



# **Recommendations for CSTs, Program Directors, and State Assemblies When Addressing On-the-Job Training with a Healthcare Facility**

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## **Recommendations for CSTs, Program Directors, and State Assemblies When Addressing On-the-Job Training with Healthcare Facility Administration**

### **Introduction**

AST has been closely monitoring the developing issue of on-the-job training (OJT) being provided by an increasing number of healthcare facilities (HCF). AST is providing this information as a tool for CSTs, Program Directors, and State Assemblies to use when discussing the issue of OJT with HCF and surgery department administration and others who may be proponents of OJT. AST relies on its grass-roots team to assist in tackling this important challenge that OJT presents to the profession.

### **Approaching Administration**

First and foremost, it must be a group effort – no one single person can be “appointed” as the representative of the group – all the CST employees, Program Directors, and State Assembly Board of Directors must be behind the effort to discuss the OJT issue with HCF administration.

Secondly, the message to administrators, whether in-person or electronic, must be a professional message that is not presented in an angry fashion, but still provides multiple strong points as to why it is more important to patient safety to not provide OJT and only hire CSTs.

Third, you must think like a HCF and department administrator. They are very busy individuals who have multiple meetings per day. The group will need to form a message that only takes 10 – 15 minutes of the administrator’s time, but still get the urgent message across that OJT is not the proper route of training for someone to be able to safely practice as a surgical technologist.

### **Talking Points to Provide OJT Proponents**

- Because of the important roles that CSTs fulfill in the operating room as well as in other HCF departments and the workforce shortage that has placed additional pressure on HCFs to continue to meet the patient workload in the surgery department, it is that much more imperative that the HCF hire graduates of a surgical technology program that is accredited by a nationally recognized programmatic accreditation institution who already possess the CST credential or are eligible to pursue the CST credential.
- Graduates of accredited surgical technology programs have attained a high level of critical thinking and multitasking skills that are applied daily to provide safe patient care that the OJT individual will find difficult to acquire. Competent and humanistic practice as a CST demands a broad area of knowledge and the development of intellectual skills combined with technical proficiency that only graduates of accredited programs can achieve. Therefore, to remain on par with other health professions and for CSTs to be able to properly assist surgeons, surgical technology education must maintain a high level of educational standards that does not include OJT.

- HCF administrators and legislators are encouraged to work with accredited programs and community colleges who may not yet have a program to develop solutions to solving the workforce shortage that provides jobs to graduates.
- CSTs and State Assembly Board of Directors - Discuss the following suggestions with HCF administrators.
  - To address CST employee retention rates, the Surgery Department should consider implementing a Clinical Ladder that provides incentives for CSTs to continually improve their skills and become more involved in the decision-making activities of the department including serving on committees such as the Infection Control Committee. It can be a route for Surgery Department administrators to demonstrate how much they value the CSTs and reward them for their professional growth. AST offers a recommended clinical ladder brochure; see below for website.
  - Give year-end bonuses that are incentive based as a CST fulfills the requirements of each step of the Clinical Ladder and continue the bonus for those that reach the top of the ladder.
  - Reimburse the testing fee for employees who have successfully passed the national certification examination to earn the CST credential.
  - Reimburse registration fees for attending educational conferences or training including reimbursing tuition for completing college courses that relate to the role and duties of the job.
  - Address work-life balance issues that better accommodate employees' challenging lives. For example, make sure there is staff coverage for the single parent who must drop off their child at day care every morning.
- Educators – Discuss the following information and suggestions with HCF administrators.
  - Provide scholarships for surgical technology students, or
  - Reimburse the cost of the program tuition that is then coupled with the graduate signing a contract to work for a specific number of years for the HCF.
  - Pay students while they are completing clinical rotation.
  - Donate equipment and instrumentation to the school. For example, rather than disposing of a broken item, such as an intact endoscope, donate it to the program.

### **Links to Documents and Additional Information**

The following items can be used to share with administrators to strengthen the case for why hiring CSTs is so important to patient safety and OJT individuals will not be able to attain the same level of knowledge.

- AST Position Statements
  - Position Statement on Accreditation Process, Certification, Official Title of Profession, and On the Job Training  
[https://www.ast.org/uploadedFiles/Main\\_Site/Content/About\\_Us/New%20Position%20Statement%20-%20Combo.pdf](https://www.ast.org/uploadedFiles/Main_Site/Content/About_Us/New%20Position%20Statement%20-%20Combo.pdf)
  - American College of Surgeons' Revised Statement on Surgical Technology Training and Certification  
<https://www.facs.org/about-acs/statements/surgical-technology-training-and-certification/>

- *AST Core Curriculum for Surgical Technology*  
[https://www.ast.org/uploadedFiles/Main\\_Site/Content/Educators/AST\\_Core\\_Curriculum\\_7ed.pdf](https://www.ast.org/uploadedFiles/Main_Site/Content/Educators/AST_Core_Curriculum_7ed.pdf)
- National Board of Surgical Technology and Surgical Assisting (NBSTSA)
  - The certification exam is 175 questions. For purposes of established psychometric practices, 150 questions are scored, and statistics are gathered on the other 25 to determine if the questions meet the standards of quality to be included on the exam.
  - Surgical Technologist Certifying Examination Content Outline (Source: NBSTSA *CST Candidate Handbook, National Examination for the Certified Surgical Technologist*, 1<sup>st</sup> edition, 2022).
- I. Perioperative Care
  - A. Preoperative preparation
  - B. Intraoperative procedures
  - C. Postoperative procedures
- II. Ancillary Duties
  - A. Administrative and personnel
  - B. Equipment sterilization and maintenance
- III. Basic Sciences
  - A. Anatomy and physiology
    - 1. Use appropriate medical terminology and abbreviations
    - 2. Demonstrate knowledge of anatomical systems as they relate to the surgical procedure
    - 3. Demonstrate knowledge of human physiology as they relate to the surgical procedure
    - 4. Identify surgical pathologies
  - B. Microbiology
    - 1. Apply principles of surgical microbiology to operative practice
    - 2. Identify and address factors that can influence an infectious process
  - C. Surgical pharmacology
    - 1. Apply principles of surgical pharmacology to operative practice
    - 2. Maintain awareness of maximum dosage