-	-
13.17. Infection control program guidelines TR: AFI 44-108							B	-	-	-
13.18. The Joint Commission TR: Joint Commission website: http://www.jointcommission.org/							A	-	-	-
14. Enlisted Specialty Training										
TR: DAFMAN 36-2689; DAFMAN 44-119										
14.1. Develop unit training program										
14.1.1. Master task list	7	*					-	-	-	-
14.1.2. Master Training plan	7	*					-	-	-	-
14.1.3. Workcenter Orientation	7	*					-	-	-	-
14.2. Evaluate training										
14.2.1. Task Evaluation (AF Form 803)	7	*					-	-	-	-
14.2.2. Upgrade Training progress	7	*					-	-	-	-
14.2.3. Initial Training Qualification	7	*					-	-	-	-
14.3. Document Training IAW Current Guidance	7	*					-	-	-	-
15. Anatomy and Physiology										
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach; Standards, Recommended Practices and										

Guidelines; Principles of Anatomy and Physiology										
15.1. Basic medical terms							A	-	-	-
15.2. Common operative procedures							A	-	-	-
15.3. Body planes, surfaces, and cavities							A	-	-	-
15.4. Cell, Tissue, and Organ Composition							A	-	-	-
15.5. Structure & Function of Major Body Systems							A	-	-	-
15.5.1. Integumentary							A	-	-	-
15.5.2. Skeletal							A	-	-	-
15.5.3. Muscular							A	-	-	-
15.5.4. Nervous							A	-	-	-
15.5.5. Circulatory							A	-	-	-
15.5.6. Lymphatic/Immune							A	-	-	-
15.5.7. Respiratory							A	-	-	-
15.5.8. Digestive							A	-	-	-
15.5.9. Urinary							A	-	-	-
15.5.10. Reproductive							A	-	-	-
15.6. Sensory functions										
15.6.1. Vision							A	-	-	-
15.6.2. Hearing							A	-	-	-
15.6.3. Taste							A	-	-	-
15.6.4. Smell							A	-	-	-
16. Surgical Specialties										
TR: Surgical Technology for the Surgical Technologist: A Positive Care Approach										
16.1. Obtain/Maintain Certified Surgical Technologist Certification. (Follow ARC/STSA requirements)	5	*					3c	-	-	-
16.2. Assist with General Surgery Procedures							a	-	-	-
16.3. Assist with Obstetrics and Gynecology Procedures							a	-	-	-
16.4. Assist Orthopedic Procedures							a	-	-	-
16.5. Assist with Genitourinary Surgery Procedures							a	-	-	-
16.6. Assist with Cardio/Thoracic Surgery Procedures							a	-	-	-
16.7. Assist with Vascular Surgery Procedures							a	-	-	-
16.8. Assist with Neurosurgery Procedures							a	-	-	-
16.9. Assist with Ophthalmology							a	-	-	-

Surgery Procedures											
16.10. Assist with Otolaryngology Procedures								a	-	-	-
16.11. Assist with Oral/Maxillofacial Surgery Procedures								a	-	-	-
16.12. Assist with Plastic Surgery Procedures								a	-	-	-
16.13. Assist with Pediatric Surgery Procedures								a	-	-	-
17. Medical Readiness 10-405; AFI 41-106											
17.1. Air Force Generation (AFFORGEN) concepts TR: https://tmis.us.af.mil/afforgconnect								-	-	-	-
17.2. Expeditionary Medical Support (EMEDS) surgical roles											
17.2.1. Surgical Unit Type Codes (UTC)								-	-	-	-
17.2.2. Comprehensive Medical Readiness Program (CMRP)								-	-	-	-

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Attachment 3: Clinic Personnel STS

18. CLINIC ADMINISTRATION TR: AFI 44-102; AFI 44-171; AFMAN 41-210; DHAPI 6430.06; DHATM 6430.02; AORN Guidelines for Perioperative Practice, Genesis Information Portal; The Basics of Sterile Processing											
18.1. Patient Scheduling											
18.1.1. Automated appointment systems								-	-	-	-
18.1.2. Manually schedule appointments								-	-	-	-
18.1.3. Coordinate scheduling diagnostic therapeutic test requests								-	-	-	-
18.1.4. Coordinate OR case scheduling											
18.1.4.1. Electronic								-	-	-	-
18.1.4.2. Manual								-	-	-	-
18.1.4.3. Documentation								-	-	-	-
18.1.4.4. Medical Rep/ Specialty Equipment								-	-	-	-
18.1.5. Ambulatory Data System (ADS)											
18.1.5.1. Diagnosis Coding								-	-	-	-
18.1.5.2. Procedure Coding								-	-	-	-
18.2. Patient education											
18.2.1. Preoperative patient counseling								-	-	-	-
18.2.2. Medical condition								-	-	-	-
18.3. Patient reception											
18.3.1. Review consults								-	-	-	-
18.3.2. Screen/review patient records								-	-	-	-
18.3.3. Eligibility of care											
18.3.3.1. ID check								-	-	-	-
18.3.3.2. DEERS check								-	-	-	-
18.3.4. Medical Records Management											
18.3.4.1. Outpatient											
18.3.4.1.1. Chargeout								-	-	-	-
18.3.4.1.2. Security								-	-	-	-
18.3.4.1.3. Documentation								-	-	-	-
18.3.4.2. Inpatient											
18.3.4.2.1. Chargeout								-	-	-	-
18.3.4.2.2. Security								-	-	-	-
18.3.4.2.3. Documentation								-	-	-	-
18.3.5. Initiate and ensure completion of consent forms								-	-	-	-

18.3.6. Management and secure storage of controlled items											
18.3.6.1. Medications											
18.3.6.1.1. Narcotic								-	-	-	-
18.3.6.1.2. Non-narcotic								-	-	-	-
18.3.6.1.3. Injectables								-	-	-	-
18.3.6.1.4. Check expiration								-	-	-	-
18.3.6.1.5. Stock rotation								-	-	-	-
18.3.6.2. Needles/syringes								-	-	-	-

Attachment 4
4N1X1 STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

American Heart Association. *Basic Life Support for Health Care Provider*, current edition. National Center, 7272 Greenville Ave., Dallas TX

American Heart Association. *Instructor's Manual Basic Life Support*, current edition. National Center, 7272 Greenville Ave., Dallas TX

Association for the Advancement of Medical Instrumentation (AAMI) Standards, current edition. Website: <http://www.aami.org/index.htm>

Association of Operating Room Nurses (AORN). *Drug Information Handbook for Perioperative Nursing*, current edition.

Association of Operating Room Nurses (AORN). *Standards, Recommended Practices and Guidelines*, current edition.

Association of Operating Room Nurses (AORN). Website: <http://www.aorn.org/>

Association of Surgical Technologists (AST). *Surgical Technology for the Surgical Technologist: A Positive Care Approach*, current edition.

Certification Board for Sterile Processing and Distribution, Inc. (CBSPD). Website:

<http://www.sterileprocessing.org/cbspd.htm>

Tortora, Gerard J., *Principles of Anatomy and Physiology*, current edition

Fuller, Joanna K. *Surgical Technology Principles and Practice*, current edition

Joint Commission Accreditation Healthcare Organizations. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook Comprehensive Accreditation Manual for Hospital Joint Commission Resources*, current edition.

Clinical Nursing Skills and Techniques, Website https://point-of-care.elsevierperformancemanager.com/skills/698/quick-sheet?skillId=GN_43_11B&virtualname=usaf-washingtondc

National Board of Surgical Technology and Surgical Assisting. Website: <http://www.nbtsa.org/about/index.html>

Netina, Sandra M., *Lippincott Manual of Nursing Practice*, current edition

STAT!Ref Online Electronic Medical Library: Davis's Drug Guide for Nurses, current edition, Website

<http://online.statref.com/document/afQPekdf0C2e3csLLViDsD>

STAT!Ref Online Electronic Medical Library: Nancy Caroline's Emergency Care In The Streets, current edition,

Website <http://online.statref.com/document/>

6_3Gp2EuTktYHMSEK_h4j?searchid=1657404457298083737&categoryType=All

STAT!Ref Online Electronic Medical Library: Taber's Cyclopedic Medical Dictionary, current edition, Website <http://online.statref.com/document/A0qfFM8NjcZIpdnEmzyxhj?searchid=1656986347688053097&categoryType=All>

Sterile Processing University LLC, *The Basics of Sterile Processing Textbook*, current edition

The Joint Commission. Website: <http://www.jointcommission.org/>

Thibodeau, Gary A. and Patton, Kevin T. *Structure and Function of the Body*, current edition.

GOVERNMENT PUBLICATIONS

Public Law

Public Law 93-579, "Privacy Act of 1974" December 1974

Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996," August 1996.

Department of Defense

DODI 5000.64, *Accountability and Management of DoD Equipment and Other Accountable Property*

DODI 6000.14, *DoD Patient Bill of Rights and Responsibilities in the Military Health System*

MHS Genesis Military Health System, website <https://www.milsuite.mil/book/docs/DOC-675343>

Defense Health Agency

DHATM 6430.02, Volume 7, Defense Medical Logistics Standard Support (DMLSS) - Volume 7, Equipment Management and Equipment Maintenance

DHAPI 6430.06, Medical Surgical Prime Vendor Onsite Representative

Fiscal Year 2022 Military Health System Specific Coding Guidelines, Website
<https://www.milsuite.mil/book/docs/DOC-1084398>

Department of the Air Force

AFH 1, *Airman*

AFI 10-405, *Expeditionary Readiness Training Program*

AFI 23-111, *Accountability and Management of DoD Equipment and Other Accountable Property*

AFH 33-337, *The Tongue and Quill*

DAFMAN 36-2689, *Training Program*

AFI 36-2406, *Officer and Enlisted Evaluation Systems*

DAFI 36-2406, *Officer and Enlisted Evaluation Systems*

AFI 38-101, *Manpower and Organization*

AFI 41-102, *Air Force Medical Expense and Performance Reporting System (MEPRS) for Fixed Military Medical and Dental Treatment Facilities*

AFI 41-106, Air Force Medical Readiness Program

AFMAN 41-120, Medical Resource Management Operations

AFI 41-200, Health Insurance Portability and Accountability Act (HIPAA)

AFMAN 41-209, Medical Logistics Support

AFMAN 41-210, Tricare Operations and Patient Administration

AFMAN 41-216, Defense Medical Logistics Standard Support (DMLSS) User's Manual

AFI 44-102, Medical Care Management

AFI 44-108, Infection Prevention and Control Program

AFMI 44-119, Medical Quality Operations

AFMAN 44-171, Air Force Medical Home Operations

DAFI 48-145, Occupational and Environmental Health Program

AFPD 90-8, Environment, Safety, Occupational Health Management and Risk Management

AFI 90-821, Hazard Communication (HAZCOM) Program

DAFMAN 91-203, Air Force Occupational Safety, Fire, and Health Standards

AFTTP3-42.71, Expeditionary Medical Support (EMEDS) and Air Force Theater Hospital (AFTH)

The Enlisted Force Structure

Attachment 5: Urology (4N1X1B) STS

1. Tasks, Knowledge And Technical References	2. Tasks		3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided via ICW and/or			
	Core/Cert	Deployment * / SEI	A	B	C	D	E	A	B	C	D
			Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-lvl	5-lvl	7-lvl	9-lvl
19. UROLOGYSURGICAL SPECIALTY											
Smith & Tanagho's General Urology											
19.1. Urological anatomy and physiology								B	-	-	-
19.2. Urologic terminology								B	-	-	-
19.3. Special urological instruments								B	-	-	-
19.4. Special urological equipment								B	-	-	-
19.5. Perform Clinical Procedures											
TR: Smith & Tanagho's General Urology; Lippincott Manual of Nursing Practice											
19.5.1. Catheterizations	5							2b	-	-	-
19.5.2. Collect urine specimen											
19.5.2.1. Catheterized	5							2b	-	-	-
19.5.2.2. "Clean-catch"	5							2b	-	-	-
19.5.3. Intraurethral instillations	5							2b	-	-	-
19.5.4. Intravesical instillations	5							2b	-	-	-
19.5.5. Bladder chemotherapy treatment								a	-	-	-
19.5.6. Injections											
19.5.6.1. Prepare medications for injection											
19.5.6.2. Intramuscular injections								2b	-	-	-
19.5.6.3. Intradermal injections								2b	-	-	-
19.5.6.4. Penile injections								2b	-	-	-
19.5.7. Urodynamic studies											
19.5.7.1. Cystometrogram								1a	-	-	-
19.5.7.2. Urethral pressure profiles								1a	-	-	-
19.5.7.3. Electro-myography								1a	-	-	-
19.5.7.4. Flow studies	5							2b	-	-	-
19.5.8. Urethral dilation's								a	-	-	-
19.5.9. Perform macrourinalysis											
19.5.9.1. Manual								B	-	-	-
19.5.9.2. Electronic								B	-	-	-
19.6. Position patients	5							2b	-	-	-
19.7. Prep patients	5							2b	-	-	-

19.8. Bladder ultrasound	5						2b	-	-	-
19.9. Remove staples/sutures							2b	-	-	-
19.10. Assist with minor surgical (clinic) procedures										
19.10.1. Circumcisions							2b	-	-	-
19.10.2. Vasectomy	5						2b	-	-	-
19.10.3. Prostate biopsy	5						2b	-	-	-
19.10.4. Scrotal I & D							2b	-	-	-
19.10.5. Meatotomy							2b	-	-	-
19.10.6. Wart/condyloma excision							2b	-	-	-
19.11. Perform/assist with procedures										
TR: Smith & Tanagho's General Urology										
19.11.1. Diagnostic radiographic										
19.11.1.1. Retrograde urethrogram	5						2b	-	-	-
19.11.1.2. Cystogram							2b	-	-	-
19.11.1.3. Voiding cystourethrogram							2b	-	-	-
19.11.1.4. Nephrostogram							a	-	-	-
19.11.1.5. Fluoroscopic radiology	5						2b	-	-	-
19.11.1.6. Retrograde pyelogram	5						2b	-	-	-
19.11.1.8. Kidney Ureter Bladder (KUB)	5						2b	-	-	-
19.11.1.9. Allergic reactions and response	5						2b	-	-	-
19.11.2. Endoscopic										
19.11.2.1. Cystoscopy										
19.11.2.1.1. Rigid	5						2b	-	-	-
19.11.2.1.2. Flexible	5						2b	-	-	-
19.11.2.1.3. With stent placement	5						2b	-	-	-
19.11.2.2. Ureteroscopy	5						2b	-	-	-
19.11.2.3. Calculus extraction by stone basket	5						2b	-	-	-
19.11.2.4. Transurethral Resection of Prostate (TURP)	5						2b	-	-	-
19.11.2.5. Transurethral Incision of Prostate (TUIP)							a	-	-	-
19.11.2.6. Transurethral Resection of Bladder Tumor (TURBT)	5						2b	-	-	-
19.11.3. Lithotripsy										
19.11.3.1. Laser							2b	-	-	-
19.11.3.3. Percutaneous Nephrolithotripsy							2b	-	-	-
19.11.3.4. Extracorporeal Shockwave (ESWL)							2b	-	-	-
19.12. Perform Scrub duties (OR)										
TR: Smith and Tanagho's General Urology										
19.12.1. Orchiopexy							2b	-	-	-
19.12.2. Circumcisions/Dorsal slit							2b	-	-	-

19.12.3. Hydrocelectomy/hernia repair								2b	-	-	-
19.12.4. Varicocelectomy								2b	-	-	-
19.12.5. Spermatocelectomy								2b	-	-	-
19.12.6. Orchiectomy								2b	-	-	-
19.12.7. Pyeloplasty								2b	-	-	-
19.12.8. Pyelolithotomy								2b	-	-	-
19.12.9. Prostatectomy											
19.12.9.1. Suprapubic								2b	-	-	-
19.12.9.2. Radical								2b	-	-	-
19.12.9.3. Perineal								2b	-	-	-
19.12.10. Nephrectomy								2b	-	-	-
19.12.11. Radical Cystectomy with Illeoconduit								2b	-	-	-
19.12.12. Vasovasostomy								2b	-	-	-
19.12.13. Robotic Procedures								2b	-	-	-
19.13. Patient teaching TR: Lippincott Manual of Nursing Practice; Urologic Nursing: Principles and Practice											
19.13.1. Urostomy (stoma) care								A	-	-	-
19.13.2. Self-catheterization	5							2b	-	-	-

Attachment 6
4N1X1B STS TRAINING REFERENCES (TR) SOURCE SUMMARY
COMMERCIAL PUBLICATIONS

Nettina, Sandra M. *Lippincott Manual of Nursing Practice, current edition.*

Tanagho, Emil A. and McAninch, Jack W. *Smith's General Urology, current edition.*

Attachment 7: Orthopedic (4N1X1C) STS

1. Tasks, Knowledge And Technical References	2. Tasks		3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided via ICW and/or			
	Core/Cert	Deployment * / SEI	A	B	C	D	E	A	B	C	D
			Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-lvl	5-lvl	7-lvl	9-lvl
20. ORTHOPEDIC SURGICAL SPECIALTY TR: Handbook of Orthopaedic Emergencies; Lippincott Manual of Nursing Practice; Manual of Orthopedics; Orthopaedics; Orthopedic Techniques I/II Student Handbook; Surgical Technology Principles and Practice											
20.1. Orthopaedic Anatomy and Physiology											
20.1.1. Medical Terminology								A	-	-	-
20.1.2. Location and function of the peripheral nervous system								A	-	-	-
20.1.3. Location and anatomical structure related to orthopedic disorders								A	-	-	-
20.1.3.1. Bony structures								A	-	-	-
20.1.3.2. Major joints, structures, and functions								A	-	-	-
20.1.3.3. Major muscles and their functions								A	-	-	-
20.2. Apply and remove orthopaedic devices/braces TR: Orthopaedics											
20.2.1. Plaster and fiberglass											
20.2.1.1. Casts											
20.2.1.1.1. Standard short arm	5	*						2b	-	-	-
20.2.1.1.2. Short arm (ulnar type)	5	*						2b	-	-	-
20.2.1.1.3. Short arm (radial gutter)								b	-	-	-
20.2.1.1.4. Short arm thumb spica	5	*						2b	-	-	-
20.2.1.1.5. Standard long arm	5	*						2b	-	-	-

20.2.1.1.6. Long arm hanging							b	-	-	-
20.2.1.1.7. Long arm Thumb spica							b	-	-	-
20.2.1.1.8. Muenster							b	-	-	-
20.2.1.1.9. Long leg	5	*					2b	-	-	-
20.2.1.1.10. Short leg	5	*					2b	-	-	-
20.2.1.1.11. Patella tendon bearing							b	-	-	-
20.2.1.1.12. Long leg cylinder							2b	-	-	-
20.2.1.1.13. Hip spica							-	-	-	-
20.2.1.1.14. Total Contact							-	-	-	-
20.2.1.1.15. Club Foot							-	-	-	-
20.2.1.2. Splints										
20.2.1.2.1. Short arm (Volar)	5						2b	-	-	-
20.2.1.2.2. Short arm sugar tong	5						2b	-	-	-
20.2.1.2.3. Ulnar Gutter	5						2b	-	-	-
20.2.1.2.4. Radial Gutter							b	-	-	-
20.2.1.2.5. Thumb Spica	5						2b	-	-	-
20.2.1.2.6. Long arm (Posterior)							-	-	-	-
20.2.1.2.7. Long arm sugar tong	5						2b	-	-	-
20.2.1.2.8. Long leg (Posterior)							-	-	-	-
20.2.1.2.9. Short leg (Posterior)	5						2b	-	-	-
20.1.2.10. Robert Jones splint/dressing	5						2b	-	-	-
20.2.2. Cast/Splint removal and modification										
20.2.2.1. Uni-valve/Bi-valve	5						2b	-	-	-
20.2.2.2. Window/Wedging							2b	-	-	-
20.2.2.3. Patient teaching										
20.2.2.3.1. Cast/splint care	5						2b	-	-	-
20.2.2.3.2. Discuss/Demonstrate complications							2b	-	-	-
20.2.2.3.3. Select and fit off-the-shelf bracing										
20.2.2.3.3.1. Cock-up wrist	5						-	-	-	-
20.2.2.3.3.2. Knee immobilizer	5						-	-	-	-
20.2.2.3.3.3. Cam walker	5						-	-	-	-
20.2.2.3.3.4. Ankle	5						-	-	-	-
20.2.2.3.3.5. Instruct patients in use of crutches	5						2b	-	-	-
20.2.2.3.3.6 Instruct patients in use of canes and walkers							-	-	-	-
20.2.2.3.3.7 Instruct patients in use of scooters							-	-	-	-
20.2.3. Traction										
TR: Manual of Orthopaedics										
20.2.3.1. Pulley mechanics							2b	-	-	-
20.2.3.2. Methods of application										
20.2.3.2.1. Skin							1b	-	-	-

20.2.3.2.2. Skeletal								b	-	-	-
20.2.3.3. Traction Precautions/Complications								A	-	-	-
20.2.3.4. Basic Traction Applications											
20.2.3.4.1. Buck's								2b	-	-	-
20.2.3.4.2. Balanced suspension w/skin								b	-	-	-
20.2.3.4.3. Balanced suspension w/skeletal								A	-	-	-
20.2.3.4.4. Finger Traps								2b	-	-	-
20.3. Perform basic nursing care TR: Fundamental Skills and Concepts in Patient Care; Lippincott Manual of Nursing Practice											
20.3.1. Suture removal	5							-	-	-	-
20.3.2. Drain removal								-	-	-	-
20.3.3. Staple removal	5							-	-	-	-
20.3.4. Dressing removal	5							-	-	-	-
20.3.5. Post-op incision care	5							-	-	-	-
20.3.6. Pin care								-	-	-	-
20.3.7. Cast/Splint complications	5							-	-	-	-
20.4. Treatment of injuries, disorders, and deformities TR:AO/ASIF Instruments and Implants: A Technical Manual; Manual of Orthopaedics; The Traction Handbook											
20.4.1. Treatment of											
20.4.1.1. Fractures (surgical/nonsurgical)	5							A	-	-	-
20.4.1.2. Dislocations and subluxations								A	-	-	-
20.4.1.3. Sprains, strains, & contusions								A	-	-	-
20.4.1.4. Postural deformities								-	-	-	-
20.4.1.5. Congenital anomalies								-	-	-	-
20.4.1.6. Bone and soft tissue conditions											
20.4.1.6.1. Tumors								-	-	-	-
20.4.1.6.2. Muscles, tendons, and tendon sheaths								A	-	-	-
20.4.1.6.3. Fascia and bursae								A	-	-	-
20.4.1.6.4. Nervous system								A	-	-	-
20.4.1.7 Joint conditions											
20.4.1.7.1. Traumatic								A	-	-	-
20.4.1.7.2. Acute infections								A	-	-	-
20.4.1.8. Ankylosing deformities											
20.4.1.8.1. Peripheral nerve								A	-	-	-

injuries											
20.4.1.9. Perform Tendon Graft Prep											
20.4.1.9.1. Soft Tissue								-	-	-	-
20.4.1.9.2. Bone Tendon Bone								-	-	-	-

Attachment 8
4N1X1C STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

Aluisio, Frank V., et al. *Orthopaedics, current edition.*

Fuller, Joanna *Surgical Technology Principles and Practice, current edition*

Hart, Raymond G., et al. *Handbook of Orthopaedic Emergencies, current edition.*

Medical Education and Training Campus. *Orthopedic Techniques I/II Student Handbook*

Nettina, Sandra M. *Lippincott Manual of Nursing Practice, current edition.*

Swiontkowski, Marc F. and Iversen, Larry D. *Manual of Orthopaedics, current edition.*

Attachment 9: Otolaryngology (4N1X1D) STS

1. Tasks, Knowledge And Technical References	2. Tasks		3. Certification For OJT					4. Proficiency Codes Used To Indicate Training/Information Provided via ICW and/or			
	Core/Cert	Deployment * / SEI	A	B	C	D	E	A	B	C	D
			Tng Start	Tng Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-lvl	5-lvl	7-lvl	9-lvl
21. OTOLARYNGOLOGY SURGICAL SPECIALTY TR: Current Diagnosis & Treatment Otolaryngology; Surgical Technologists, AST. Surgical Technology for the Surgical Technologist											
21.1. Otolaryngology anatomy, physiology, and terminology TR: Essentials of Otolaryngology; Current Diagnosis & Treatment Otolaryngology -Head and Neck Surgery											
21.1.1. Otolaryngologic anatomical structures								A	-	-	-
21.1.2. Otolaryngology-specific medical terminology								A	-	-	-
21.2. Remove external ear debris and foreign bodies											
21.2.1. Ear Instruments (microscope)	5							2b	-	-	-
21.2.2. Suction (microscope)	5							2b	-	-	-
21.2.3. Recognize fungal infections of the ear								A	-	-	-
21.3. Facial nerve monitoring								A	-	-	-
21.4. Application of nasal fracture casts/splints TR: Current Diagnosis & Treatment Otolaryngology-Head and Neck Surgery											
21.4.1. Malleable								A	-	-	-
21.4.2. Thermoplastic								2b	-	-	-
21.4.3. Internal/external nasal splint removal								A	-	-	-
21.5. Application of dressings and packs								1a	-	-	-

21.6. Perform basic nursing care Kozier's Fundamentals of Nursing										
21.6.1. Suture removal	5						2b	-	-	-
21.6.2. Drain removal	5						b	-	-	-
21.6.3. Staple removal							-	-	-	-
21.6.4. Dressing removal	5						-	-	-	-
21.6.5. Post-op incision							A	-	-	-
21.6.6. Assist with tracheostomy care							2b	-	-	-
21.6.7. Assist with culture swabs							a	-	-	-
21.7. Assist physician in performing otolaryngology clinical procedures TR: Current Diagnosis & Treatment Otolaryngology-Head and Neck Surgery										
21.7.1. Initial ENT examination	5						2b	-	-	-
21.7.2. Salivary gland examination							-	-	-	-
21.7.3. Sinus irrigations							a	-	-	-
21.7.4. Peritonsillar abscess I & D							b	-	-	-
21.7.5. Anterior and posterior nasal packs							-	-	-	-
21.7.6. Closed reductions of nasal fractures							b	-	-	-
21.7.7. Tracheostomy replacement							b	-	-	-
21.7.8. Wound debridement							-	-	-	-
21.7.9. Head and neck tumor care							-	-	-	-
21.7.10. Management of epistaxis							a	-	-	-
21.7.11. Topical medications/nasal spray	5						2b	-	-	-
21.7.12. Air Conduction							-	-	-	-
21.7.13. Impedance audiometry/tympanometry							2b	-	-	-
21.8. Perform scrub duties (OR) Surgical Technology for the Surgical Technologist A Positive Care Approach										
21.8.1. Myringotomy and insertion of PE tubes	5						2b	-	-	-
21.8.2. Tonsillectomy and adenoidectomy	5						2b	-	-	-
21.8.3. Uvulopalatopharyngoplasty (UPPP)							b	-	-	-
21.8.4. Septoplasty /Septorhinoplasty	5						2b	-	-	-
21.8.5. Middle ear procedures										
21.8.5.1. Tympanoplasty and Mastoidectomy							2b	-	-	-
21.8.5.2. Stapedectomy							a	-	-	-

21.8.5.3. Cochlear Implant (CI)								-	-	-	-
21.8.5.4. Bone Anchored Hearing Aid (BAHA)								-	-	-	-
21.8.6. Neck procedures											
21.8.6.1. Thyroidectomy	5							2b	-	-	-
21.8.6.2. Neck dissection								a	-	-	-
21.8.6.3. Tracheostomy								a	-	-	-
21.8.7. Endoscopies											
21.8.7.1. Laryngoscopy	5							2b	-	-	-
21.8.7.2. Bronchoscopy								a	-	-	-
21.8.7.3. Esophagoscopy								a	-	-	-
21.8.8. Functional endoscopic sinus surgery (FESS)	5							2b	-	-	-
21.8.9. Facial plastics/reconstruction											
21.8.9.1. Blepharoplasty								b	-	-	-
21.8.9.2. Rhytidectomy								-	-	-	-
21.8.9.3. Otoplasty								b	-	-	-
21.8.9.4. Scar revisions								-	-	-	-
21.8.9.5. Maxillofacial plating system								b	-	-	-
21.10. Clinic safe operation and setup of equipment TR: Current Diagnosis & Treatment Otolaryngology Head and Neck Surgery; Essentials of Otolaryngology; The Surgical Technologist for the Surgical Technologist A Positive Care Approach											
21.10.1. Audiometer								-	-	-	-
21.10.2. ENT examination chairs								2b	-	-	-
21.10.3. ENT treatment cabinets/SMR unit								2b	-	-	-
21.10.4. Operating microscope								2b	-	-	-
21.10.5. Laser								b	-	-	-

Attachment 10
4N1X1D STS TRAINING REFERENCES (TR) SOURCE SUMMARY

COMMERCIAL PUBLICATIONS

Berman, Audrey T., *Fundamentals of Nursing (Kozier & Erb's), current edition*

Lucente, Frank E., et al. *Essentials of Otolaryngology, current edition.*

Association of Surgical Technologists, AST. *Surgical Technology for the Surgical technologist, current edition.*

Lalwani, Anil. *Current Diagnosis & Treatment Otolaryngology—Head and Neck Surgery, current edition.*

Section B – Course Objective List

NOTE: This area is reserved.

Section C - Support Material

1. Supporting Material for Surgical Service Specialty. The following list of support materials is not all inclusive; however, it covers the most frequently referenced areas.

**Surgical Service Specialty
Qualification Training Packages
F = Frequency**

QTP Volume	Title	OPR
QTP 4N1X1X-01 Module 1	Microbiology and Infection Control Principles and Application of Surgical Asepsis	CFM (Skills Verification)
QTP 4N1X1X-02 Module 1 Module 2	Sterilization and Disinfection Preparation of Instruments, Sets, Packs and Supplies for Sterilization Principles of Loading and Unloading a Steam Sterilizer	CFM (F: Q20 months) (F: Q20 months)
QTP 4N1X1X-03 Module 1 Module2	Preoperative Preparation of the Patient Principles and Techniques for Removal of Body Hair Performing Cleansing Skin Preps	CFM (Skills Verification) (F: Q20 months)
QTP 4N1X1X-04 Module 1 Module 2 Module 3 Module 4	Duties of Scrub and Circulating Personnel Scrubbing, Gowning and Gloving Self and Team Members Establishing and Maintaining a Sterile Field Surgical Counts Care and Handling of Specimens	CFM (F: Q20 months) (F: Q20 months) (F: Q20 months) (F: Q20 months)
QTP 4N1X1X-05 Module 1 Module 2 Module 3	Set Up and Safe Operation of Equipment Electrosurgical Devices Cardiac Monitors and Defibrillators Suction, Lights, and Operating Room Table	CFM (F: Q20 months) (Skills Verification) (F: Q20 months)
QTP 4N1X1X-06 Module 1 Module 2 Module 3	Nursing Care of the Surgical Patient Intravenous Infusion/Blood Administration Vital Signs Basic Post-Anesthesia Nursing Care	CFM (Skills Verification) (F: Q20 months) (F: Q20 months)
QTP 4N1X1X-07 Module 1	Medication Administration Guidelines for Handling Drugs and Solutions	CFM (Skills Verification)

F: These QTPs satisfy RSV training requirements along with BLS certification. Skills verification is used to **initially** certify that an individual can demonstrate the adequate level of skill and proficiency to correctly perform a task.

**Urological Surgical Specialty
Qualification Training
Packages F = Frequency**

QTP Volume	Title	OPR
QTP 4N1X1X-B1	Urology Surgical Specialty	CFM
Module 1	Perform Clinical Procedures	(F: Q20 months)
Module 2	Perform/Assist with Diagnostic Radiographic Procedures	(F: Q20 months)

**Orthopedic Surgical Specialty
Qualification Training
Packages F = Frequency**

QTP Volume	Title	OPR
QTP 4N1X1X-C1	Application and Removal of Orthopedic Devices	CFM
Module 1	Casts & Splints	(F: Q20 months)
Module 2	Application of Traction	(F: Q20 months)
Module 3	Graft Preparation	(F: Q20 months)

**Otolaryngology Surgical
Specialty Qualification
Training Packages
F = Frequency**

QTP Volume	Title	OPR
QTP 4N1X1X-D1	Removal of External Ear Debris and Foreign Bodies	CFM (F: Q20 months)
QTP 4N1X1X-D2	Application of Nasal Fracture Casts and Splints	(F: Q20 months)
QTP 4N1X1X-D3	Clinic Procedures	(F: Q20 months)
QTP 4N1X1X-D4	Basic Audiology Procedures	(F: Q20 months)

Section D - Training Course Index

1. Purpose. This section of the CFETP identifies training courses available for the specialty and shows how the courses are used by each MAJCOM in their career field training programs.

2. Air Force In-Residence Courses.

COURSE NUMBER	TITLE	LOCATION(S)	USER
L3ATP40030 00RA	Expeditionary Medical Readiness Length: 2 days	Camp Bullis	ADAF AFRC ANG
L8AQJ4N131 01AA	Surgical Technologist Apprentice-Phase I Length: 9 weeks and 1 day	Ft Sam Houston, TX	ADAF AFRC ANG
L5ABO4N131 02AA	Surgical Technologist Apprentice-Phase II Length: 6 weeks and 2 days	Keesler AFB Eglin AFB Travis AFB Nellis AFB Wright-Patterson AFB	ADAF AFRC ANG
L9ALN4N1X1B 00AA	Urology Surgical Technologist Apprentice Length: 15 weeks and 2 days	Ft Sam Houston, TX	ADAF AFRC ANG
L8ALJ4N13C00AA	Orthopedic Surgical Technologist Apprentice Length: 6 weeks	Ft Sam Houston, TX	ADAF AFRC ANG
L8ALJ4N131D00AA	Otolaryngology Surgical Technologist Apprentice Length: 8 weeks	Ft Sam Houston, TX	ADAF AFRC ANG

3. Air Force Institute of Advanced Distributed Learning (AFIADL) Courses.

COURSE NUMBER	TITLE	LOCATION(S)	USER
CDC 4N151A	Surgical Service Journeyman, Part I	Gunter Annex, Maxwell AFB, AL	ADAF
CDC 4N151B	Surgical Service Journeyman, Part II		
CDC 4N171	Surgical Service Craftsman		

4. Exportable Courses. There is currently no exportable course available at this time. This area is reserved.

5. Courses Under Development/Revision (*due to changes in this CFETP*).

5.1. CDC 4N151A/B, will be discontinued.

5.2. CDC 4N171, Surgical Services Craftsman will be discontinued.

Section E – MAJCOM-Unique Requirements

1. Purpose. This section applies to all enlisted surgical service personnel assigned to all Air Force Reserve (ARC) and Air National Guard (ANG) units.

2. Additional Apprenticeship (3-Skill Level) Training Requirements.

2.1. AFRC-Specific Requirements.

2.1.1. Qualification Training.

2.1.1.1. Upon completion of Surgical Technologist Apprenticeship Course and Surgical Technologist Apprenticeship Phase II, the Surgical Technologist Apprenticeship (non-prior and cross-trainees) will be assigned to an active duty hospital for up to 120 days (minimum 60) to acquire proficiency in performing tasks for their skill level. The length of training should depend on the apprentice’s civilian experience. The apprentice should be assigned to a surgical suite and SPD. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

2.1.1.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate, AF Form 1256, **Certificate of Training**, to the Reserve unit of assignment. The Reserve unit of assignment will then initiate upgrade action using AF Form

2096, **Classification/On-the-Job-Training Action**, to award the 3-skill level and enter the apprentice in the appropriate TSC “B” or “F”.

2.2. ANG-Specific Requirements.

2.2.1. Seasoning (Qualification) Training.

2.2.1.1. Upon completion of Surgical Service Technologist Course – Phase I and Surgical Technologist Apprentice - Phase II, all Surgical Technologist Apprentices will be assigned to an active duty hospital for a period of 60 days to acquire proficiency in performing tasks for their skill level. Qualification training must be accomplished in conjunction with Phase II training. The apprentice should be assigned to a surgical suite and SPD. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency on all core tasks for the specialty.

2.2.1.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate, AF Form 1256, to the Guard unit of assignment. The Guard unit of assignment will then initiate upgrade action using AF Form 2096 to award the 3-skill level and enter the apprentice in the appropriate TSC “B” or “F”. *OPR: ANGRC/SGN, 3500 Fetchet Ave., Andrews AFB, MD 20331-5157, DSN: 278-8303.*

3. ARC CMRP (Sustainment Training). Personnel in the 3-skill level must complete all core tasks identified in the STS prior to 5- level upgrade. QTPs have been developed to standardize and correspond with the CMRPs. CMRPs can be accomplished at active duty MTFs, Expeditionary Medical Support (commonly referred to as EMEDs) and the Center for the Sustainment of Trauma and Readiness Skills (commonly referred to as CSTARS).

Section F – Documentation of Training (Medical Specific)

Part 1: Electronic Training Record

1. Electronic Training Record Purpose. An enterprise-wide custom training management system designed to replace the paper-based training records (previously called the *Enlisted Training and Competency Folder*). It has been mandated for use by all enlisted career fields within the AFMS to document all training actions and competency-related issues.

2. Electronic Training Record components managed by the supervisor are:

2.1. Master Task List (MTL). The MTL is a comprehensive list containing 100% of all tasks performed within a work center. The MTL consists of the current STS, AF Form 623 Parts II and III, AF Forms 797 and 1098 tasks, and tasks required to meet deployment and/or UTC requirements.

2.2. Duty Task List (DTL). The DTL is a list of all tasks required for a given duty position. The supervisor creates the DTL by selecting tasks from the MTL.

2.3. Individual Training Record (ITR). All training is documented in the ITR by way of an electronic training record. This is the electronic version of the former Enlisted Training and Competency Folder. The ITR is made up of the AF Form 623 Parts I, II and III; AF Forms 623a, 797, 803 and 1098; and JQS. This record is automatically populated based upon the duty position the individual is assigned to. ***All enlisted personnel (CMSgt and below) with a medical AFSC will have an active ITR within the electronic training record.*** Refer to DAFMAN 36-2689 for guidance in documenting training on the various forms contained within the ITR.

2.4. Qualification Training Packages (QTP) required to perform peacetime/wartime duties.

2.4.1. Required for all tasks identified in the CFETP that requires completion of a QTP before upgrade.

2.4.2. Required for all tasks not listed in the CFETP and/or identified by the duty section or facility as a high-risk procedure or task. **NOTE:** Tasks included in the CFETP have already been reviewed. Those identified as high risk usually have a QTP. Other tasks in the CFETP **do not** require QTPs.

NOTE: The 4N1X1X ACFM serves as the initial point of contact for QTP development, and may delegate this responsibility to the MFM.

3. Electronic Training Record provides the capability to upload training-related documents into an ITR. The following documents (as applicable) will be uploaded into every 4N1X1X ITR:

3.1. Current BLS Card.

3.2. AF Form 2096.

3.3. AETC Form 156, **Student Training Report.**

3.4. CDC Enrollment Cards.

3.5. AF Form 34, **Field Score Sheet.**

3.6. Course Examination Scorecard.

4. Guidance for AFMS-required ITR documentation also includes, but is not limited to, AFI 41-106, *Medical Readiness Program Management*, AFI 44-102, *Medical Care Management*; AFI 44-110, *Medical Quality Operations*; and AFI 46-101, *Nursing Services and Operations*.

Part 2: Work Center Training Binder

5. Initial (work center orientation/supervisor initial evaluation) and ongoing (competency verification) training is vital to the successful mission of any organization. To ensure all initial and ongoing work center training meets required standards, each work center will maintain a training binder (electronic or hard copy). This training binder will be utilized by supervisors and trainers and will be set up in the following order:

5.1. Work center description. This includes daily work center mission, responsibilities, and any age-range of patients cared for in this work center.

5.2. Work center training monitor appointment letter identifying primary, alternate, and the individual's roles and responsibilities.

5.3. Roster identifying work center trainer(s)/certifier(s).

5.4. Job description/performance standards for each work center duty position.

5.5. Current CFETP and associated change(s) as found on Air Force E-Publishing for each AFSC assigned to the work center. **NOTE:** It may be helpful to create/maintain a training binder for each AFSC.

5.6. Copy of the MTL, as found in the electronic training record, for each work center.

5.7. Copies of all QTPs and/or ISD checklist(s) used during orientation and/or location(s) of any training plans/evaluation tools used to validate trainee qualifications.

5.8. Work center orientation checklist. In addition to the minimum requirements stated in DAFMAN 36-2689 include timelines (milestones) for each task identified.

5.9. AF Form 623a sample entry of supervisor initial evaluation of trainee qualifications. Minimum information required in the statement can be found in DAFMAN 36-2689. This evaluation must also include full review of the MTL for trainee's duty position, revalidation of qualification(s) and timelines (milestones) for items that require further validation and/or training.

5.10. AF Form 623a sample entry of annual job description/performance standards review.