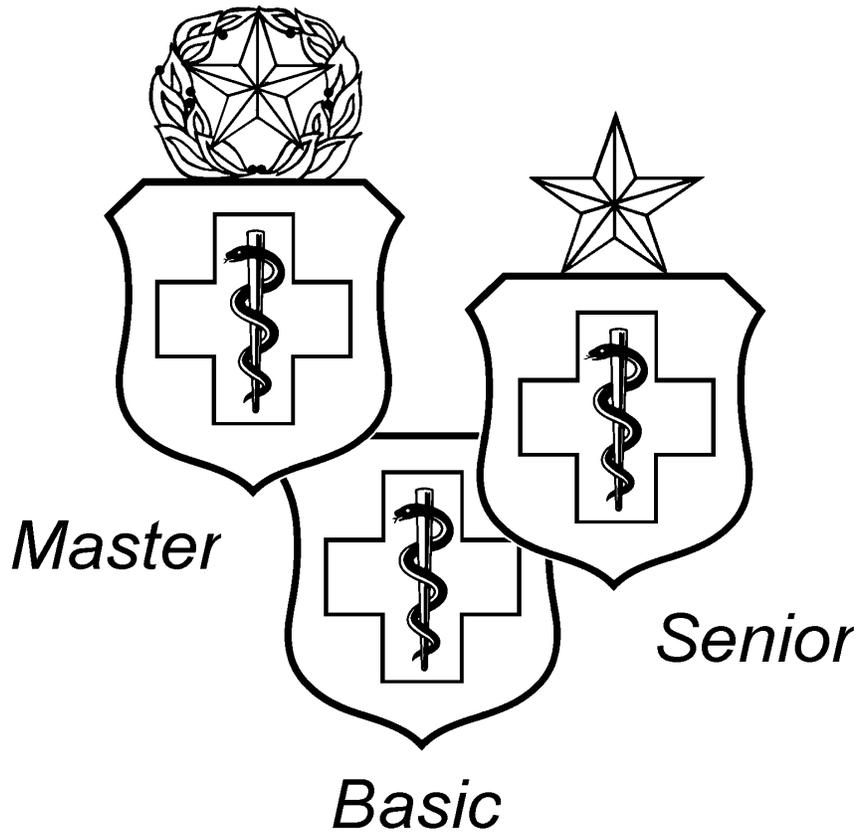


AFSC 4N1X1

SURGICAL SERVICE SPECIALTY



**CAREER FIELD
EDUCATION AND TRAINING PLAN**

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

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(UROLOGY SURGICAL SPECIALTY-SHRED B)
(ORTHOPAEDIC SURGICAL SPECIALTY-SHRED C)
(OTOLARYNGOLOGY SURGICAL SPECIALTY-SHRED D)
AFSC 4N1X1
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 AF medical Service, life-cycle 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 Utilization and Training Workshop, held 22-26 September 2003 at Sheppard AFB, Texas. The decision to train specific tasks and knowledge items in the initial skills course is based on a review of Occupational Survey Report (OSR) data, Training Requirements Analysis (TRA) 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 plan, manage, 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 satisfied 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 identified and made available on the official AF Publications Electronic Master Catalog of Training Documents along with the CFETP (www.afpubs.hq.af.mil/pubs).

3.2.4. Section D, **Training Course Index** is a tool that supervisors can use to determine resources available to support training; included here are 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 six-part competency folder documentation.

NOTE: AFMAN 36-2108 Airman Classification, contains the job 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 Job Qualification Standard/Command Job Qualification Standard

(AFJQS/CJQS). A comprehensive task list which describes a particular job type or duty position. They are used by supervisors to document task qualifications. The tasks on AFJQS/CJQS 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.

Career Field Education and Training Plan (CFETP). CFETP is a comprehensive core training document that identifies: legal scope of practice within the AF Medical Service; 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.

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

Core Task. Tasks Air Force career field managers (AFCMs) identify as a minimum qualification requirements for everyone within an Air Force specialty 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.

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 in accordance with AFI 36-2201, Air Force Training Program.

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

Enlisted Specialty Training (EST). 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/No Go—The stage at which an individual has gained enough skill, knowledge, and experience to perform the tasks without supervision. Meeting the task standard.

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.

Medical Treatment Facility (MTF). Any 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.

Occupational Survey Report (OSR). 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.

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 on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade.

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 (QT). Actual hands-on task performance training designed to qualify an individual in a specific duty position. This portion of the dual channel on-the-job training 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.

Readiness Skills Verification (RSV). The Readiness portion of your AFSC-specific sustainment training as defined in AFI 41-106, *Medical Readiness Planning and Training, paragraph 5.2*. 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 30 months (exception BLS is every two years).

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. Procedures to request a Scope of Practice Waiver are outlined in AFI 44-119, paragraph 6.21 *Clinical Performance Improvement*.

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 Package and COMSEC Qualification Training Package. A composite of lesson plans, test material, instructions, policy, doctrine, and procedures necessary to conduct training. These packages are prepared by AETC, approved by National Security Agency (NSA), and administered by qualified communications security (COMSEC) maintenance personnel.

Specialty Training Standard (STS). An Air Force publication that describes/lists skills and knowledge that airman in a particular Air Force specialty needs on the job. It also identifies the training provided to achieve a 3-, 5-, or 7-skill level within an enlisted AFS. It further serves as a contract between the Air Education and Training Command and the functional user to show which of the overall training requirements for an Air Force Specialty Code (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 by AFSC. Formal training on new equipment, methods and technology that are not suited for on-the-job training.

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 Module (TM). A group of tasks performed within an Air Force specialty that are performed together and that 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 Impact Decision System (TIDES). A computer-based decision support technology being designed to assist Air Force career field managers in making critical judgments relevant to what training should be provided personnel within career fields, when training should be provided (at what career points), and where training should be conducted (training setting).

Training Planning Team (TPT). Comprised of the same personnel as a U&TW, however TPTs are more intimately involved in training development and the range of issues are greater than is normal in the U&TW forum.

Training Requirements Analysis. A detailed analysis of tasks for a particular AFS to be included in the training decision process.

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 (UGT). Mandatory training which leads to attainment of higher level of proficiency/skill.

Utilization and Training Pattern. A depiction of the training provided to and the jobs performed by personnel throughout their tenure within a career field or Air Force Apprentice. There are two types of patterns: 1) Current pattern, which is based on the training provided to incumbents and the jobs to which they have been and are assigned; and 2) Alternate pattern, which considers proposed changes in manpower, personnel, and training policies.

Utilization and Training Workshop (U&TW). A forum of MAJCOM Air Force Specialty Code (AFSC) functional managers, Subject Matter Experts (SMEs), and AETC training personnel that determines career ladder training requirements.

Wartime Tasks An abbreviated set of task, knowledge, and technical reference items taught in the 3-level resident course during war-time conditions. In response to a wartime scenario, these tasks will be taught in the 3 level course in a streamlined training environment.

Section A - General Information

1. Purpose of the CFETP.

1.1. This CFETP provides information necessary for Air Force Career Field Managers (AFCFM), MAJCOM functional managers (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. This plan identifies initial skills, upgrade, qualification, advanced, and proficiency training. **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 882d Training Group, Sheppard AFB, TX. Initial skills training also refers to the training an individual receives when lateral training into an AFSC sub-specialty (shred). Upon successful completion of specialty course, 4N151 SrA and SSgt retraining into the surgical specialties 4N1X1 B/C/D will become 3-levels. They will be placed in Training Status Code F for 9 months and then upgraded to the 5-skill level. After award of 5-level they will be entered into Training Status Code G for 12 months for award of the 7-skill level. 4N171 SSgt and TSgt retraining into the surgical specialties will be placed in Training Status Code F for 9 months and then awarded the 5-skill level. After award of 5-level they will be entered into Training Status Code G for 6 months for award of the 7-skill level. Lateral retraining into either shred regardless of rank and skill level, will result in a 24-month SKT exemption. **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 on-the-job training, provided to personnel to increase their skills and knowledge beyond the minimum required for upgrade. The CFETP has several purposes, some are:

1.1.1. 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.

1.1.2. 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.

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

1.1.4. 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 Air Force Career Field Manager, MAJCOM Functional Managers (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 CFETP's mandatory initial, upgrade, and proficiency requirements. 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. Qualification training packages (QTPs) are developed by lead MAJCOM and the 882d Training Group according to priorities assigned by the AFCFM, after coordination with the MFM.

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. Coordination and Approval of the CFETP.

3.1. 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. Medical Service Manager (4N000).

1.1.1. The 4N191, Surgical Service Superintendent, is awarded 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 Service Superintendent (4N191).

1.2.1. **Specialty Summary.** Participates in, and manages planning, providing, and evaluating medical/surgical patient care activities and related training programs. Organizes the medical/surgical environment. Performs and directs support activities in-patient care situations,

including contingency operations and disasters. Assists professional staff in providing patient care. Related DOD Occupational Subgroup: 301.

1.2.2. Duties and Responsibilities

1.2.2.1. Manages patient care activities in medical treatment facilities. Coordinates with service chiefs, and participates in managing surgical, nursing, and professional/hospital services. Assists in establishing and maintaining optimum patient care standards. Maintains functional control of enlisted personnel. Ensures effective management of funds, manpower, and materiel. Coordinates clinical activities with DoD, federal, and civilian medical agencies. Ensures controls for maintaining equipment and complying with safety program standards. Inspects activities and procedures, interprets findings, and recommends corrective action.

1.2.2.2. Advises the MTF staff of technical and administrative training needs.

1.2.2.3. Directs, performs, and coordinates administrative functions. In coordination with executive management team, establishes administrative policies. Supervises correspondence and records preparation and maintenance, and determines methods and sources of obtaining data for routine or special reports. Directs, coordinates, and validates budget requirements. Evaluates supply and equipment needs. Serves as consultant to command medical and surgical service managers. Participates or assists in developing and implementing command programs, staff assistance visits, and consultant visits. Assists the executive management team with developing, implementing, and evaluating medical readiness plans and programs.

1.3. Apprentice (4N131)/Journeyman (4N151)/Craftsman (4N171).

1.3.1. **Specialty Summary.** Assists professional staff in providing perioperative patient care. Performs scrub and circulating duties in the operating room (OR). Helps the sterile operative team. Assists with direct postoperative nursing care. Processes, stores, and distributes sterile supplies. Participates in planning, implementing, and evaluating management activities related to the OR and central sterile supply (CSS). Performs administrative and clinical functions related to the urology, orthopaedic, and otolaryngology surgical specialties. Related DoD Occupational subgroup: 301.

1.3.2. Duties and Responsibilities.

1.3.2.1. Provides/supervises patient care.

1.3.2.2. Performs routine surgical functions. Transports preoperative and postoperative patients and related records. Performs logistical activities related to surgical services. Accomplishes safety checks and operator preventative maintenance on medical equipment and fixtures. Performs housekeeping activities. Prepares for surgery by setting up and opening instrumentation and supplies. Assists anesthesia personnel with patient positioning and anesthesia administration. Applies principles of asepsis, infection control, and medical ethics. Receives, decontaminates, and cleans soiled patient care items. Inspects and sorts items for further processing. Assembles, wraps, and sterilizes instrument sets, supplies, and linen packs. Stores, maintains, and distributes sterile

patient care items. Assists with preparation of records, reports, and requests. Prepares and transports specimens to the laboratory.

1.3.2.3. Performs as team leader as well as team member.

1.3.2.4. Performs scrub duties. Scrubs hands and arms, dons sterile gown and gloves. Prepares and maintains sterile fields. Counts sponges, needles, instruments, and related items in accordance with current standards of practice. Assists the operative team with donning sterile gowns and gloves, and applying sterile drapes. Passes instruments, sutures, and other supplies to the operative team. Anticipates surgeons' needs and provides additional assistance as required. Cares for surgical specimens on the sterile field. Cleans and prepares instruments and reusable supplies for decontamination and terminal sterilization.

1.3.2.5. Performs basic nursing duties. Assists surgeon and nursing staff with monitoring and recording vital signs. Assists in the administration of oxygen, helps arouse patients, and assists with carrying out surgeons' orders. Assists with identifying and managing complications.

1.3.2.6. Performs management and training functions within surgical services. Plans and schedules workloads and duty assignments. Establishes work methods and standards. Evaluates work capability and proficiency of subordinates. Administers unit in-service training programs. Schedules in-service training in new procedures, techniques and equipment. Interprets policies and regulations. Inspects and evaluates activities and procedures to ensure maintenance of asepsis and proper environmental, equipment, and facility safety conditions. Provides required basic life support training. Analyzes requirements and supervises requisition, storage, maintenance, issuance and delivery of equipment and supplies. Prepares and maintains reports and records. Conducts or schedules periodic disaster training, fire drills and evacuation procedures.

1.3.2.7. Performs surgical specialty clinic functions. Schedules and prepares patients. Sets up instruments, supplies, and equipment for specialized procedures. Assists provider during surgical and diagnostic procedures. Assembles, operates, and maintains diagnostic and therapeutic equipment. Orders diagnostic, laboratory and radiographic procedures as directed. Performs administrative, logistical and resource management activities.

1.3.2.8. Urology surgical technician functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., assists with urological procedures. Performs diagnostic and therapeutic procedures. Performs clinical management/administrative functions.

1.3.2.9. Orthopaedic surgical technician functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., applies and removes casts and splints as directed by health care providers. Assembles and applies orthopedic traction devices. Instructs patients in using crutches, canes, and other orthopaedic appliances. Assists with orthopedic procedures. Performs/assists with diagnostic and therapeutic procedures. Performs clinical management and administrative functions.

1.3.2.10. Otolaryngology (ENT) surgical technician functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., performs/assists with diagnostic and therapeutic procedures. Performs clinical management/administrative functions.

2. Skill and Career Progression.

2.1. Career Field Path

2.1.1. 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 his or her part to plan, manage, and conduct an effective training program (AFI 36-2201). The guidance provided in this part of the CFETP will ensure each individual receives viable training at appropriate points in their career. The following narrative and the AFSC 4N1X1 career field flow charts identify the training career path. It defines the training required in an individual's career.

2.2. Apprentice (3) Level.

2.2.1. Upon completion of Initial skills training, a trainee will work with a trainer to enhance knowledge and skills. They will enroll in and complete the Career Development Courses, and 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.

2.3. Journeyman (5) Level.

2.3.1. 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 training into one of the surgical sub-specialties, Urology (4N1X1B), Orthopaedics (4N1X1C), or Otolaryngology (4N1X1D). Five-level individuals may be assigned in various positions in Surgery, Central Sterile Processing/Supply, surgical specialty clinics and other areas relating to the Surgical Flight. They should also consider continuing education toward a CCAF degree in Surgical Services Technology.

2.3.1.1 EXCEPTION TO POLICY:

2.3.1.1.1. 4N151 First Term Airmen may apply for lateral retraining prior to their normal CAREERS window if they have served a minimum of 24 months (36 months for 6 year enlistees) of their enlistment for entry into the 4N1X1B, 4N1X1C, and 4N1X1D shreds of their AFSC only. Members selecting this option will be using their CAREERS option.

2.3.1.1.2. If a member is stationed overseas they must have a DEROS or be willing to extend DEROS out to 12 months after the class graduation date or member has an indefinite DEROS and will serve 12 months after course graduation.

Individuals awarded AFSCs authorized for use without shreds are considered proficient in the basic AFSC and may be used in either the shred or the basic AFSC. EXAMPLE: An individual's PAFSC is 4N151D. Because this AFSC is authorized to be used without the shred, the individual is considered qualified to work in either AFSC 4N151 or 4N151D.

2.3.2. 4N151B, Urology Surgical Journeyman. Upon selection for lateral training, the trainee will attend the Urology 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. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Urology Clinic and related areas.

2.3.3. 4N151C, Orthopaedic Surgical Journeyman. Upon selection for lateral training, the trainee will attend the Orthopaedic 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. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Orthopaedic Clinic and related areas.

2.3.4. 4N151D, Otolaryngology Surgical Journeyman. Upon selection for lateral training, the trainee will attend the Otolaryngology 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. 5-skill-level journeymen will also enter into continuation training to broaden their experience base. Five-level individuals may be assigned in various positions in the Otolaryngology Clinic and related areas.

2.4. Craftsman (7) Level.

2.4.1. A Craftsman can expect to fill positions such as various NCOIC staff positions in Surgical Flight, Central Sterile Processing/Supply, clinics, and any other requirement specified in AFMAN 36-2108, Military Personnel Classification Policy. Continuation training is available and should be used based on the individual's particular training needs. Seven-levels should take courses to obtain added knowledge on management of resources and personnel, and must complete the 7-level read ahead module (See note below). To assume the rank of MSgt, individuals must be graduates of the NCO Academy. Continued academic education is encouraged.

2.5. Superintendent (9) Level.

2.5.1. A Superintendent can expect to fill various supervisory and management positions relating to Surgical Services, Surgical Flight, Central Sterile Processing/supply, clinics, and any other requirements specified in AFMAN 36-2108, Military Personnel Classification Policy. Additional training in the areas of budget, manpower, resources, and personnel management should be

pursued through continuing education. Completion of the Senior Noncommissioned Officer Academy is highly recommended. Additional higher education and completion of courses outside of the career AFSC are also recommended.

2.6. Air Force Career Field Manager

2.6.1. Per AFI 44-104, the CFM serves as enlisted consultant to the SG for all AFSC related matters. In addition, enlisted CFMs have primary responsibilities as defined in AFPD 36-22, *Military Training*; AFI 36-2201, *Developing, Managing and Conducting Training; Volume 5, Career Field Education and Training*; AFI 36-2101, *Classifying Military Personnel (Officers and Enlisted)*; AFMAN 36-2108, *Enlisted Classification*; and HQ USAF/DP Year of Training Program Action Directive 93-1. Additional responsibilities developed and other Air Force directives and instructions will be provided to CFMs when available.

2.6.2. CFM Primary Duties and Responsibilities:

2.6.2.1. Develop and maintain currency of Career Field Education and Training Plans (CFETPs).

2.6.2.2. Act as chairperson for AFSC Utilization and Training Workshops (U&TWs).

2.6.2.3. Assist Technical Training Managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.6.2.4. Act as final waiver authority for training/classification requirements (except for ANG/AFRES personnel and active duty two-time CDC failures).

2.6.2.5. Assist the Air Force Occupational Measurement Squadron (AFOMS) in identifying subject matter experts (SMEs) for Specialty Knowledge Test (SKT) rewrite projects; act as consultant on promotion test content and question validity inquirers.

2.6.2.6. Assist AFOMS in developing and administering Job Inventory Surveys and interpreting Occupational Survey Report (OSR) data.

2.6.2.7. Develop, coordinate, and implement career field classification/structure changes.

2.6.3. CFM Secondary Responsibilities:

2.6.3.1. Role in the Enlisted Assignment Process. The medical enlisted assignment system is the responsibility of HQ AFPC/DPAAD2 and the HQ AFPC/DPAC (Chief's Group). AFCFMs may act as AFSC consultants to MAJCOM, TRICARE Lead Agents, and AFPC assignment managers regarding assignment actions. In this consultant role, they may assist with:

2.6.3.1.1. Identifying candidates for PCS/PCA/TDY assignments, particularly special duty positions.

2.6.3.1.2. Advertising position vacancies, especially urgent fill requirements.

2.6.3.1.3. Resolving staffing imbalances between MAJCOMS and medical treatment facilities.

2.6.3.1.4. Resolving problems relating to training flow and follow-on assignments.

2.6.3.1.5. Fielding inquiries pertaining to career progression and classification that are originally routed to AFPC/DPAAAD.

NOTE: Career field managers do not control assignments and should not be considered as individuals who can manipulate the assignment system.

2.6.3.2. Role in AFSC Manpower Management. The Surgeon General's Manpower Division, HQ USAF/SGMM, uses a team of medical officer functional advisors to assist with manpower issues. Enlisted CFMs work with their officer counterparts in manpower planning, development, and management processes. Two manpower projects that CFMs will be routinely involved with are (1) helping develop/revise manpower standards/additives and work center descriptions; and (2) providing inputs to the Enlisted Grade Allocation by Career Progression Groups (CPG) Review program.

2.6.3.3. Medical enlisted CFMs will automatically be appointed to Interservice Training Review Organization (ITRO) training consolidation Quick Look Groups (QLGs) and Detailed Analysis Groups (DAGs) as the primary enlisted representatives for their specialty unless otherwise approved by HQ. HQ USAF/SGWP will notify CFMs of pending formation of QLGs/DAGs that relate to their AFSCs.

2.6.3.4. Role in Establishing Networks of MAJCOM AFSC Functional Managers (MFMs) and Specialty Training Consultants (STCs). All medical enlisted AFCFMs are encouraged to work with MAJCOM/SGs to establish a network of these MAJCOM senior enlisted AFSC functional representatives. These representatives perform the functions/duties listed in para 2.7 and 2.8. of this CFETP. Final approval of MFMs and SMEs, as well as designation of specific duties and responsibilities, rests with MAJCOM/SGs. CFMs must coordinate all requests for appointment of MAJCOM functional managers/SMEs with MAJCOM/SGs for approval.

2.6.3.5. Delegation of Medical Enlisted CFM duties to other individuals. In many instances, the CFM's duties will become extremely time consuming, therefore, delegation of certain task to MAJCOM functional managers or other AFSC senior enlisted personnel will be appropriate. In AFSCs with specialty shredouts, CFMs should formally appoint SNCOs to act as shredout consultants. Delegation of CFM duties and responsibilities and appointment of shredout consultants will be done in writing. The CFMs will coordinate delegations of specific duties/responsibilities and shredout consultant appointments with their respective corps chief or associate corps chief and SG Chief Consultants. Information copies of the coordinated and approved documents pertaining to duty delegation will be sent to HQ USAF/SGWP for record keeping purposes and dissemination to interested agencies. Supervisors must adjust the primary duties, responsibilities, and workload of AFCFMs under their supervision in order to allow them adequate time to devote to their critical roles as CFMs and to minimize the need for delegation of duties.

2.6.3.6. Scope of Practice Waiver. To request a Scope of Practice waiver to perform tasks not found in the CFETP, refer to AFI 44-119, paragraph 6.21, Clinical Performance Improvement.

2.7. MAJCOM AFSC Functional Manager/Advisor

2.7.1. The AFCFM appoints one AFSC functional manager/advisor for each major command. Duties of these individuals include, but are not limited to:

2.7.1.1. Assist in developing and maintaining the currency of Career Field Education and Training Plans (CFETP). Establish review procedures. Coordinate on new and proposed classification changes and publicizing approved changes.

2.7.1.2. Serve as MAJCOM Representative at AFSC Utilization and Training Workshops (U & TW.)

2.7.1.3. Assist technical training managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.7.1.4. Assist the AFCFM and Air Force Occupational Measurement Squadron (AFOMS) in identifying subject matter experts (SME) for Specialty Knowledge Test (SKT) rewrite projects.

2.7.1.5. Assist AFOMS in developing and administering Job Surveys and interpreting Occupational Survey Report (OSR) data.

2.7.1.6. Coordinate and implement career field classification/structure changes.

2.7.1.7. Disseminate Air Force and career field information, policies and program requirements.

2.7.1.8. Maintain regular and consistent contact with all Medical Treatment Facilities (MTF) within the command. To include, but not limited to:

2.7.1.8.1. Compilation of information concerning recent personnel changes.

2.7.1.8.2. Address concerns/issues within the command and forward them to the AFCFM.

2.7.1.9. Assignments: *Career field managers/advisors DO NOT control assignments and should not be considered as individuals who can manipulate the assignment system.* The medical enlisted assignment system is the responsibility of HQ AFMPC/DPMRAD2. However, it is imperative that MAJCOM functional advisors be knowledgeable of authorizations and assignments within the MAJCOM to better serve as consultants to MAJCOM assignment managers regarding assignment actions. As such, they may:

2.7.1.9.1. Identify candidates for PCS/PCA/TDY assignments.

2.7.1.9.2. Advertise position vacancies for urgent fill requirements (short notice separations/discharges, etc.).

2.7.1.9.3. Assist in resolving staffing imbalances between MTFs (command leveling).

2.7.1.9.4. Assist assignment staffers by fielding inquiries pertaining to career progression and classification.

2.7.1.9.5. Be knowledgeable of authorizations and assignments within the MAJCOM and identify special surgical needs.

2.7.1.10. Fulfill any other duties as required by the AFCFM.

2.8. Specialty Consultant

2.8.1. The AFCFM appoints specialty consultants for each level of formal training, for each subspecialty (shred), and for other areas as required. Duties of these individuals include, but are not limited to:

2.8.1.1. Acts as primary Subject Matter Expert for the career field.

2.8.1.2. Assist in development and maintenance of the CFETP as it relates to the area of specialty. Establish review procedures. Coordinate on new and proposed classification changes and publicizing approved changes.

2.8.1.3. Serve as AF Shred Representative at AFSC Utilization and Training Workshops (U & TW.)

2.8.1.4. Assist technical training managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

2.8.1.5. Coordinate development and maintenance of Qualification Training Packages (QTPs) relating to the area of specialty.

2.8.1.6. Maintain regular and consistent contact with all Medical Treatment Facilities (MTF). To include, but not limited to:

2.8.1.6.1. Compilation of information concerning recent personnel changes.

2.8.1.6.2. Address concerns/issues and forward them to the AFCFM.

2.8.1.7. Fulfill any other duties as required by the AFCFM.

3. Training Decisions.

The CFETP uses a building block approach (simple to complex) to encompass the entire spectrum of training requirements for the 4N1X1 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 Surgical Service Specialty Utilization and Training Workshop, held 22-26 Sep 2003 at Sheppard AFB, Texas.

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

3.2. Upgrade Training.: The current Career Development Courses (CDCs) used for Journeyman training will be revised. A new 7-level CDC will be developed. There is no longer a requirement to complete the 7-level Read Ahead Module.

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

3.4. Specialty Experience Indicators (SEI): All surgical SEIs will be deleted.

4. Community College of the Air Force (CCAF)

4.1. Enrollment

4.1.1. Enrollment in CCAF occurs upon completion of basic military training. Off-duty education is a personal choice that is encouraged for all.

4.2. Earning a CCAF Associate’s Degree

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

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

4.2.1.2. Degree requirements:

<i>Subject</i>	<i>Maximum Semester Hours</i>
Technical Education	24
Leadership, Management, and Military Studies	6
Physical Education	4
General Education	15
Program Elective (Technical Education; Leadership, Management, and Military Studies; or General Education)	15
Total Requirement:	64

4.2.2.1. Technical Education (24 Semester Hours). A minimum of 12 semester hours of Technical Core subjects/courses must be applied and the remaining semester hours applied from Technical Core/Technical Elective subjects/courses. Requests to substitute subjects/courses must be approved in advance by the Services Branch. Technical education may be obtained as follows:

Technical Core (12-24 Hours)	
<i>Subjects/Courses</i>	<i>Maximum Semester Hours</i>
CCAF Internship	16
Fundamentals of Central Sterile Supply	3
Operating Room Practicum	16
Operating Room Technology	12
Surgical Nursing	6

Technical Electives (0-12 Hours)	
<i>Subjects/Courses</i>	<i>Maximum Semester Hours</i>
Computer Science	6
Emergency Medicine	6
Enlisted Professional Military Education	12
General Biology	4
General Chemistry	4
General Psychology	3
Medical Readiness	3
Human Anatomy and Physiology	8
Nursing	6

4.2.2.2. Leadership, Management, and Military Studies (6 Semester Hours). Professional military education and/or civilian management courses. The preferred method of completing Leadership, Management, and Military Studies is through attendance at an Airman Leadership School, Major Command NCO Academy, and/or Air Force Senior NCO Academy. However, civilian courses that emphasize fundamentals of managing human or material resources may also be applicable.

4.2.2.3. Physical Education (4 Semester Hours). This requirement is satisfied by completion of basic military training.

4.2.2.4. General Education (15 Semester Hours). This requirement is satisfied by application of courses accepted in transfer or by testing credit. The following is a specific breakdown of requirements:

<i>Subjects/Courses</i>	<i>Maximum Semester Hours</i>
Oral Communication (Speech)	3
Written Communication (English composition)	3
Mathematics: Intermediate algebra or a college-level mathematics course is required. If an acceptable mathematics course is applied as a Technical or Program Elective, a natural science course meeting General Education Requirement (GER) application criteria may be applied as a GER.	3
Social Science: Anthropology, archaeology, economics, geography, government, history, political science, psychology, sociology.	3
Humanities: Fine arts (history, criticism, and appreciation), foreign language, literature, philosophy, religion.	3

4.2.5.5. Program Elective (15 Semester Hours). Satisfied with applicable Technical Education; Leadership, Management, and Military Studies; or General Education subjects/courses, including

natural science courses meeting GER application criteria. Six semester hours of CCAF degree-applicable technical credit otherwise not applicable to this program may be applied.

4.2.6. Surgical Technologist Certification. There are two certification bodies for the Surgical Technologist certification

4.2.6.1. For certification, Surgical Service Apprentice course graduates who graduated after 1 Jan 2003, (*after award of the 5-skill level*), should contact the National Center for Competency (NCCT) Testing, 7007 College Blvd, KS 66211 (913-498-1000), <http://www.ncctinc.com> .

4.2.6.2. For certification, Surgical Service Apprentice course graduates *who graduated between* 1 Jan 1988 and 1 Jan 2003 (*after award of the 5-skill level*) should contact either the NCCT, or the Liaison Council on Certification, Association of Surgical Technologists Inc., 8307 Shaffer Parkway, Littleton CO 80120, (303) 978-9010, <http://www.lcc-st.org> . These graduates are eligible for both NCCT and LCC-ST certification exam

4.2.7. For certification in Sterile Processing and Distribution, degree graduates with 6 months' experience in sterile processing and distribution should contact the Certification Board for Sterile Processing and Distribution, Inc. 121 State Highway 31 North, Suite 500, Flemington NJ, 08822, 1-800-555-9765 or <http://www.sterileprocessing.org> .

4.2.8. Orthopaedic technicians can apply for certification through the National Board for Certification of Orthopaedic Technologist (NBCOT) certification programs. To be eligible you must have attended an orthopaedic technologist school/program and have 6 months full-time experience in orthopaedics, **or** you must have at least 2 years of full-time work experience in orthopaedics. If you pass the test, you become a certified orthopaedic technologist (OST). Once you become a certified OTC, there is another level of certification you can apply for, Orthopaedic Technologist-Surgery Certified. To apply for this certification, you must be a certified OTC and have at least 1 year of experience in the surgical setting. For information on testing, write to the National Association of Orthopaedic Technologists, PMB – 166, 4736 Onondaga Blvd., Syracuse, NY, 13219, contact them at 1-866-466-2268 or visit their web site at <http://www.naot.org> .

4.2.9. Urology technicians can apply for certification as Certified Urology Associate (CUA) through the Society of Urologic Nurses and Associates (SUNA). To apply, you must have at least 3 years on the job training under the supervision of a practicing urologist. Individuals successfully completing the certification process may use their credentials for a period of 3 years. For more information, write to the Society of Urologic Nurse and Associates at East Holly Ave, Box 56, Pitman NJ 07071-0056 or call them at 1-888-827-7862. You may also get more information on their web site, <http://www.suna.org> .

4.3. Other CCAF Programs.

In addition to the Associates degree program, CCAF offers the following:

4.3.1. Occupational Instructor Certificate. Upon completion of instructor qualification training, consisting of an instructor methods course and supervised practice teaching, CCAF instructors

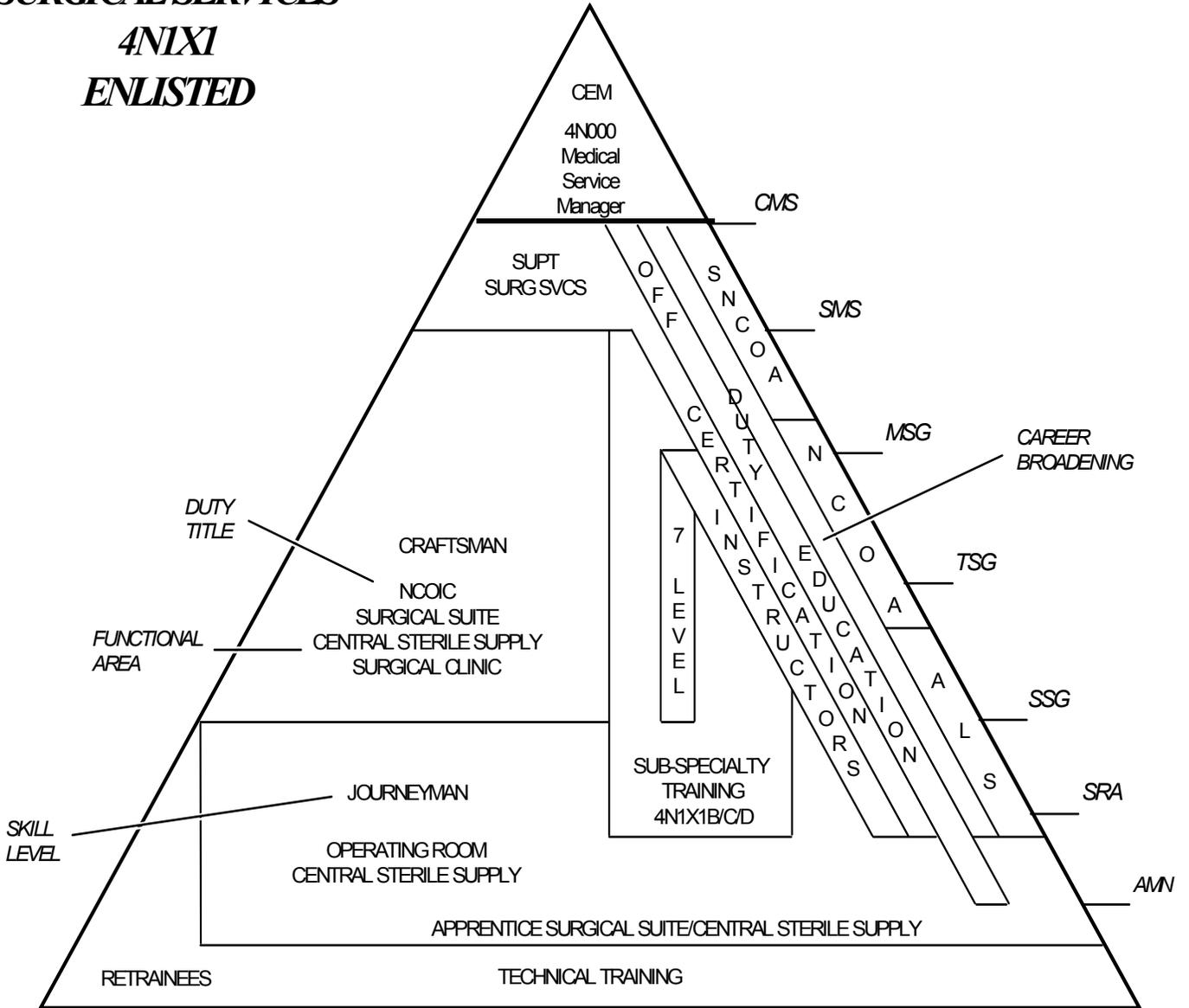
who possess an associates degree or higher may be nominated by their school commander/commandant for certification as an Occupational Instructor.

4.3.2. Instructor of Technology and Military Science. CCAF provides the opportunity to obtain an Associates degree in Instructor of Technology and Military Science Degree. This degree is available to AETC Technical Instructors. For further information, refer to the CCAF general catalog.

4.3.3. Additional off-duty education is a personal choice that is encouraged for all. Individuals desiring to become an Air Education and Training Command Instructor should be actively pursuing an Associates degree. Special Duty Assignment (SDA) requires an AETC instructor candidate to have a CCAF degree or be within one year of completion (45 semester hours [SH]). A degreed faculty is necessary to maintain accreditation through the Southern Association of Colleges and Schools.

5. Career Field Path

SURGICAL SERVICES
4N1X1
ENLISTED

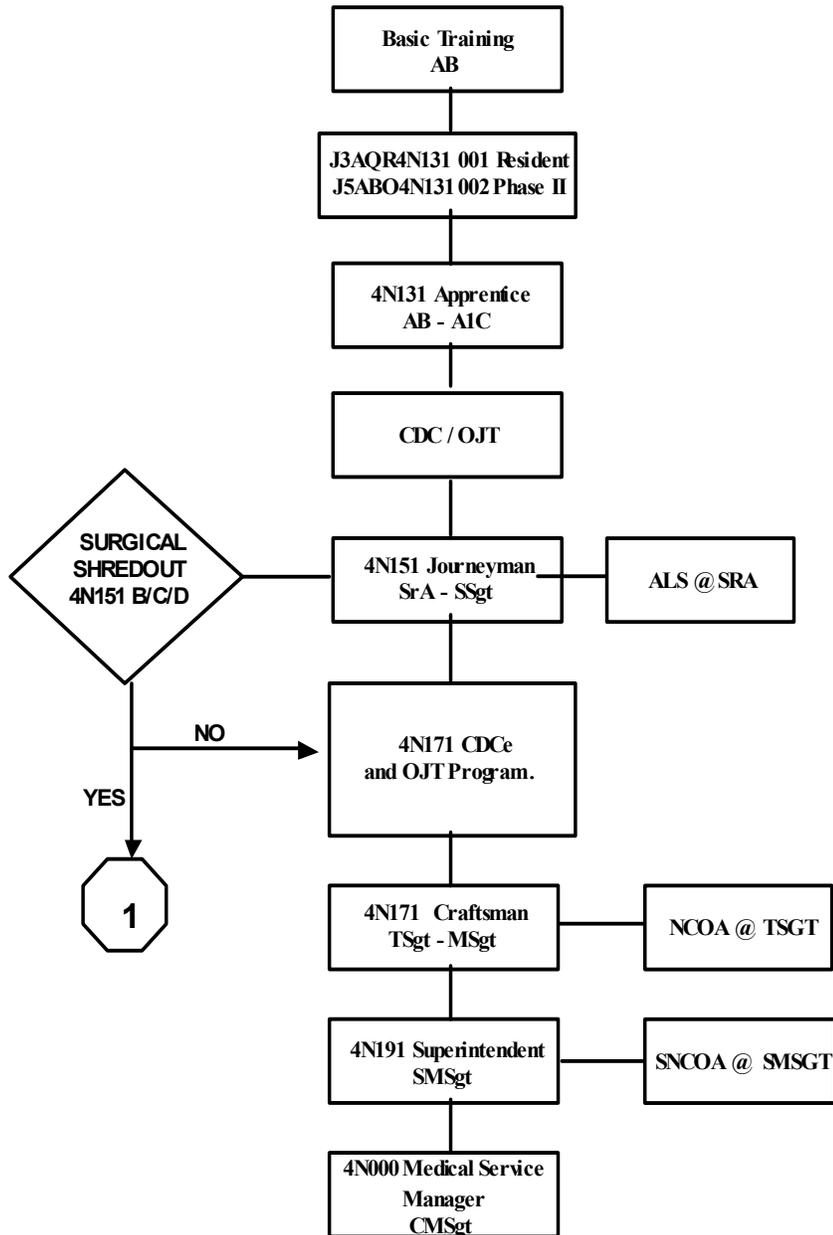


5.1. Enlisted Career Path.

EDUCATION AND TRAINING REQUIREMENTS	BADGE WORN	GRADE REQUIREMENTS			
		Rank	Average Sew-On	Earliest Sew-On	High Year Of Tenure (HYT)
Basic Military Training School	None				
Apprentice Technical School 4N131 (3-Skill Level)	Basic  Awarded after completing initial skills training	Amn	6 months		
		A1C	16 months		
Upgrade To Journeyman 4N151/X(5-Skill Level) - Minimum 15 months on-the-job training. (9 months for retrainees with 5-level in previous AFS). - Complete appropriate CDCs - Certification of all core tasks and duty position requirements.		SrA	3 years	28 months	12 Years
Airman Leadership School (ALS) - Must be a SrA with 48 months time in service or be a SSgt Selectee. - Resident graduation is a prerequisite for SSgt sew-on (Active Duty Only).		Trainer			
		- Recommended by Supervisor. - Be qualified task being trained. - Must have attended a formal trainers course.			
Upgrade To Craftsman 4N171/X (7-Skill Level) - Minimum rank of SSgt. - 12 months OJT upgrade training (6 months if individual holds 7-level in a previous AFS) - Complete 7-level CDCs when available. - Certification of all duty position requirements.	Senior  Awarded after award of the 7-skill level	SSgt	4.5 years	3 years	20 Years
Noncommissioned Officer Academy (NCOA) - Must be a TSgt or TSgt Selectee. - Resident graduation is a prerequisite for MSgt sew-on (Active Duty Only). - Completion of the SrNCO Academy (correspondence)		Certifier			
		- At least a SSgt with a 5-skill level (or civilian equivalent). - A person other than the trainer. - Qualified and certified to perform the task to be trained. - Attend a formal certifier course.			
USAF Senior NCO Academy (SNCOA) - Must be a SMSgt, SMSgt Selectee, or selected MSgt. - Resident graduation is a prerequisite for CMSgt sew-on (Active Duty Only).	Master  Awarded to MSgt or above, minimum 5 years as 7-skill level in the specialty	TSgt	11.6 years	5 years	24 Years
		MSgt	17.5 years	8 years	26 Years
Upgrade To Superintendent 4N191/X (9-Skill Level) - Minimum rank of SMSgt.		SMSgt	21 years	11 years	28 Years
CEM 4N000		CMSgt	24 years	14 years	30 Years

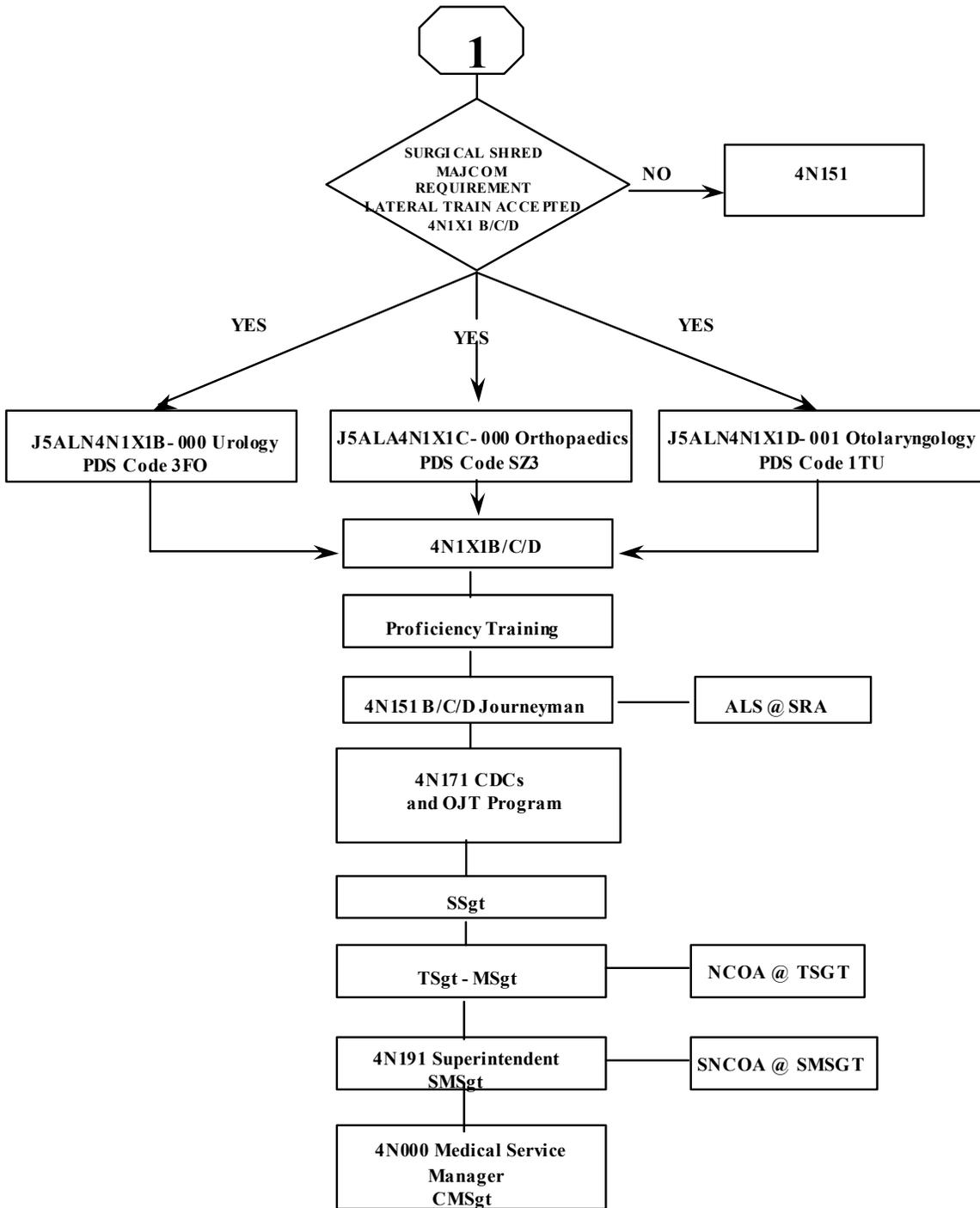
5.2. Surgical Service Specialty (4N1X1) Career Path

4N1X1 Career Path Surgical Service Specialty



NOTE: Selected Master Sergeants may attend SNCOA.

5.3. Surgical Service Specialty (4N1X1B/C/D) Career Path.



NOTE: Selected Master Sergeants may attend SNCOA.

Section C - Skill Level Training Requirements

1. Purpose.

1.1. 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 at 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 their treatment; hospital 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 (GED) equivalency is mandatory for entry into this AFSC. Courses in general science, biology, psychology, and chemistry are desirable.

2.1.3. **Training.** Completion of the basic surgical service 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 Service Apprentice Course at Sheppard AFB, TX and Surgical Service 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.

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 AF Publications Electronic Master Catalog of Training Documents along with the CFETP (www.afpubs.hq.af.mil/pubs) or they can be found on the 882 TRG (383 TRS) website (<https://webm.sheppard.af.mil/882trg/>). Procedures for requesting QTP development are also contained on the AF Pubs website. A list of all training courses to support education and training, including QTPs, is in Part II, Sections D and C, of this CFETP.

2.1.5. Implementation. After 3-level graduation, 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 qualifications apply to the 4N151 requirements.

2.2.1.1. Individuals must hold AFSC 4N151 for qualification to apply for lateral training to the 4N151B/C/D sub-specialties.

2.2.1.2. Other qualification information is located in the official specialty description in AFMAN 36-2108, paragraph 3.

2.2.2. Knowledge.

2.2.2.1. For the basic AFSC, and all shredouts, 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; hospital 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 2.2.2.1., for the 4N151B shredout, 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 2.2.2.1., for the 4N151C shredout, 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 orthopaedic complications and their management. Must also maintain a working knowledge of surgical instrumentation procedure set-up for orthopaedic procedures.

2.2.2.4. In addition to 2.2.2.1., for the 4N151D shredout, 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 procedure set-up for otolaryngology procedures.

2.2.3. **Education.** To assume the grade of SSgt individuals must be graduates of the Airman Leadership School.

2.2.4. **Training.** Completion of the following requirements is mandatory for the award of the 5-skill level AFSC: (1) completing CDCs 4N151A and 4N151B. (2) certification in all STS core tasks, (3) certification in all STS tasks for the assigned duty position, (4) completing any Qualification Training Packages for the assigned duty position, (5) receiving at least 15 months OJT.

2.2.4.1. Upon selection for lateral training, the trainee will attend the Urology (4N1X1B) in-residence course, Orthopaedic (4N1X1C) in-residence course, or the Otolaryngology (4N1X1D) in-residence course

2.2.4.1.1 4N151B, Urology Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, and (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.1.2. 4N151C, Orthopaedic Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.1.3. 4N151D, Otolaryngology Surgical Service Journeyman. Upgrade training in this specialty consists of completing: (1) all STS core tasks, (2) all STS tasks for the assigned duty position, (3) any Qualification Training Packages assigned for the duty position, and (4) a minimum of nine months OJT following in-residence course. (Training Status Code F).

2.2.4.2 Failure to meet or maintain training qualifications will be managed IAW 36-2201, V3, Table A3.1, Line 14.

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. Completion of CDC courses 4N151A and 4N151B 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. QTPs are Air Force publications and are mandatory for use when available for a duty position, program, piece of equipment, or skill/task. They are obtained through normal publication channels in accordance with the procedures on the official AF Publications Electronic Master Catalog of Training Documents website: (<http://www.e-publishing.af.mil/>). They can also be found on the 882 TRG (383 TRS) website (<https://webm.sheppard.af.mil/882trg/>). Procedures for requesting development of QTPs to support training are also contained on the AF Pubs website. Requests for trainer/Certifier qualification training must be coordinated through the unit training manager. A list of all training

courses to support education and training, and a list of available QTPs, is in Part II, Sections B and C (respectively), of this CFETP.

2.2.6.2. Completion of Urology, Orthopaedics, 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. CDCs 4N151A and 4N151B, STS core tasks, and applicable QTPs must be completed 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 NCO Academy.

2.3.4. **Training.** Completion of the following requirements is mandatory for the award of the 7-skill level AFSC certification in all STS core tasks, (2) certification in all STS tasks for the assigned duty position, (3) completion of applicable Qualification Training Packages, (4) completion of 7-level CDCs when available (If member laterally trained and previously held 4N171, 7-level CDCs are NOT required) (5) 12-months time in upgrade training (6-months for individuals who previously held 7-skill level)and (6) 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 using available QTPs. QTPs are Air Force publications and are mandatory for use when available for a duty position, program, piece of equipment, or skill/task. They are obtained through normal publication channels in accordance with the procedures on the official AF Publications Electronic Master Catalog of Training Documents website: (<http://www.e-publishing.af.mil/>). They can also be found on the 882 TRG (383 TRS) website (<https://webm.sheppard.af.mil/882trg/>). Procedures for requesting development of QTPs to support training are also contained on the AF Pubs website. Requests for trainer/Certifier qualification training must be coordinated through the unit training manager. A list of all training courses to support education and training, and a list of available QTPs, is in Part II, Sections B and C (respectively), of this CFETP.

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, 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, central sterile supply, and clinical services; resource management; risk management; continual quality improvement programs, and administration.

2.4.3. **Education.** Completion of the Senior NCO Academy is desirable.

2.4.4. **Training.** Upgrade training to the 9-skill level in 4N1X1, 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. Readiness Skills Verification Training

NOTE: RSV training is mandatory for all active duty, guardsmen, and reservists. RSVP training requirements can be found at the AFMS Medical Readiness Training website: <https://kx.afms.mil/GlobalMedSupTngEx>. This training needs to be documented on AF Form 1098 overprint, found in Part II, Section F, Attachment 2 of this CFETP. When you are accomplishing your RSV training you need to do all training specific to all the skill levels you have held in the surgical service career field. If you are a 4N1X1/B/C/D, you need to accomplish the training for your shred in addition to the ones required for 4N1X1. (For example if you are a 4N171, you are required to accomplish all 4N151 and 4N171 training; if you are a 4N171B, you are required to accomplish all 4N151B, 4N151 and 4N171 training. ARC members must annotate requirements in CFETP per AFRCI 41-102

Section D - Resource Constraints

1. Purpose.

1.1. 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. Five Level Training.

2.2.1. **Constraint.** No 3-skill level constraints exist.

2.3. Lateral Training.

2.3.1 No lateral training constraints exist.

2.4. Seven-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 for resident class beginning **19 Jan 05**, and for all subsequent classes.

2. Purpose. As prescribed in AFI 36-2201, this STS:

2.1. Lists in column 1 of attachments 2 through 10 the most common tasks and knowledge necessary for airmen to perform duties in the 3-, 5-, and 7-skill levels. These are based on an analysis of duties specified in AFMAN 36-2108, Airman Classification. A complete listing of all training references (TRs) that may be used for both formal course development and continuing education in the field is included in attachments 7 and 8.

2.2. Identifies in column 2 which items are designated as core (C) tasks or wartime (W) course tasks.

2.2.1. Identifies in column 2 of attachments 2 through 6 which of the items in column 1 are designated as core (C) tasks for the duty positions listed below. **Surgical Services Specialty personnel occupying any 4N1X1 duty position must be trained and certified on all respective tasks to be duty position qualified.** To be considered fully qualified and eligible for any skill level award, personnel must be duty position qualified, trained, and certified on any/all core tasks. **All 3-, 5-, and 7-level 4N1X1 personnel** (in grades Airman Basic through Technical Sergeant) **must maintain a current documented Individual Training Record, AF Form 623B, in Part 2 of their 6-part folder.** In addition, an AF Form 623 and STS are required for SNCOs, regardless of grade, in retraining status or as directed by the Air Force Career Field Manager, Commanders, or supervisors. SNCOs are still required to maintain a 6-part folder.

2.2.1.1. Attachment 2 applies to **all 4N1X1** personnel (4N1X1/B/C/D).

2.2.1.2. Attachment 3 applies to all Clinical Technicians (4N1X1/B/C/D).

2.2.1.3. Attachment 4 applies to Urology Technicians (4N1X1B).

2.2.1.4. Attachment 5 applies to Orthopedic Technicians (4N1X1C).

2.2.1.5. Attachment 6 applies to Otolaryngology Technicians (4N1X1D).

2.2.2. Identifies in column 2 of attachments 2 through 6 which of the items in column 1 are designated as wartime (W) course tasks. **Wartime course tasks are those STS items taught during the resident (3-level) wartime course. This course is only activated in time of war.** The purpose is to train new 4N131 personnel on items deemed absolutely essential in order to facilitate moving new personnel to the field as quickly as possible during a wartime situation. Wartime course tasks should not be confused with core tasks.

2.3. **Provides certification for OJT.** Column 3 of attachments 2 through 6 provides a means to record completion of tasks and knowledge training requirements in order to provide certification for OJT. Task/knowledge certification must show a certification and completed date.

2.4. Shows formal training and correspondence course requirements.

2.4.1. Column 4A of attachments 2 through 6 specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the initial skills (3-level awarding for the basic 4N1X1 or specialty awarding for shredouts) and advanced (7-level awarding) courses, respectively, as described in Education and Training and Course Announcements (ETCA).

2.4.2. Indicates correspondence course training requirements in column 4B of attachment 2. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 5-level awarding Career Development Courses. See AFIADL/AFSC/CDC listing maintained by each unit training manager for current CDC listings.

2.4.3. Indicates correspondence course training requirements in column 4C of attachments 2 - 6. This column specifies the proficiency to be demonstrated on-the-job by the graduate as a result of training in the 7-level awarding Career Development Courses.

2.4.4. Specifies in column 4D of attachments 2 through 6 which tasks have an available Qualification Training Package (QTP) to use on-the-job for both initial and recurring skills certification purposes. The number in column 4D designates the QTP volume number that the module can be found in. When applicable, items that relate to a common task are consolidated into one QTP module.

2.5. **Lists Qualitative Requirements.** Attachment 1 contains the proficiency code key used to indicate the level of training and knowledge provided by resident training and CDCs.

2.6. Use to document task when placed in AF Form 623, **On-The-Job Training Record**, and used according to AFI 36-2201.

2.7. Becomes a job qualification standard (JQS) for on-the-job training when placed in AF Form 623, *On-The-Job Training Record*, and used according to AFI 36-2201, V3, *Air Force Training Program on the Job Training Administration*. Air Force Job Qualification Standard (AFJQS) are training documents approved by the AFCFM for a particular job type or duty position within an AFS. **Supervisors and trainees** are responsible for accurate documentation within this document. When used as a JQS, the following requirements apply:

2.7.1. **CFETP/AFJQS Documentation.** All personnel authorized to sign off tasks in Part II of the CFETP must be listed on the Identification Block of the CFETP, Part II. Air Force Job Qualification Standard (AFJQS) are training documents approved by the AFCFM for a particular job type or duty position within an AFS. An AFJQS may be used in lieu of Part II of the CFETP only upon approval of the AFCFM. **NOTE:** The AFCFM may supplement these minimum documentation procedures as needed or deemed necessary for their Career Field. Refer to Section F at the end of this CFETP for training documentation (medical specific).

2.7.1.1. **Identify Duty Requirements.** Document and certify completion of training. Circle the appropriate letter/number in column 1 of attachments 2 through 6 to identify duty position

requirements of the trainee's current duty position to include core tasks. **For formal course instructors, all core tasks and core task QTPs (at a minimum) must be trained and certified.**

2.7.1.2. **Initial certification.** As a minimum, complete the following columns in Part II of the CFETP:

2.7.1.2.1. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 02*) training is started in column 3A of attachments 2 through 6.

2.7.1.2.2. Document task qualification by annotating the **day, month, and year** (i.e., *04 Oct 02*) training is completed in column 3B of attachments 2 through 6.

2.7.1.2.3. Trainees Initials

2.7.1.2.4. Trainer Initials

2.7.1.2.5. Certifier's initials when required by AFCFM (for tasks requiring third-party certification) **Tasks requiring certifier's initials are annotated in the STS, Column 3E with a "Λ".**

NOTE: All entries on documents contained in the AF Form 623, to include the CFETP, AFJQS, AF Form 623a, AF Form 797, AF Form 1098, Special Task Certification and Recurring Training, AF Form 803, and any additional training documents as determined by local requirements, will be documented in pencil.

2.7.1.3. **Knowledge training.** Knowledge training is required when a CDC is not available or when training must be documented for a CDC waiver. As a minimum, supervisors must ensure that trainees cover the mandatory items in AFMAN 36-2108. For two-time CDC course exam failures, supervisors identify all STS items corresponding to the areas covered by the CDC. The trainee completes a study of STS references, undergoes evaluation by the task Certifier, and receives certification on the STS. Career Knowledge must be documented prior to submitting a CDC waiver. Document knowledge training by circling the corresponding letter in the applicable skill level CDC column. Use the following procedures to document the CFETP:

2.7.1.3.1. Training start date (day, month, year).

2.7.1.3.2. Training complete date (day, month, year).

2.7.1.3.3. Trainee Initials.

2.7.1.3.4. Trainer Initials.

2.7.1.4. **Performance Standard.** Trainees are trained and qualified to the "go" level on the tasks in column 1 of attachments 2 through 6. "Go" means the trainee 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). Supervisors will manage this process by assessing AFSC qualifications.

2.7.1.5. This document may be automated in whole or part to reflect duty position requirements and qualifications.

2.7.1.6. Trainers must be certified in the task to be trained, be recommended by the supervisor, appointed by the commander, and complete a formal trainer course.

2.7.1.7. Certifiers must be at least a SSgt with a 5-skill level or civilian equivalent, certified in the task being evaluated, appointed by the commander, be someone other than the trainer, and complete a formal certifier course.

2.7.2. Transcribing documentation to a new CFETP is an administrative function, not a re-evaluation of training. During the transcription process no training is being accomplished. Upon publication of a new CFETP, use the following procedures to transcribe:

2.7.2.1. Use the new CFETP to identify and certify current training requirements and to retain previous qualifications from the previous version.

2.7.2.2. For tasks previously certified and required in the current duty position, circle the task and enter the current date with the trainee initials in the trainee block (3C) and supervisor initials in the certifier block (3E).

2.7.2.3. For tasks previously certified but not required in the current duty position (do not circle), transcribe only the previous certification date (no initials).

2.7.2.4. Annotate the AF Form 623a, (for example, "I certify the information contained in the CFETP dated XX was transcribed to the CFETP dated XX, and the trainee was given the superceded CFETP." Signed, dated, supervisor and trainee).

NOTE: If and when transcribed tasks become duty position requirements, recertify using standard certification procedures. The person whose initials appear in the trainer or certifier block during the transcription process must meet the requirements of their respective roles.

2.7.3. Maintenance of CFETPs for personnel in retraining status. Maintain CFETP from previous AFSC until commensurate skill level is achieved, then give the obsolete field CFETP to the individual.

2.7.4. Decertification and Recertification. When a supervisor determines an airman is unqualified on a task previously certified for their duty position, the supervisor erases the previous certification, or deletes certification when using automated system. Appropriate remarks pertaining to the reason for decertification are entered on the AF Form 623a, *On-The-Job Training Record Continuation Sheet*. Begin recertification (if required) following procedures in paragraph 2.11.1.2.

2.7.5. **Documenting Career Knowledge.** When a CDC is not available, the supervisor identifies STS training references that the trainee requires for career knowledge and ensures, as a minimum, that trainees cover the mandatory items in AFMAN 36-2108. For two-time CDC course exam failures, supervisors identify all STS items corresponding to the areas covered by the CDC. The trainee completes a study of STS references, undergoes evaluation by the task Certifier, and receives certification on the STS. **NOTE:** Career Knowledge must be documented prior to submitting a CDC waiver.

2.8. The STS is a guide for development of promotion tests used in the Weighted Airman Promotion System (WAPS). Specialty Knowledge Tests (SKTs) are developed at the USAF Occupational Measurement Squadron by senior NCOs with extensive practical experience in their career fields. The tests sample 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 WAPS catalog. Individual responsibilities are in Chapter 14 of AFI 36-2606, *US Air Force Reenlistment, Retention, and NCO Status Programs*. WAPS is not applicable to the Air National Guard.

3. Recommendations.

3.1. Report unsatisfactory performance of individual course graduates through proper channels to 882 TRG/TTS, 939 Missile Rd. STE 2, Sheppard AFB, TX 76311-2260. Reference specific STS paragraphs when forwarding reports. For a quick response to concerns, supervisors may call the 24-hour customer service information line (CSIL), DSN 736-2385, or e-mail: 882trg.csil@sheppard.af.mil to identify graduates who may have received over or under training on task/knowledge items listed in this STS.

3.2. Report inadequacies of and suggest corrections to this STS through proper channels to the same POC listed in paragraph 3.1.

Supersedes STS 4N1X1, June 2001 and all subsequent changes.

882 TRG/TTS
939 Missile Rd, Suite 3
Sheppard AFB, TX 76311-2245

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

GEORGE PEACH TAYLOR, JR.
Lieutenant General, USAF, MC, CFS
Surgeon General

Attachments

- (1) Identification and Qualitative Requirements
- (2) 4N1X1 personnel STS
- (3) Clinic personnel STS
- (4) Urology (4N1X1B) STS
- (5) Orthopaedics (4N151C) STS
- (6) Otolaryngology (4N151D) STS
- (7) STS TR Source Summary -- Commercial Publications
- (8) STS TR Source Summary -- Service and Government Agency Publications

Attachment 1: Identification and Qualitative Requirements

THIS BLOCK IS FOR IDENTIFICATION PURPOSES ONLY

NAME OF TRAINEE		
PRINTED NAME <i>(Last, First, Middle Initial)</i>	INITIALS <i>(Written)</i>	SSAN
PRINTED NAME OF CERTIFYING OFFICIAL AND WRITTEN INITIALS		
N/I	N/I	

QUALITATIVE REQUIREMENTS

PROFICIENCY CODE		
	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 (EXTREMELY LIMITED)
	2	Can do most parts of the task. Needs help only on hardest parts. (PARTIALLY PROFICIENT)
	3	Can do all parts of the task. Needs only 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)
EXPLANATIONS		
*	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. (Examples: b and 1b)	
**	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.	
-	This mark is used alone instead of a scale value to show that no proficiency training is provided in the course or CDC.	
X	This mark is used alone in course columns to show that training is required but not given due to limitations in resources.	

Attachment 2: 4N1X1 STS

Explanation of columns/documenting training

NOTE: Users are responsible for annotating pen-and-ink and page inserts/deletions when specified by subsequent changes to this CFETP.

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

Column 2: Items in column 2 marked with a "W" are the tasks/knowledge that are trained in resident wartime course. Those marked with a "C" are core tasks, and those marked "C/W" 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. Additionally it identifies Qualification Training Packages (QTPs) that must be used for task certification. The QTP must be completed if the task is circled as a requirement of the duty position.

In the event the wartime course is implemented, the 3-skill level will be awarded to the graduates of the resident course. Phase II training will be discontinued.

NOTE: Training references are numbered in the STS and in the source summaries (attachments 12 and 13). 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 through the hospital/clinic library activity.

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.

Tasks requiring certifier's initials are annotated in the STS, Column 3E with a "^^".

Tasks grayed in the 7-level column are mandatory for 7-level upgrade training.

Any procedures/tasks performed by technicians; required to be performed under the direct supervision of a physician, i.e. cauterizing tissue, advance/pull back c-scope, suturing etc.; must specifically have the training documented and signed off by the training physician and member on a 1098 and annotated and signed by the supervisor and member on the 623a. In addition, any equipment used by the technician in these instances i.e. c-scope, electrocautery unit, must be documented and signed off by the technician and supervisor on the AF Form 797. These documents must be maintained in the member's 6-part folder and training must be accomplished on an annual basis.

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
1. Career Ladder and Progression										
1.1. USAF Medical Service <i>TR: G6, G14, G18, G19, G23</i>										
1.1.1. Mission	W						A	B	-	
1.1.2. Organization	W									
1.1.2.1. Chain of Command							A	B	-	
1.1.2.2. Organization at Headquarters							-	B	-	
1.1.2.3. Local MTF Organization							A	B	-	
1.1.3. Function	W						A	B	-	
1.2. Job descriptions of AFS 4N1X1/B/C/D <i>TR: G30</i>										
1.2.1. 4N1X1	W						A	B	-	
1.2.2. 4N1X1B							A	B	-	
1.2.3. 4N1X1C							A	B	-	
1.2.4. 4N1X1D							A	B	-	
1.3. Progression in career ladder/paths 4N1X1/B/C/D <i>TR: G3, G4, G38</i>							A	B	B	
1.4. Professional development opportunities in the Career Field <i>TR: G7</i>										
1.4.1. Education programs							A	B	-	
1.4.2. Certification opportunities										
1.4.2.1. Liaison Council on Certification for the Surgical Technologist (LCC-ST) certification programs							A	B	-	
1.4.2.2. National Center for Certification Testing (NCCT) certification programs							A	B	-	
1.4.2.3. Certification Board for Sterile Processing and Distribution, Inc. (CBSPD), certification programs							A	B	-	
1.4.2.4. Subspecialty certification programs							-	-	-	
1.4.2.4.1. National Board for Certification of Orthopaedic Technologist certification programs							-	B	-	
1.4.2.4.2. Society of Urologic Nurses and Associates (SUNA)							-	B	-	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
1.5. Specific OPSEC/COMSEC/COMPUSEC vulnerabilities of AFSC 4N1X1 <i>TR: G2.</i>	W						A	–	–	
2. Professional and Patient Relationships <i>TR: G6, G14, G18, G19, G20, G23, G39, C5, C7, C9, C25</i>										
2.1. Role & qualifications of surgical team members										
2.1.1. Surgeon	W						A	B	–	
2.1.2. Surgeon's assistant	W						A	B	–	
2.1.3. Anesthesiologist	W						A	B	–	
2.1.4. Nurse anesthetists	W						A	B	–	
2.1.5. Operating room nurses	W						A	B	–	
2.1.6. Surgical service apprentice/journeyman/craftsman	W						A	B	–	
2.2. Promote professional relationships										
2.2.1. Standards of conduct for patient care	W						A	B	–	
2.2.2. Interpersonal relationships	W						A	B	–	
2.3. Practice medical ethics										
2.3.1. Concept/terms related to ethical conduct							A	B	–	
2.3.2. Surgical conscience	W						A	B	–	
2.4. Stress management							A	B	–	
2.5. Legal aspects/responsibilities										
2.5.1. Medical-legal terminology							A	B	–	
2.5.2. Common negligent acts							A	B	–	
2.5.3. Patient consent to treatment	W						A	B	–	
2.5.4. Medical-legal policies in the Air Force										
2.5.4.1. Federal Tort Claims Act (intentional torts)/Immunity to Common Tort Cases							A	B	–	
2.5.4.2. Feres Doctrine							A	B	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
2.5.4.3. Living Wills							–	B	–	
2.5.4.4. Durable power of attorneys							–	B	–	
2.5.5. Legal responsibilities							A	B	–	
2.5.5.1. Health Insurance Portability and Accountability Act of 1996. (HIPAA)							A	B		
2.6. Practice patient advocacy										
2.6.1. Patient rights and responsibilities	W						A	B	–	
2.6.2 Patient sensitivity							A	B	–	
2.6.3. Emotional/psychological support for patient and significant others										
2.6.3.1. Patient needs							A	B	–	
2.6.3.2. Patient fears							A	B	–	
2.6.3.3. Death and dying	W						A	B	–	
2.7. Attributes of good customer service										
2.7.1. Customer care basics										
2.7.1.1. Listening techniques							A	–	–	
2.7.1.2. Face-to-face contact (non-verbal communication)							A	–	–	
2.7.1.3. Practice telephone etiquette							1a	–	–	
2.7.1.4. Initiating appropriate response in dealing with difficult customers							1a	–	–	
3. Safety in the Surgical Service Environment <i>TR: G5, G14, G16, G18, G19, G23, G26, G27, G31, G32, G41, C2, C5, C7, C9, C18, C22, C25</i>										
3.1. Air Force safety programs										
3.1.1. Apply principles of AFOSH (Air Force Occupational Safety, Fire Prevention and Health) Program <i>TR: G27</i>										
3.1.1.1 Program purpose							A	B	–	
3.1.1.2. AFOSH standards for surgery and related areas							A	B	–	
3.1.2. Responsibilities of key personnel							–	B	–	
3.1.3. Accidents/incident reporting							A	B	B	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
3.1.4. Hazard reporting							A	B	B	
3.1.5. Operational Risk Management Program (ORM)							A	B	B	
3.2. Safety precautions during job performance										
3.2.1. Age-specific considerations							A	B	–	
3.2.2. Basic safety principles							A	B	–	
3.2.3. Body mechanics/lifting							A	B	–	
3.2.4. Fire safety in the operating room <i>TR: G27, C18</i>	C/W						A	B	–	
3.2.5. Electrical safety										
3.2.5.1. Electrical equipment safety <i>TR: G16, G27, C7, C18, C25</i>	C/W						A	B	–	
3.2.5.2. Grounding/electrical power systems <i>TR: G16, G27, C2, C18</i>										
3.2.5.2.1. Isolation power systems							–	B	–	
3.2.5.2.2. Emergency power systems	W						A	B	–	
3.2.6. Compressed gases <i>TR: G27, C7, C18</i>										
3.2.6.1. Storage	C/W						A	B	–	
3.2.6.2. Handling	C/W						1a	b	–	
3.2.6.3. In-line medical gases							A	B	–	
3.2.7. Caustic and corrosive chemicals <i>TR: G27, C7, C25</i>										
3.2.7.1. Hazard Communication Program (HAZCOM)							A	B	B	
3.2.7.2. Methyl methacrylate (bone cement)							A	B	–	
3.2.7.3. Chemical disinfectants	W						A	B	–	
3.2.7.4. Formalin							A	B	–	
3.2.7.5. Gluteraldehyde							A	B	–	
3.2.8. Sterilizers <i>TR: C7, C22, C25, C27; C28</i>										
3.2.8.1. Steam	C/W						A	B	–	
3.2.8.2. Chemical										

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
3.2.8.2.1. Peracetic acid							A	B	–	
3.2.8.2.2. Hydrogen peroxide plasma							A	B	–	
3.2.9. Handle surgical instruments and supplies <i>TR: C7, C25</i>										
3.2.9.1. Sharp instruments	C/W						2b	b	–	
3.2.9.2. Blades	C/W						2b	b	–	
3.2.9.3. Needles	C/W						2b	b	–	
3.2.9.4. Glassware							–	b	–	
3.2.10. Laser safety							–	b	–	
3.2.11. Radiation safety										
3.2.11.1. Radiographic (Xray)/Fluoroscopic equipment							A	b	–	
4. Medical Terminology <i>TR: G5, G14, G18, G19, G23, C3, C7, C25</i>										
4.1. Basic elements and structure										
4.1.1. Prefixes	W						A	B	–	
4.1.2. Suffixes	W						A	B	–	
4.1.3. Root words	W						A	B	–	
4.2. Surgical terms and shorthand										
4.2.1. Defining operative procedures	W						A	B	–	
4.2.2. Abbreviations and symbols	W						A	B	–	
4.2.3. Describing body movement and structural relationships	W						A	B	–	
5. Microbiology and Infection Control <i>TR: G21, G35, G36, G37, C2, C7, C22, C25</i>										
5.1. Basic microbiology										
5.1.1. Cell structure							A	B	–	
5.1.2. Functions of microorganisms							A	B	–	
5.2. Microorganisms of concern to surgical personnel							–	A	–	
5.3. Surgical wound infections										

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
5.3.1. Transmission of disease							A	B	–	
5.3.2. The infectious process							A	B	–	
5.3.3. Body defenses against infection							A	B	–	
5.4. Infection control										
5.4.1. Programs										
5.4.1.1. Prevention							A	B	b	
5.4.1.2. Surveillance							–	B	b	
5.4.1.3. Tracking trends							–	B	b	
5.4.1.4. Reporting							–	B	b	
5.4.2. Wear surgical attire	C/W						3b	b	–	
5.4.3. Personal hygiene	C/W						A	B		
5.4.4. Perform handwashing	C/W						3b	c	–	
5.4.5. Apply principles of surgical asepsis	C/W						3b	c		1
5.4.6. Surgical wound classification							–	B	–	
5.4.7 Standard Precautions	C						A	B	–	
5.5. Handle contaminated materials	C/W						2b	b	–	
5.6. Housekeeping Procedures <i>TR: G38, C5, C7, C25, C31</i>										
5.6.1. Perform initial cleaning activities	C/W						2b	c	–	
5.6.2. Perform between-case cleaning	C/W						2b	c	–	
5.6.3. Perform end-of-day cleaning	C/W						2b	c	–	
5.6.4. Perform periodic cleaning	W						2b	c	–	
6. Processing reusable supplies, instruments, and equipment <i>TR: C1, C5, C7, C22, C25, C27, C28, C31; C32</i>										
6.1. Clean and Decontaminate used patient care items										
6.1.1. Initial/point-of-use cleaning (gross contaminants)	C/W						A	b	–	
6.1.2. Mechanical/Automatic methods										

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
6.1.2.1. Washer–decontaminator							A	b	–	2
6.1.2.2. Washer–sterilizer							A	b	–	2
6.1.2.3. Ultrasonic cleaner							2b	b	–	2
6.1.2.4. Other mechanical							–	b	–	
6.1.3. Manual methods	C/W						2b	c	–	2
6.2. Lubricate instruments							2b	c	–	
6.3. Assemble cleaned items for sterilization										
6.3.1. Sort instruments and supplies	C/W						2b	c	–	2
6.3.2. Inspect instruments and supplies	C/W						2b	c	–	2
6.3.3. Instrument set assembly	C/W						2b	c	–	2
6.3.4. Development/maintain count sheets	C/W						2b	c	–	2
6.4. Maintain linen supply	W						2b	b	–	
6.5. Package items for sterilization										
6.5.1. Purpose and characteristics of packaging material	W						A	B	–	2
6.5.2. Rectangular wrapping method	C/W						2b	c	–	2
6.5.3. Diagonal wrapping method	C/W						2b	c	–	2
6.5.4. Peel-packs	C/W						3b	c	–	2
6.5.5. Rigid containers	C/W						2b	c	–	2
6.5.6. Label packaged items	C/W						3b	c	–	2
6.6. Sterilization and disinfection										
6.6.1. Methods of sterilization										
6.6.1.1. Steam	W						A	B	–	
6.6.1.2. Ethylene oxide							A	A	–	
6.6.1.3. Radiation							A	B	–	
6.6.1.4. Chemical										
6.6.1.4.1. Peracetic acid	W						A	B	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
6.6.1.4.2. Hydrogen peroxide plasma	W						A	B	–	
6.6.2. Load and unload sterilizer										
6.6.2.1. Steam	C/W					Λ	2b	c	–	2
6.6.2.2. Chemical										
6.6.2.2.1. Peracetic acid						Λ	2b	b	–	
6.6.2.2.2. Hydrogen peroxide plasma							A	B	–	
6.6.3. Operate sterilizers										
6.6.3.1. Steam	C/W					Λ	2b	c	–	
6.6.3.2. Chemical										
6.6.3.2.1. Peracetic acid							b	b	–	
6.6.3.2.2. Hydrogen peroxide plasma							b	b	–	
6.6.4. Perform routine monitoring of sterilizers										
6.6.4.1. Monitor mechanical and automatic controls during sterilization cycles							1a	b	c	
6.6.4.2. Biological indicators										
6.6.4.2.1. Steam sterilization	C/W						2b	b	c	
6.6.4.2.2. Chemical sterilization	C/W						A	b	c	
6.6.4.3. Chemical indicators										
6.6.4.3.1. Steam sterilization	C/W						2b	b	–	
6.6.4.3.2. Chemical sterilization	C						A	b	–	
6.6.5. Disinfection levels							–	B	–	
6.6.6. Select suitable agent for disinfecting:										
6.6.6.1. Surgical instruments, supplies, and equipment							–	b	–	
6.6.6.2. Environmental surfaces	W						1a	b	–	
7. Patient Preparation and Nursing Care <i>TR: G6, G14, G18, G19, G23, C5, C7, C25</i>										
7.1. Preoperative checklist							A	B	–	
7.2. Remove body hair from incision site in accordance with surgeon's orders							a	c	–	3

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
7.3.. Verify preoperative surgical checklist task/item completion	C						2b	c	–	
7.4. Verify patient identity	C/W						2b	c	–	
7.5. Assist in moving patient to and from:										
7.5.1. Gurney/recovery bed	C/W						2b	c	–	
7.5.2. Patient bed							2b	c	–	
7.5.3. Crib							a	b	–	
7.5.4. Wheelchair							1a	b	–	
7.6. Admission to the surgical suite							A	B	–	
7.7. Monitoring the surgical patient										
7.7.1. Take and record vital signs										
7.7.1.1. Temperature (electronic thermometer)	C						2b	b	–	6
7.7.1.2. Pulse										6
7.7.1.2.1. Manually palpate	C						2b	b	–	6
7.7.1.2.2. Electronic monitor	C						2b	b	–	6
7.7.1.3. Respirations	C						2b	b	–	6
7.7.1.4. Blood pressure										6
7.7.1.4.1. Sphygmomanometer	C						2b	b	–	6
7.7.1.4.2. Electronic monitor	C						2b	b	–	6
7.7.2. Assist with administration of oxygen	C						b	b	–	6
8. Pharmacology <i>TR: C2, C7, C25</i>										
8.1. Drugs and Solutions										
8.1.1. Methods, supplies, equipment for administration	C/W						A	B	–	7
8.1.2. Medications commonly used in surgery										
8.1.2.1. Coagulants							A	B	–	
8.1.2.2. Anti-coagulants							–	B	–	
8.1.2.3. Constrictors							A	B	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
8.1.2.4. Dilators							-	B	-	
8.1.2.5. Antibiotics							A	B	-	
8.1.2.6. Steroids							-	B	-	
8.1.2.7. Diuretics							-	B	-	
8.1.2.8. Dyes/contrast media							A	B	-	
8.1.2.9. Sedatives/tranquilizers							A	B	-	
8.1.2.10. Narcotics							-	B	-	
8.1.2.11. Anticholinergics							-	B	-	
8.1.2.12. Oxygen										
8.1.2.13. Other drugs							A	B	-	
8.1.3. Identify/handle solutions commonly used in surgery										
8.1.3.1. Intravenous solutions										
8.1.3.1.1. Electrolyte solutions							A	b	-	6
8.1.3.1.2. Blood volume expanders	W						A	b	-	
8.1.3.2. Irrigation solutions										
8.1.3.2.1. Saline	C/W						2b	b	-	
8.1.3.2.2. Sterile water							A	b	-	
8.1.3.2.3. Ringer's solution							A	b	-	
8.1.3.2.4. Glycine solution							A	b	-	
8.1.4. Intravenous fluid administration										
8.1.4.1. Intravenous fluid administration setup							-	b	-	6
8.1.4.2. Peripheral IV infusion initiation							-	b	-	6
8.1.4.3. Intravenous fluid administration regulation and monitoring							-	b	-	6
8.1.4.4. Pumps/controllers/pressure bags Maintenance/monitor infusion							-	b	-	6
8.1.4.5. Intravenous fluid bags/bottles change							-	b	-	6
8.1.4.6. Discontinue Intravenous infusion							-	b	-	6

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
8.2. Blood and blood components										
8.2.1. Blood and blood products identification	C/W						A	b	–	
8.2.2. Blood administration procedures	C/W						A	b	–	6
8.2.3. Set up blood warmers/pumps							–	b	–	6
9. Anesthesia <i>TR: C2, C7, C12, C16, C21, C25, C29</i>										
9.1. Pre-anesthetic considerations and preparation										
9.1.1. Choice of anesthesia							A	B	–	
9.1.2. Premedication							A	B	–	
9.2. Anesthesia types and administration										
9.2.1. General anesthesia							A	B	–	
9.2.2. Conduction anesthesia										
9.2.2.1. Local							A	B	–	
9.2.2.2. Regional							A	B	–	
9.3. Anesthesia supplies and equipment							A	B	–	
9.4. Assist with immediate postanesthesia care	C						1a	b	–	6
10. Management of patient complications <i>TR: C2, C7, C12, C13, C16, C25, C29</i>										
10.1. Respiratory complications							A	B	–	6
10.2. Cardiovascular complications							A	B	–	6
10.3. Specific complications										
10.3.1. Cardio-respiratory arrest	W						A	b	–	6
10.3.2. Laryngospasm/bronchospasm	W						A	B	–	
10.3.3. Allergic reactions to drug/anesthetic administration	W						A	B	–	
10.3.4. Malignant hyperthermia	W						A	B	–	
10.3.5. Shock	W						A	B	–	
10.4. Attain/maintain certification in health provider basic cardiac life support (BCLS)	C/W						3c	–	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	QTP Volume Number
11. Preparing the Surgical Environment <i>TR: C2, C5, C7, C9, C25,C26, C31</i>										
11.1. Check duty assignment										
11.1.1. Personnel assignment rosters/schedules							2b	b	–	
11.1.2. Operative/Surgical Schedule							2b	b	–	
11.2. Select required sterile supplies and instruments	C/W						2b	b	–	
11.3. Select required equipment	C/W						2b	b	–	
11.4. Set up/operate equipment										
11.4.1. Electrosurgery devices	C/W						1b	b	–	5
11.4.2. Cardiac monitors							A	b	–	5
11.4.3. Defibrillators							A	b	–	5
11.4.4. Surgical lights	C/W						1b	b	–	
11.4.5. Portable suction units	C/W						1b	b	–	
11.4.6. Hyper/Hypothermia units							a	b	–	
11.4.7. Solution warming cabinets							A	b	–	
11.4.8. Fiberoptic light sources							b	b	–	
11.4.9. Surgical microscopes							A	b	–	
11.4.10. Lasers							A	b	–	
11.4.11. Video equipment							a	b	–	
11.4.12. Insufflators							a	b	–	
11.4.13. Manipulate endoscopic equipment under supervision of surgeon										
11.4.13.1. Rigid							a	b	–	
11.4.13.2. Flexible							A	b	–	
11.4.14. Operating table										
11.4.14.1. Manual	C/W						2b	b	–	
11.4.14.2. Electrical							2b	b	–	
11.4.14.3. Orthopaedic fracture							–	b	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
11.4.15. Doppler unit							–	b	–	
11.4.16. Sequential Compression Device							A	b	–	
11.5. Open sterile supplies										
11.5.1. Rectangularly wrapped items/supplies	C/W						2b	c	–	4
11.5.2. Diagonally wrapped items/supplies	C/W						2b	c	–	4
11.5.3. Peel packs	C/W						2b	c	–	4
11.5.4. Rigid containers	C						2b	c	–	4
11.6. Prepare sterile supplies/equipment for use										
11.6.1. Perform surgical hand/arm scrub	C/W						3b	–	–	4
11.6.2. Dry hands using aseptic technique	C/W						3b	–	–	4
11.6.3. Gown and glove self	C/W						3b	–	–	4
11.7. Establish and maintain sterile fields										
11.7.1. Set up back table	C/W						2b	–	–	
11.7.2. Set up basin stands	C/W						2b	–	–	
11.7.3. Drape Mayo stands	C/W						2b	–	–	4
11.7.4. Set up Mayo stands	C/W						2b	–	–	
11.7.5. Set up prep sets	W						1a	–	–	
11.7.6. Drape specialty equipment										
11.7.6.1. Microscopes							–	b	–	
11.7.6.2. Fluoroscopy equipment							–	b	–	
11.7.6.3. X-ray equipment							–	b	–	
11.7.6.4. Lasers							–	b	–	
11.7.6.5. Video equipment							–	b	–	
11.8. Perform preoperative counts with OR nurse (RN)										
11.8.1. Surgical sponges	C/W						3b	c	–	4
11.8.2. Needles and blades	C/W						3b	c	–	4

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
11.8.3. Instruments	C/W						3b	c	–	4
11.8.4. Related supplies	C/W						3b	c	–	4
12. Scrub Duties <i>TR: C2, C7, C25, C26</i>										
12.1. Gown and glove surgical team members	C/W						3b	–	–	4
12.2. Assist surgeon with patient draping procedures	C/W						1a	c	–	
12.3. Supply surgeon with necessary items during operative procedures	C/W						2b	b	–	
12.4. Surgical Skills										
12.4.1. Instrumentation										
12.4.1.1. Types							A	B	–	
12.4.1.2. Usage							A	B	–	
12.4.1.3. Function							A	B	–	
12.4.2. Principles of tissue handling										
12.4.2.1. Traction/countertraction							–	B	–	
12.4.2.2. Dissection										
12.4.2.2.1. Blunt							–	B	–	
12.4.2.2.2. Sharp							–	B	–	
12.4.3. Assist with operative exposure										
12.4.3.1. Manual							A	b	–	
12.4.3.2. Mechanical							A	b	–	
12.4.3.3. Suction							A	b	–	
12.4.3.4. Illumination							A	b	–	
12.4.4. Assist surgeon with hemostasis										
12.4.4.1. Clamping							A	b	c	
12.4.4.2. Ligation							A	b	c	
12.4.4.3. Ligaclips							A	b	c	
12.4.4.4. Electrosurgical/electrocautery							A	b	c	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
12.4.4.5. Tamponade							A	B	b	
12.4.4.6. Topical/pharmacological							A	B	–	
12.4.5 Suturing										
12.4.5.1. Materials/needles							1a	b	–	
12.4.5.2. Stapling Devices							1a	b	–	
12.4.5.3. Suturing Techniques							A	b	–	
12.4.5.4. Knot tying							–	b	–	
12.4.5.5. Suture cutting							1a	b	–	
12.4.6. Drains										
12.4.6.1. Types							A	b	–	
12.4.6.2. Purpose							A	b	–	
12.4.6.3. Function							–	b	–	
12.4.6.4. Placement							–	b	–	
12.5. Care for surgical specimens on the sterile field	C/W						2b	b	–	4
12.6. Perform intraoperative counts with OR nurse (RN)										
12.6.1. Surgical sponges	C/W						3b	c	–	4
12.6.2. Needles and blades	C/W						3b	c	–	4
12.6.3. Instruments	C/W						3b	c	–	4
12.6.4. Related supplies	C/W						3b	c	–	4
12.7. Assist surgeon with/perform wound closure										
12.7.1. Prepare suture materials and needles	C/W						2b	b	–	
12.7.2. Pass wound closure materials to surgeon/assistant	C/W						2b	b	–	
12.7.3. Assist with tissue approximation as directed by surgeon							–	a	b	
12.7.4. Wound closure techniques	W						A	b	c	
12.7.5. Wound healing process							A	B	–	
12.8. Assist surgeon with application of wound dressing	W						2b	b	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
13. Circulating Duties <i>TR: G6, G14, G18, G19, G23, C2, C5, C7, C25</i>										
13.1. Assist sterile team members with donning surgical gowns	C/W						3b	–	–	4
13.2. Assist moving patient to/from surgical table	C/W						2b	c	–	
13.3. Patient positioning										
13.3.1. Dorsal (supine) positioning	C/W						2b	c	–	
13.3.2. Prone positioning	C/W						1a	b	–	
13.3.3. Lateral positioning	C/W						1a	b	–	
13.3.4. Special/procedural positioning							A	b	–	
13.3.5. Anesthesia procedure positioning							A	b	–	
13.4. Perform cleansing skin preps										
13.4.1. Select antiseptic agent							a	b	–	
13.4.2. Abdominal areas	C/W						1a	c	–	3
13.4.3. Extremities <i>TR: C7</i>	C/W						1a	b	–	3
13.4.4. Perineal/Dirty areas							a	b	–	3
13.4.5. Contaminated wounds	W						a	b	–	3
13.5. Position equipment, furniture, and lights	C/W						2b	b	–	
13.6. Supply necessary items to sterile team during surgical procedure	C/W						2b	–	–	
13.7. Assist with preparing specimens for forwarding to the laboratory	C						1a	b	–	4
13.8. Ancillary request forms preparation							A	B	–	
13.9. Assist with preparation of Operation Report							1a	b	–	
13.10. Assist OR nurse (RN) in performing counts										
13.10.1. Surgical sponges	C/W						2b	c	–	4
13.10.2. Needles and blades	C/W						2b	c	–	4
13.10.3. Instruments	C/W						2b	c	–	4
13.10.4. Related supplies	C/W						2b	c	–	4
13.11. Provide dressing materials to the sterile team as required	W						2a	b	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
13.12. Surgical Site Verification	C/W						A	B		
14. Postoperative Activities <i>TR: C2, C5, C7, C9, C25, C29</i>										
14.1. Breakdown case set-up after surgical procedure	C/W						2b	c	–	
14.2. Inventory & restock materials							2b	–	–	
14.3. Patient post-anesthesia care										
14.3.1. Assist with post-anesthesia (recovery room) care							1a	b	–	
14.3.2. Management of postoperative complications							A	b	–	
15. Storage, Supply, and Logistics <i>TR: G3, G14, G15, G17, G18, G19, G23, G24</i>										
15.1. Storage/handling of equipment and supplies										
15.1.1. Physical requirements										
15.1.1.1. Nonsterile storage							A	B	C	
15.1.1.2. Sterile storage										
15.1.1.2.1. Environmental factors	W						A	B	C	
15.1.1.2.2. Storage methods	W						A	B	C	
15.1.2. Inventory Control (sterile supplies)										
15.1.2.1. Arrange supplies in storage	C/W						2b	b	–	
15.1.2.2. Rotate stock	C/W						2b	b	–	
15.1.2.3. Shelf life determination	C/W						A	B	–	
15.1.2.4. Check for outdates	C/W						2b	b	–	
15.2. Central Sterile Supply										
15.2.1. Purpose							A	B	C	
15.2.2. Organization							A	B	C	
15.2.3. Functions							A	B	C	
15.2.4. Services provided							A	B	C	
15.2.5. CSS activities and workflow										
15.2.5.1. Receiving items	C/W						A	B	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
15.2.5.2. Processing items	C/W						A	B	—	
15.2.5.3. Distributing items	C/W						A	B	—	
15.2.5.4. Storing items	C/W						A	B	—	
15.3. Medical Logistics/Resource Protection										
15.3.1. Air Force accountability/responsibility										
15.3.1.1. Maintain supply and/or equipment records										
15.3.1.1.1. Activity Issue/Turn-In Summary							—	B	c	
15.3.1.1.2. Backorder Report							—	B	c	
15.3.1.1.3. Custodial Actions/Custodial Report Listing							—	B	c	
15.3.1.1.4. AF Form 1297 (Temporary Issue)							1a	B	—	
15.3.1.2. Supplies/equipment procedures										
15.3.1.2.1. Establish/Maintain stock levels	W						1b	b	c	
15.3.1.2.2. Perform materiel inventories	W						1a	b	c	
15.3.1.2.3. Materiel references							—	b	c	
15.3.1.2.4. Processing supply requests	W						A	b	c	
15.3.1.2.5. Processing equipment requests							—	b	c	
15.3.1.2.6. Processing Blanket Purchase/ Standard Service Agreement							—	b	c	
15.3.1.2.7. Automatic resupply systems							—	b	c	
15.3.1.2.8. Defense Medical Logistics Standard Support (DMLSS)							—	b	c	
15.3.1.2.9. Materiel complaints							—	b	c	
15.3.1.3. Liability for government property, lost, damaged or destroyed <i>TR G3</i>										
15.3.1.3.1. Pecuniary liability							A	B	B	
15.3.1.3.2. Relief from liability and property responsibility							—	B	B	
15.3.1.3.3. Report of Survey/ Statement of Charges							—	b	c	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
15.3.1.4. Fraud, Waste & Abuse Prevention and Detection and Remedies <i>TR: G3</i>							A	B	C	
15.3.2. Equipment Authorizations List (Table of Allowances)							-	A	C	
16. Publications <i>TR G28, G29, G42</i>										
16.1. Use indexes to locate official publications <i>TR: G29</i>							-	-	b	
16.2. Locate required information in official and commercial publications							-	-	b	
16.3. Initiate requests for official & commercial publications							-	-	b	
16.4. Maintain bulletins, manuals, or publication files							-	b	c	
17. Surgical Service Management <i>TR: G4, G5, G9, G10, G11, G25, G30, G34, G41, C5, C9.</i>										
17.1. Orient new personnel <i>TR: G5, G31, C9</i>							-	b	c	
17.2. Assign personnel to work area <i>TR: G31</i>							-	b	c	
17.3. Plan work assignments and priorities							-	b	c	
17.4. Scheduling work assignments and priorities										
17.4.1. Developing duty schedules							-	B	c	
17.4.2. Developing call schedules							-	B	c	
17.5. Preparing, reviewing, and editing written:										
17.5.1. Correspondence							-	A	c	
17.5.2. Reports							-	A	c	
17.5.3. Records							-	A	c	
17.5.4. Procedures							-	A	c	
17.5.5. Policies/Instructions							-	A	c	
17.6. Establishing military/ civilian: <i>TR: G4, G8, G14, G15, G18, G19, G34</i>										
17.6.1. Job/Position descriptions							-	A	c	
17.6.2. Performance standards							-	A	c	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
17.7. Evaluating work performance of <i>TR: G8, G31, G35</i>										
17.7.1. Military personnel							–	b	c	
17.7.2. Civilian/contract personnel							–	A	c	
17.8. Counseling principles							–	–	–	
17.9. Participate in evaluation of medical formal course graduates <i>TR: G5</i>							–	b	c	
17.10. Career field surveys							–	A	B	
17.11. Resource Management <i>TR: G12, G15, G40</i>										
17.11.1. Report Individual Medical workload data							–	b	c	
17.11.2. Report Department/Unit workload data							–	b	c	
17.11.3. Use manpower documents										
17.11.3.1. Unit Manpower Document (UMD)							–	A	c	
17.11.3.2. Unit Personnel Manpower Roster (UPMR)							–	A	c	
17.11.3.3. Authorization Change Request (ACR)/Authorization Change Notice (ACN)							–	A	c	
17.11.3.4. Initiate urgent manning requests							–	–	b	
17.11.4. Developing Budget							–	B	c	
17.11.5. Performing Cost Analysis							–	A	c	
17.11.6. Development of Self Assessment							–	A	c	
17.12. Participate in process improvement activities							A	B	c	
17.13. Participate in risk management activities							A	B	c	
18. Enlisted Specialty Training <i>TR: G1, G4, G5, G31</i> NOTE: The following items are included within this STS for OJT purposes.										
18.1. Evaluate personnel to determine need for training							–	–	–	
18.2. Plan and supervise OJT										
18.2.1. Prepare job qualification standards/Master task listings							–	–	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
18.2.2. Conduct training							-	-	-	
18.2.3. Counsel trainees regarding progress							-	-	-	
18.2.4. Evaluate training effectiveness										
18.2.4.1. Career knowledge							-	-	-	
18.2.4.2. Job proficiency upgrade							-	-	-	
18.2.4.3. Certification/ Qualification							-	-	-	
18.3. Maintain training records/Enlisted Training & Competency Folder (6-part folder)							-	-	-	
18.4. Recommend personnel for training										
18.4.1. Lateral Retraining							-	-	-	
18.4.2. Formal training							-	-	-	
19. Anatomy and Physiology <i>TR: G6, G14, G18, G21, G23, C3, C25,</i>										
19.1. Body planes, surfaces, and cavities Identification	W						A	B	-	
19.2. Cell, tissue, and organ composition							A	B	-	
19.3. Structure and function of major body systems										
19.3.1. Integumentary										
19.3.1.1. Body membranes	W						A	B	-	
19.3.1.2. Skin	W						A	B	-	
19.3.2. Skeletal										
19.3.2.1. Functions	W						A	B	-	
19.3.2.2. Types, structure, and formation of bones	W						A	B	-	
19.3.2.3. Divisions of the skeleton	W						A	B	-	
19.3.2.4. Joints (articulations)							A	B	-	
19.3.3. Muscular										
19.3.3.1. Muscle tissue and structure	W						A	B	-	
19.3.3.2. Functions and stimulus							A	B	-	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
19.3.3.3. Muscle groups	W						A	B	–	
19.3.4. Nervous										
19.3.4.1. Structures and divisions	W						A	B	–	
19.3.4.2. Central nervous system	W						A	B	–	
19.3.4.3. Peripheral nervous system							A	B	–	
19.3.4.4. Autonomic nervous system							A	B	–	
19.3.5. Senses										
19.3.5.1. Organs and stimuli	W						A	B	–	
19.3.5.2. Eye/vision	W						A	B	–	
19.3.5.3. Ear/hearing	W						A	B	–	
19.3.5.4. Taste							A	B	–	
19.3.5.5. Smell							A	B	–	
19.3.6. Endocrine										
19.3.6.1. Hormones							A	B	–	
19.3.6.2. Glands							A	B	–	
19.3.7. Circulatory										
19.3.7.1 Blood	W						A	B	–	
19.3.7.2. Heart	W						A	B	–	
19.3.7.3. Blood vessels	W						A	B	–	
19.3.7.4. Circulation	W						A	B	–	
19.3.7.5. Blood pressure	W						A	B	–	
19.3.8. Lymphatic and Immune										
19.3.8.1. Lymphatic system							A	B	–	
19.3.8.2. Immune system							A	B	–	
19.3.9. Respiratory										
19.3.9.1. Structures and functions	W						A	B	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
19.3.9.2. Respiration	W						A	B	–	
19.3.10. Digestive										
19.3.10.1. Structures and functions	W						A	B	–	
19.3.10.2. Digestion and absorption							–	B	–	
19.3.10.3. Nutrition and metabolism							–	B	–	
19.3.11. Urinary										
19.3.11.1. Structures and functions	W						A	B	–	
19.3.11.2. Urine formation and micturation							–	B	–	
19.3.11.3. Fluid and electrolyte balance							–	B	–	
19.3.11.4. Acid-base balance							–	B	–	
19.3.12. Reproductive										
19.3.12.1. Male structures and functions	W						A	B	–	
19.3.12.2. Female structures and functions	W						A	B	–	
19.3.12.3. Prenatal growth and development; birth							–	B	–	
20. Surgical Specialties <i>TR: C25</i>										
20.1. Perform scrub and circulator duties for:										
20.1.1. General and colo-rectal surgery										
20.1.1.1. Hernia repair							a	b	–	
20.1.1.2. Breast procedures							a	b	–	
20.1.1.3. Vein ligation/stripping							–	b	–	
20.1.1.4. Exploratory laparotomy	W						a	b	–	
20.1.1.5. Esophageal procedures							–	b	–	
20.1.1.6. Thyroid procedures							a	b	–	
20.1.1.7. Gastric procedures							–	b	–	
20.1.1.8. Bowel procedures	W						a	b	–	
20.1.1.9. Ano-rectal procedures							a	b	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
20.1.1.10. Chole/biliary procedures							a	b	–	
20.1.1.11. Pancreatic/splenic procedures							–	b	–	
20.1.1.12. Endoscopic diagnostic procedures							–	b	–	
20.1.1.13. Endoscopic operative procedures							a	b	–	
20.1.1.14. Other/minor procedures							–	–	–	
20.1.2. Obstetrics and gynecology										
20.1.2.1. Vaginal/vulvar procedures							a	b	–	
20.1.2.2. Abdominal procedures	W						a	b	–	
20.1.2.3. Obstetric procedures							a	b	–	
20.1.2.4. Endoscopic diagnostic procedures							–	b	–	
20.1.2.5. Endoscopic operative procedures							–	b	–	
20.1.3. Orthopaedics										
20.1.3.1. Fracture management	W						A	B	–	
20.1.3.2. Shoulder procedures							–	b	–	
20.1.3.3. Upper limb procedures							–	b	–	
20.1.3.4. Hand procedures							a	b	–	
20.1.3.5. Spinal procedures							–	b	–	
20.1.3.6. Hip procedures							a	b	–	
20.1.3.7. Lower limb procedures							–	b	–	
20.1.3.8. Knee procedures							a	b	–	
20.1.3.9. Foot/ankle procedures							–	b	–	
20.1.3.10. Arthroscopic procedures							–	b	–	
20.1.3.11. Miscellaneous orthopedic procedures							–	–	–	
20.1.4. Genitourinary surgery										
20.1.4.1. Kidney procedures							–	a	–	
20.1.4.2. Ureteral procedures							–	a	–	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
20.1.4.3. Urinary bladder/urethral procedures							-	a	-	
20.1.4.4. Male reproductive system procedures							-	a	-	
20.1.4.5. Miscellaneous genitourinary procedures							-	-	-	
20.1.5. Thoracic surgery							-	a	-	
20.1.6. Cardiac surgery										
20.1.6.1. Pacemaker procedures							-	a	-	
20.1.6.2. Balloon pump procedures							-	a	-	
20.1.6.3. Cannulation procedures							-	a	-	
20.1.6.4. Congenital condition repair procedures							-	a	-	
20.1.6.5. Acquired condition repair procedures							-	a	-	
20.1.6.6. Transplant procedures							-	a	-	
20.1.7. Peripheral vascular surgery										
20.1.7.1. Endarterectomy							-	a	-	
20.1.7.2. Embolectomy/thrombectomy							-	a	-	
20.1.7.3. Shunt procedures							-	a	-	
20.1.7.4. Aneurysmectomy							-	a	-	
20.1.7.5. Bypass procedures							-	a	-	
20.1.7.6. Miscellaneous vascular procedures							-	-	-	
20.1.8. Neurosurgery										
20.1.8.1. Cranial procedures							-	a	-	
20.1.8.2. Spinal procedures							-	b	-	
20.1.8.3. Peripheral nerve procedures							-	a	-	
20.1.9. Ophthalmology										
20.1.9.1. Eyelid procedures							-	a	-	
20.1.9.2. Strabismus procedures							-	a	-	
20.1.9.3. Corneal procedures							-	a	-	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
20.1.9.4. Lens procedures							-	a	-	
20.1.9.5. Retinal procedures							-	a	-	
20.1.9.6. Vitreous procedures							-	a	-	
20.1.9.7. Glaucoma procedures							-	a	-	
20.1.9.8. Miscellaneous ophthalmic procedures							-	-	-	
20.1.10. Otolaryngology										
20.1.10.1. Ear procedures							-	a	-	
20.1.10.2. Nasal procedures							-	a	-	
20.1.10.3. Throat procedures							-	a	-	
20.1.10.4. Sinus procedures							-	a	-	
20.1.10.5. Other head/neck procedures							-	-	-	
20.1.11. Oral/maxillofacial surgery										
20.1.11.1. Dental procedures							-	a	-	
20.1.11.2. Maxillofacial procedures							-	a	-	
20.1.11.3. Temporomandibular joint procedures							-	a	-	
20.1.12. Plastic surgery										
20.1.12.1. Cosmetic procedures							-	A	-	
20.1.12.2. Reconstructive procedures							-	a	-	
20.1.12.3. Burn procedures							-	a	-	
20.1.13. Pediatric surgery							a	a	-	

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level CDCs	D QTP Volume Number
21. Medical Readiness Initial Medical Readiness Training directed by AFI 41-106 is provided in the Basic Medical Readiness course conducted at 882d Training Group, Sheppard AFB, Texas and at the Academy of Health Sciences, Ft Sam Houston. Completed training is documented on front side of AETC Form 156 for each course graduate. Continuing/on-going Medical Readiness Training for the individual is the responsibility of each medical facility. <i>TR: G13</i>										
21.1. AEF Aspects							-	A	-	
21.2. EMEDS							-	A	-	
21.3. Readiness Skill Verification Program (RSVP)							-	A	B	
21.4 AFMS Concept of Operations										
21.4.1. Mobile Field Surgical Team (MFST)							-	A	B	
21.4.2. Surgical Augmentation Team							-	A	B	

Attachment 3: Clinic STS

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					Training/Information Provided (See Note 5)			
		Training Start	B Training Complete	C Initials	D Initials	E Certifier Initials	A Level Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	QTP Volume Number
22. CLINIC ADMINISTRATION <i>TR: G7, G14, G15, G17, G18, G19, G22, G23, C9, C21, C22</i>										
22.1. Patient scheduling										
22.1.1. Automated appointment system (CHCS)							–	B	c	
22.1.2. Manually schedule appointments							–	B	–	
22.1.3. Coordinate scheduling diagnostic and therapeutic test requests							–	a	–	
22.1.4. Coordinate OR case scheduling										
22.1.4.1. “Buck” slips							–	B	–	
22.1.4.2. Preoperative requirements							–	B	–	
22.1.4.3. Documentation							–	B	–	
22.1.5. Ambulatory Data System (ADS)										
22.1.5.1. Diagnosis Coding								A	B	
22.1.5.2. Procedure Coding								A	B	
22.2. Patient education										
22.2.1. Preoperative patient counseling							–	–	–	
22.2.2. Medical condition							–	–	–	
22.3. Patient reception										
22.3.1. Review consults							–	A	B	
22.3.2. Screen/review patient records							–	–	–	
22.3.3. Determine eligibility of care										
22.3.3.1. ID check							–	B	–	
22.3.3.2. DEERS check							–	B	–	
22.3.4. Medical Records Management										
22.3.4.1. Outpatient										
22.3.4.1.1. Chargeout							–	B	–	
22.3.4.1.2. Security							–	B	–	
22.3.4.1.3. Documentation							–	b	c	
22.3.4.2. Inpatient										

STS 4N1X1 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A 3-Skill Level Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D QTP Volume Number
22.3.4.2.1. Chargeout							–	B	–	
22.3.4.2.2. Security							–	B	–	
22.3.4.2.3. Documentation							–	b	–	
22.3.5. Initiate and ensure completion of consent forms							–	b	–	
22.3.6. Management and secure storage of controlled items										
22.3.6.1. Medications										
22.3.6.1.1. Narcotic/ non-narcotic							–	B	–	
22.3.6.1.2. Injectables							–	B	–	
22.3.6.1.3. Check expiration							–	B	–	
22.3.6.1.4. Stock rotation							–	B	–	
22.3.6.2. Needles/syringes							–	B	–	
22.4. Customer service/relations										
22.4.1. Operating Room Environment							–	B	B	
22.4.2. Clinical Environment							–	B	B	

Attachment 4: Urology (4N1X1B) STS

1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	Trainer Initials	E Certifier Initials	Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	QTP Volume Number
23. UROLOGY SURGICAL SPECIALTY <i>TR: G40, C25</i>										
23.1. Urological anatomy and physiology <i>TR: C24, C32</i>							B	--	--	
23.2. Use Urologic terminology <i>TR: C24, C32</i>							B	--	--	
23.3. Special urological instruments <i>TR: C24, C32</i>							B	--	--	
23.4. Special urological equipment <i>TR C13, C24</i>							B	--	--	
23.5. Perform clinical procedures <i>TR: C24, C32</i>										
23.5.1. Catheterizations <i>TR: C16</i>	C						2b	--	--	B1
23.5.2. Collect urine specimen										
23.5.2.1. Catheterized	C						2b	--	--	
23.5.2.2. "Clean-catch"	C						2b	--	--	
23.5.3. Intraurethral instillations	C						3b	--	--	
23.5.4. Intravesical instillations	C						2b	--	--	
23.5.5. Bladder chemotherapy treatment <i>TR: C16, C24</i>							A	--	--	
23.5.6. Injections										
23.5.6.1. Intramuscular Injections							A	--	--	B1
23.5.6.2. Intradermal Injections							A	--	--	B1
23.5.7. Urodynamic studies <i>TR: C24</i>										
23.5.7.1. Cystometrogram							A	--	--	
23.5.7.2. Urethral pressure profiles							1a	--	--	
23.5.7.3. Electro-myography							1a	--	--	
23.5.7.4. Flow studies							2b	--	--	
23.5.8. Urethral dilation's <i>TR: C24</i>							1b	--	--	
23.5.9. Perform macrourethral analysis <i>TR: C24</i>							1b	--	--	B1
23.6. Position patients <i>TR: C25</i>	C						3b	--	--	
23.7. Prep patients <i>TR: C25</i>	C						1a	--	--	
23.8. Perform/Assist with procedures <i>TR:C13, C24, C25, C32</i>										

1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	Trainer Initials	E Certifier Initials	Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	QTP Volume Number
STS 4N1X1B										
23.8.1. Diagnostic radiographic <i>TR: C24, C32</i>										
23.8.1.1. Retrograde urethrogram							2b	–	–	B1
23.8.1.2. Cystogram							2b	–	–	B1
23.8.1.3. Voiding cystourethrogram							2b	–	–	B1
23.8.1.4. Nephrotomogram							1a	–	–	
23.8.1.5. Fluoroscopic radiology	C						2b	–	–	B1
23.8.1.6. Retrograde pyelogram							2b	–	–	
23.8.1.7. Intravenous pyelogram							2b	–	–	
23.8.1.8. KUB							2b	–	–	
23.8.1.9. Develop radiographic films							2b	–	–	
23.8.1.10. Label/file radiographic films							1a	–	–	
23.8.2. Endoscopic <i>TR: C24, C32</i>										
23.8.2.1. Cystoscopy										
23.8.2.1.1. Rigid	C						2b	–	–	
23.8.2.1.2. Flexible	C						2b	–	–	
23.8.2.1.3. With Stent Placement							2b	–	–	
23.8.2.2. Ureteroscopy							2b	–	–	
23.8.2.3. Percutaneous Nephroscopy							2b	–	–	
23.8.2.4. Calculus extraction by stone basket							2b	–	–	
23.8.2.5. Transurethral Resection of Prostate (TURP)							2b	–	–	
23.8.2.6. Transurethral Incision of Prostate (TUIP)							2b	–	–	
23.8.2.7. Transurethral Resection of Bladder Tumor (TURB)							2b	–	–	
23.8.3. Lithotripsy <i>TR: C24</i>										
23.8.3.1. Laser							A	–	–	
23.8.3.2. Electrohydraulic							A	–	–	
23.8.3.3. Percutaneous nephrolithotripsy							A	–	–	
23.8.3.4. Extracorporeal shockwave (ESWL)							A	–	–	

STS 4N1X1B 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D. QTP Volume Number
23.8.4. Minor surgical (clinic) <i>TR:C24</i>										
23.8.4.1. Circumcisions							1b	–	–	
23.8.4.2. Vasectomy							1b	–	–	
23.8.4.3. Prostate biopsy							1b	–	–	
23.8.4.4. Scrotal I & D							–	–	–	
23.8.4.5. Meatotomy							1b	–	–	
23.8.4.6. Wart/condyloma excision							–	–	–	
23.9. Scrub duties (OR) <i>TR: C25</i>										
23.9.1. Orchiopexy							–	–	–	
23.9.2. Circumcisions/ Dorsal slit							–	–	–	
23.9.3. Hydrocelectomy/ hernia repair							–	–	–	
23.9.4. Varicocelectomy							–	–	–	
23.9.5. Spermatocelectomy							–	–	–	
23.9.6. Orchiectomy							–	–	–	
23.9.7. Pyeloplasty							–	–	–	
23.9.8. Pyelolithotomy							–	–	–	
23.9.9. Prostatectomy										
23.9.9.1. Suprapubic							–	–	–	
23.9.9.2. Radical							B	–	–	
23.9.9.3. Perineal							–	–	–	
23.9.10. Nephrectomy							–	–	–	
23.9.11. Radical Cystectomy with Ileoconduit							–	–	–	
23.9.12. Vasovasostomy							–	–	–	
23.10. Patient teaching <i>TR: C16, C32</i>										
23.10.1. Urostomy (stoma) care							–	–	–	
23.10.2. Self-catheterization							–	–	–	

Attachment 5: Orthopaedics (4N1X1C) STS.

1. Tasks, Knowledge, And Technical References	2. Core (C)/ (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	Trainee Initials	D Trainer Initials	E Certifie Initials	A Initial Skills Course	B 5-Skill Level CDCs	C Level CDC	D QTP Volume Number
STS 4N1X1C										
24. ORTHOPAEDIC SURGICAL SPECIALTY <i>TR: C4, C8, C14, C17, C30</i>										
24.1. Anatomy and Physiology <i>TR: C14</i>										
24.1.1. Use medical terminology <i>TR: C14</i>	C						A	-	-	
24.1.2. Location and function of the peripheral nervous system							A	-	-	
24.1.3. Identify location and anatomical structure related to orthopedic disorders <i>TR: C14</i>										
24.1.3.1. Bony structures	C						A	-	-	
24.1.3.2. Major joints, structures, and functions	C						A	-	-	
24.1.3.3. Major muscles and their functions	C						A	-	-	
24.2. Apply and remove orthopedic devices/braces <i>TR: C14</i>										
24.2.1. Plaster and fiberglass										
24.2.1.1. Casts										
24.2.1.1.1. Standard short arm	C/W						2b	-	-	C1
24.2.1.1.2. Short arm (boxer type)							2b	-	-	C1
24.2.1.1.3. Short arm Thumb spica	C/W						2b	-	-	C1
24.2.1.1.4. Standard long arm	C/W						2b	-	-	C1
24.2.1.1.5. Long arm hanging							2b	-	-	C1
24.2.1.1.6. Long arm Thumb spica	W						2b	-	-	C1
24.2.1.1.7. Munster							-	-	-	C1
24.2.1.1.8. Long leg	C/W						2b	-	-	C1
24.2.1.1.9. Short leg	C/W						2b	-	-	C1
24.2.1.1.10. Patella tendon bearing	W						-	-	-	C1
24.2.1.1.11. Long leg cylinder	C/W						2b	-	-	C1
24.2.1.1.12. Hip spica	W						-	-	-	C1
24.2.1.2. Splints <i>TR: C17</i>										
24.2.1.2.1. Short arm (Volar)	C/W						2b	-	-	C1

STS 4N1X1C 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D QTP Volume Number
24.2.1.2.2. Short arm sugar tong	C/W						2b	-	-	C1
24.2.1.2.3. Ulnar Gutter	C/W						2b	-	-	C1
24.2.1.2.4. Long arm (Posterior)	C/W						2b	-	-	C1
24.2.1.2.5. Long arm sugar tong	C/W						2b	-	-	C1
24.2.1.2.6. Long leg (Posterior)	C/W						2b	-	-	C1
24.2.1.2.7. Short leg (Posterior)	C/W						2b	-	-	C1
24.2.1.2.8. Robert Jones splint/dressing	C/W						2b	-	-	C1
24.2.1.3. Cast/Splint removal techniques	C/W						2b	-	-	C1
24.2.1.4. Patient teaching: cast/splint care							a	-	-	
24.2.2. Traction TR: C17										
24.2.2.1. Pulley mechanics	W						1b	-	-	
24.2.2.2. Methods of application										
24.2.2.2.1. Skin	W						1b	-	-	
24.2.2.2.2. Skeletal	W						b	-	-	
24.2.2.3. Traction Precautions/ Complications	W						A	-	-	
24.2.2.4. Basic Traction Applications										
24.2.2.4.1. Buck's	W						2b	-	-	C1
24.2.2.4.2. Balanced suspension w/ skin	W						1b	-	-	C1
24.2.2.4.3. Balanced suspension w/ skeletal							A	-	-	C1
24.2.2.4.4. Other Traction Setups							-	-	-	
24.2.5. Assist with application of external fixation devices							-	-	-	
24.3. Orthopaedic clinic techniques TR: C14, C17										
24.3.1. Prepare patient for injection of joints, bursae, and other musculoskeletal areas TR: C17							-	-	-	
24.3.2. Set up instruments/equipment for orthopaedic procedures							-	-	-	
24.3.3. Instruct patients in use of crutches, canes, and other orthopaedic appliances	C/W						-	-	-	
24.4. Perform basic nursing care TR: C12, C16										

STS 4N1X1C 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D QTP Volume Number
24.4.1. Suture removal							-	-	-	
24.4.2. Drain removal							-	-	-	
24.4.3. Staple removal							-	-	-	
24.4.4. Dressing removal							-	-	-	
24.4.5. Post-op incision care							-	-	-	
24.5. Treatment of injuries, disorders, and deformities <i>TR: C4, C8, C14, C17, C30</i>										
24.5.1. Treatment of										
24.5.1.1. Fractures (surgical/nonsurgical) <i>TR: C4, C14, C17</i>	C/W						A	-	-	
24.5.1.2. Dislocations and subluxations	W						A	-	-	
24.5.1.3. Sprains, strains, & contusions	W						A	-	-	
24.5.1.4. Postural deformities							-	-	-	
24.5.1.5. Congenital anomalies <i>TR: C14</i>							-	-	-	
24.5.1.6. Bone and soft tissue conditions <i>TR: C14, C17</i>										
24.5.1.6.1. Tumors <i>TR: C14</i>							-	-	-	
24.5.1.6.2. Muscles, tendons, and tendon sheaths							A	-	-	
24.5.1.6.3. Fascia and bursae							-	-	-	
24.5.1.6.4. Nervous system							A	-	-	
24.5.1.7. Joint conditions <i>TR: C14</i>										
24.5.1.7.1. Traumatic	W						A	-	-	
24.5.1.7.2. Acute infections							A	-	-	
24.5.1.7.3. Wounds	C/W						A	-	-	
24.5.1.8. Ankylosing deformities <i>TR: C14</i>										
24.5.1.8.1. Peripheral nerve injuries							A	-	-	
24.5.2. Perform scrub duties										
24.5.2.1. Arthrodesis							-	-	-	
24.5.2.2. Arthroplasty <i>TR: C14</i>							-	-	-	
24.5.2.2.1. Total joint replacement										
24.5.2.2.1.1. Knee							-	-	-	

STS 4N1X1C 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D QTP Volume Number
24.5.2.2.1.2. Hip							-	-	-	
24.5.2.2.1.3. Shoulder							-	-	-	
24.5.2.2.2. Joint reconstructions										
24.5.2.2.2.1. Anterior cruciate ligaments							-	-	-	
24.5.2.2.2.2. Posterior cruciate ligaments							-	-	-	
24.5.2.2.2.3. Arthroscopy <i>TR: C6</i>										
24.5.2.2.2.3.1. Knee							-	-	-	
24.5.2.2.2.3.2. Shoulder							-	-	-	
24.5.2.2.2.3.3. Other							-	-	-	
24.6. Safely use and operate orthopedic equipment										
24.6.1. Fracture table (see manufacture's instructions)							-	-	-	
24.6.2. Positioning frames							-	-	-	
24.6.3. Spica table							-	-	-	
24.6.4. Traction cart							-	-	-	

Attachment 6: Otolaryngology (4N1X1D) STS

1. Tasks, Knowledge, And Technical References	2. Core (C) (W) Tasks	3. Certification For OJT					Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Initials	E Certifier Initials	A Initial Skills Course	5-Skill Level CDCs	7-Skill Level CDC	D QTP Volume Number
25. OTOLARYNGOLOGY SURGICAL SPECIALTY <i>TR: G33, C10, C11, C12, C15, C16, C19, C20, C23, C25</i>										
25.1. Otolaryngology anatomy, physiology, and terminology <i>TR: C20</i>										
25.1.1. Identify otolaryngologic anatomical structures	C						A	-	-	
25.1.2. Use otolaryngology-specific medical terminology	C						A	-	-	
25.2 Remove external ear debris and foreign bodies <i>TR: C11, C20</i>										
25.2.1. Cerumen Loop (microscope)	C						2a	-	-	D1
25.2.2. Suction (microscope)	C						2a	-	-	D1
25.2.3. Mastoid cleanout							-	-	-	D1
25.2.4. Recognize Fungal infections of the ear							-	-	-	
25.3. Assist with facial nerve monitoring							A	-	-	
25.4. Assist with vestibular testing, <i>TR: C20</i>										
25.4.1. Hallpike positional test							-	-	-	
25.4.2. Calorics							-	-	-	
25.4.3. Electronystagmography (ENG)							-	-	-	
25.5. Assist in application of nasal fracture casts/splints <i>TR: C20</i>										
25.5.1. Metal							A	-	-	D2
25.5.2. Plaster							-	-	-	D2
25.5.3. Thermoplastic	C						1a-	-	-	D2
25.5.4. Internal/external nasal splint removal (site specific)	C									D2
25.6. Assists in application of dressings and packs <i>TR: C20</i>								-	-	
25.7. Perform basic nursing care <i>TR: C9, C14</i>										
25.7.1. Suture removal							-	-	-	
25.7.2. Drain removal							-	-	-	
25.7.3. Staple removal							-	-	-	

1. Tasks, Knowledge, And Technical References	2. Core (C) (W) Tasks	3. Certification For OJT					Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Initials	E Certifier Initials	A Initial Skills Course	5-Skill Level CDCs	7-Skill Level CDC	D QTP Volume Number
25.7.4. Dressing removal							-	-	-	
25.7.5. Post-op incision							-	-	-	
25.7.6. Assist with tracheostomy care							-	-	-	
25.7.7. Perform swab cultures							-	-	-	
25.8. Understand tuning fork test <i>TR: C15, C23</i>							A	-	-	
25.9. Assist physician in performing otolaryngology clinical procedures <i>TR: C20</i>										
25.9.1. Routine ENT examination	C						2b	-	-	D3
25.9.2. Salivary gland examination	C						A	-	-	
25.9.3. Sinus irrigations doesn't teach								-	-	D3
25.9.4. Peritonsillar abscess I&D yes	C						A	-	-	D3
25.9.5. Anterior and posterior nasal packs	C						A	-	-	D3
25.9.6. Closed reductions of nasal fractures	C						A	-	-	D3
25.9.7. Tracheostomy replacement							-	-	-	D3
25.9.8. Wound debridement							-	-	-	D3
25.9.9. Head and neck tumor care							-	-	-	D3
25.9.10. Management of epistaxis	C						A-	-	-	D3
25.9.11. Topical medication/nasal spray	C						1a	-	-	
25.10. Perform scrub duties <i>TR: C2, C7, C20, C25</i>										
25.10.1. Myringotomy and insertion of PE tubes	C						2b	-	-	
25.10.2. Tonsillectomy and adenoidectomy	C						2b	-	-	
25.10.3. Septoplasty/Septorhinoplasty	C						2b	-	-	
25.10.4. Caldwell Luc							-	-	-	
25.10.5. Middle ear procedures								-	-	
25.10.5.1. Tympanoplasty	C						2b	-	-	
25.10.5.2. Stapedectomy							-	-	-	
25.10.5.3. Mastoidectomy	C						2b	-	-	
25.10.6. Neck procedures										
25.10.6.1. Thyroidectomy	C						1a	-	-	

STS 4N1X1D 1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					Training/Information Provided (See Note 5)			
		A Start	B Training Complete	C Trainee Initials	D Initials	E Certifier Initials	A Initial Skills Course	5-Skill Level CDCs	7-Skill Level CDC	D QTP Volume Number
25.10.6.2. Radical neck dissection							1a	–	–	
25.10.6.3. Tracheostomy	C						1a	–	–	
25.10.7. Endoscopies										
25.10.7.1. Laryngoscopy							1a	–	–	
25.10.7.2. Bronchoscopy							1a	–	–	
25.10.7.3. Esophagoscopy							1a	–	–	
25.10.8. Functional endoscopic sinus surgery (FESS)	C						1a	–	–	
25.10.9. Facial plastics/reconstruction										
25.10.9.1. Blepharoplasty							1a	–	–	
25.10.9.2. Rhytidectomy							1a	–	–	
25.10.9.3. Otoplasty							1a	–	–	
25.10.9.4. Scar revisions							1a	–	–	
25.10.9.5. Maxiofacial Plating System							1a	–	–	
25.10.10. Uvulopalatopharyngoplasty (UPPP)	C						1a	–	–	
25.10.11. LAUP (Laser assisted Uvulopalatopharyngoplasty)							–	–	–	
25.11. Understand basic audiology procedures up to <i>TR: C15, C23</i>										
25.11.1. Air conduction							2b	–	–	
25.11.2. Speech reception threshold							2b	–	–	
25.11.3. Speech discrimination							2a	–	–	
25.11.4. Impedance audiometry/ tympanometry	C						2b	–	–	
25.11.5. Make ear mold impressions <i>TR: Manufacturer's literature</i>							–	–	–	
25.12. Hearing conservation <i>TR: G33</i>							–	–	–	
25.13. Safe operation and setup of equipment <i>TR: Manufacturer's literature</i>										
25.13.1. Audiometer							–	–	–	
25.13.3. Electronystagmography equipment							–	–	–	
25.13.4. Auditory Brain stem response							–	–	–	
25.13.5. ENT examination chairs	C						2b	–	–	

1. Tasks, Knowledge, And Technical References	2. Core (C)/ War-time (W) Tasks	3. Certification For OJT					4 Proficiency Codes Used To Indicate Training/Information Provided (See Note 5)			
		A Training Start	B Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	A Initial Skills Course	B 5-Skill Level CDCs	C 7-Skill Level CDC	D QTP Volume Number
25.13.6. ENT treatment cabinets/SMR unit	C						2b	–	–	
25.13.7. Operating microscope	C						2b	–	–	
25.13.8. Laser							2b	–	–	

Attachment 7: STS TR Source Summary - Commercial Publications

NOTE: The inclusion of a training reference on this list does not imply copyright release from the author or publisher. Use of these references requires adherence to all copyright laws.

TRAINING REFERENCES (TR) SOURCE SUMMARY COMMERCIAL PUBLICATIONS STS 4N1X1

TR#	TITLE	STS #
C1.	<i>AAMI Standards and Recommended Practices. Association for the Advancement of Medical Instrumentation (AAMI), 3330 Washington Boulevard, suite 400, Arlington, VA, 22201(current)</i>	6;
C2.	<u>Alexander's Care of the Patient in Surgery</u> Meeker, Margaret Huth, RN, BSN, CNOR, Rothrock, Jane C., RN, DNSC, CNOR, Alexander, Edythe L. <i>Alexander's Care of the Patient in Surgery</i>, 12th ed., St. Louis, MO; Mosby-Year Book, Inc. 1999	3; 5; 8; 9; 10; 11; 12; 13; 14; 25.10;
C3.	<u>Anthony's Textbook of Anatomy and Physiology</u> Thibodeau, Gary H., Ph.D. and Anthony, Catherine Parker, R.N., B.A., M.S. <i>Anthony's Textbook of Anatomy and Physiology</i>, 14th ed. St. Louis, MO; Mosby year Book, 1993.	4; 19;
C4.	<u>AO/ASIF Instruments and Implants: A Technical Manual</u> Texhammar, R. Colton, C.; <i>AO/ASIF Instruments and Implants: A Technical Manual. 2nd ed.</i>; New York, NY; Springer and Burlang, 1994.	24; 24.5; 24.5.1.1;
C5.	<i>AORN Standards and Recommended Practices. Association of Operating Room Nurses, Inc. (AORN); 2170 South Parker Road, Denver, CO 80231-5711; (current).</i>	2; 3; 6; 7; 11; 13; 14; 17;
C6.	<i>Arthroscopy of the Knee.</i> National Association of Orthopaedic Nurses, East Holly Ave., Box 56, Pitman, New Jersey 08071-0056. 1996	24.5.2.2.2.3;
C7.	<u>Berry & Kohn's Operating Room Technique</u> Atkinson, Lucy Jo, RN, BSN, MS, Fortunato, Nancymarie Howard, RN, BSN, BA, MEd, RNFA, CNOR, and Berry, Edna Cornelia. <i>Berry and Kohn's Operating Room Technique</i>, 10th ed., St. Louis, Mosby-Year Book 1996.	2; 3; 3.2.5.1; 3.2.5.2; 3.2.7; 3.2.8; 3.2.9; 4; 5; 6; 7; 8; 9; 10; 11; 12; 13; 13.4.3; 14; 25.10;
C8.	<u>Campbell's Operative Orthopaedics</u> Canale, S. Terry, Crenshaw, A.H. <i>Campbell's Operative Orthopaedics</i>, (4 vols), 9th ed., St. Louis, MO; Mosby-Year Book, Inc, 1998.	24; 24.5;
C9.	<i>Comprehensive Accreditation Manual for Hospitals. Joint Commission on Accreditation of Healthcare Organizations (JCAHO), One Renaissance Boulevard, Oakbrook Terrace, IL 60181 (current)</i>	2; 3; 11; 14; 17; 21; 25.7;
C10.	<u>Current Therapy in Otolaryngology Head and Neck Surgery</u> Gates, George, <i>Current Therapy in Otolaryngology Head and Neck Surgery. 6th ed.</i>, Mosby, 1998	25;

- C11. Essentials of Otolaryngology 25; 25.2;
Lucente, H.A.; *Essentials of Otolaryngology*. 4th ed;
Philadelphia, PA; Lippincott Williams and Wilkens, 1999
- C12. Fundamental Skills and Concepts in Patient Care 9; 10; 24.4; 25;
Timby, Barbara Kuhn, *Fundamental Skills and Concepts in
Patient Care*, 7th ed., Philadelphia, PA; Lippincott
Williams and Wilkins, 2000.
- C13. Fundamentals of Nursing Concepts and Procedures 10; 13; 23.4; 23.5.6., 23.5.7;
Kozier, Barbara. *Fundamentals of Nursing Concepts and
Procedures*, 2nd ed. Addison-Wesley, 1983. 23.8;
- C14. Fundamentals of Orthopaedics 24; 24.1; 24.1.1; 24.1.3; 24.2;
Gartland, J.J., M.D. *Fundamentals of Orthopaedics*, 4th ed. 24.3; 24.5; 24.5.1.1; 24.5.1.5;
Philadelphia, PA; W.B. Saunders Company, 1987 24.5.1.6; 24.5.1.7.1; 24.5.1.8;
24.5.1.9.1; 24.5.2.2; 24.7;
- C15. Introduction to Audiology 24; 24.8; 24.11;
Martin, Frederick N., PhD., *Introduction to Audiology*, 6th
ed., Prentiss Hall Inc. 1996
- C16. Lippincott Manual of Nursing Practice 9; 10; 23.5.1; 23.5.5; 23.5.6;
Nettina, Sandra M., RN,C, MSN, ANP, Brunner, Lillian S. The 23.10; 24.4; 25;
Lippincott Manual of Nursing Practice, 6th ed.
Philadelphia, PA; Lippincott-Raven Publishers, 1996.
- C17. Manual of Acute Orthopaedic Therapeutics 24; 24.2.1.2; 24.2.2; 24.3;
Iverson, Larry D. MD. and Swiontkowski, Marc F. MD., 24.3.1; 24.5; 24.5.1.1; 24.5.1.6;
Manual of Acute Orthopaedic Therapeutics, 4th ed.
Boston, MA; Little, Brown and Company, Inc., 1995
- C18. *NFPA 99: Health Care Facilities*. National Fire Protection 3; 3.2.4; 3.2.5.1; 3.2.5.2; 3.2.6;
Association (NFPA), Batterymarch Park, Quincy, MA,
02269 (current),
- C19. Office-Based Surgery in Otolaryngology 25;
Krouse, Mirante, Christmas; *Office-Based Surgery in
Otolaryngology*. 1st ed.; Saunders, 1999
- C20. Otolaryngology: Head and Neck Surgery 25; 25.1; 25.2; 25.4; 25.5;
Deweese, David F., et al. *Otolaryngology: Head and Neck 25.6; 25.9; 25.10;*
Surgery, 8th ed St. Louis, MO; The C.V. Mosby Company,
1988.
- C21. Patient Care Standards 9; 21, 22;
Tucker, Susan Martin. *Patient Care Standards: Collaborative
Planning & Nursing Interventions*, 7th ed. St. Louis, MO;
Mosby Year Book, 2000.
- C22. Principles and Methods of Sterilization in Health Sciences 3; 3.2.8; 5; 6;
Perkins, John J., M.S., L.L.D., F.R.S.H. *Principles and
Methods of Sterilization in Health Sciences*, 2nd ed., (8th
printing). Springfield, IL; Charles C. Thomas, 1980.
- C23. Principles of Audiology: A Study Guide 25; 25.8; 25.11;
Martin, Frederick N., PhD., *Principles of Audiology: A Study
Guide*, University Park Press. (out of print)
- C24. Smith's General Urology 23.1; 23.2; 23.3; 23.4; 23.5;
Tanagho, Emil A., and Jack W. McAninch. *Smith's General 23.5.6;; 23.5.9; 23.5.10;*
Urology, 15th ed. McGraw-Hill, 2000. 23.5.11.; 23.8; 23.8.1; 23.8.2;
23.8.3; 23.8.4;

- C25. **Surgical Technology: Principles and Practices**
Fuller Joanna R., C.S.T. *Surgical Technology; Principles and Practices*, 3rd ed Philadelphia, PA; W.B. Saunders Company, 1993. 2; 3; 3.2.5.1; 3.2.7; 3.2.8; 3.2.9; 4; 5; 6; 7; 8; 9; 10; 11; 12; 14; 19; 20; 23; 23.6; 23.7; 23.8; 23.9; 25; 25.10;
- C26 **Surgical Technology for the Surgical Technologist**
Bob L. Caruthers, CST, PhD; Paul Price, CST/CFA, MBA; Association of Surgical Technologists; *Surgical Technology for the Surgical Technologist: A Positive Care Approach*, Delmar Thompson Learning, Albany NY 2004 11; 12;
- C27 **Steris@ System 1, Operator's Manual**
Steris Corporation, Mentor OH, 1994 3.2.8; 6;
- C328 **Sterrad@ 100 Sterilization System, Operator's Manual**
Advanced Sterilization Products, Irvine CA, 1999 3.2.8; 6;
- C29. **The Recovery Room**
Drain, Cecil B., R.N., C.R.N.A., Ph.D. and Susan B. Shipley, R.N., D.N.S.C., C.C.R.N. *The Recovery Room: A Critical Care Approach to Post Anesthesia Nursing*, 2nd ed. Philadelphia, PA; W.B. Saunders Company, 1987. 9; 10; 14; 23.9.11;
- C30. **The Traction Handbook**. Manufacturer's literature. Zimmer USA, 1991. 24; 24.5;
- C31. **Training Manual for Central Service Technicians**
American Society for Hospital Central Service Personnel of the American Hospital Association, *Training Manual for Central Service Technicians*, Chicago, IL; American Hospital Association (AHA), (current). 6; 11;
- C32. **Urologic Nursing: Principles and Practice**
Karlłowicz, Karen A., AUAA (American Urological Association Allied) *Urologic Nursing: Principles & Practice*. Philadelphia, PA; W.B. Saunders Company, 1995. 23.1; 23.2; 23.3; 23.5; 23.8; 23.8.1; 23.8.2; 23.10;

Attachment 8: STS TR Source Summary - Service and Government Agency Publications

TRAINING REFERENCES (TR) SOURCE SUMMARY
 SERVICE AND GOVERNMENT AGENCY PUBLICATIONS
 STS 4N1X1

TR#	TITLE	STS #
G1.	AFCAT 36-2223, USAF Formal Schools	18;
G2.	AFI 10-1101, Operations Security	1.5;
G3.	AFI 23-111, Management of Government Property in Possession of the Air Force	15; 15.3.1.3; 15.3.1.4;
G4.	AFI 36-2101, Classifying Military Personnel (Officers and Airmen)	1.3; 17; 17.6; 18;
G5.	AFI 36-2201, Air Force Training Program - V1 Training Development, Delivery, and Evaluation V2 Training Management V3 On the Job Training Administration	3; 4; 17; 17.9; 18;
G6.	AFI 36-2238, Self-Aid and Buddy Care Training	1.1; 2; 7; 13; 19;
G7.	AFI 36-2306, The Education Services Program	1.4; 22;
G8.	AFI 36-2406, Officer and Enlisted Evaluation Systems	17.6;
G9.	AFI 36-2503, Administrative Demotion of Airmen	17;
G10.	AFI 36-2626, Airman Retraining Program	17;
G11.	AFI 38-101, Air Force Organization	17;
G12.	AFI 41-102, The Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities	17.11;
G13.	AFI 41-106, Medical Readiness Planning and Training	21;
G14.	AFI 41-115, Authorized Health Care and Health Care Benefits in the Military Health Services Systems (MHSS)	1.1; 2; 3; 4; 7; 13; 15; 17.6; 19; 22;
G15.	AFI 41-120, Medical Resource Operations	15; 17.6; 17.11; 22;
G16.	AFI 41-203, Electrical Safety In Medical Treatment Facilities	3; 3.2.5.1; 3.2.5.2;
G17.	AFI 41-209, Medical Logistics Support	15; 22;
G18.	AFI 41-210, Patient Administration Functions	1.1; 2; 3; 4; 7; 13; 15; 17.6; 19; 22;
G19.	AFI 41-211, The Medical Information Systems Management Program	1.1; 2; 3; 4; 7; 13; 15; 17.6; 22;
G20.	AFI 44-102, Community Health Management	2;
G21.	AFI 44-108, Infection Control Program	5; 19;
G22.	AFI 44-119, Clinical Performance Improvement	22;
G23.	AFI 46-101, Nursing Operations	1.1; 2; 3; 4; 7; 13; 15; 19; 22;
G24.	AFI 46-102, Nursing Care	15;
G25.	AFI 90-301, Inspector General Complaints	17;

G26. AFI 91-202, The US Air Force Mishap Prevention Program	3;
G27. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Prevention and Health (AFOSH) Program	3; 3.1.1; 3.2.4; 3.2.5.1; 3.2.5.2; 3.2.6; 3.2.7;
G28. AFIND 2, Numerical Index of Standard and Recurring Air Force Publications	16.1;
G29. AFIND Series, Air Force Indexes	16.1; 16.2;
G30. AFMAN 36-2108, Airman Classification	1.2; 17; 18;
G31. AFMAN 38-208V1/V2, Air Force Management Engineering Program	3;
G32. AFOSHSTD 91-8, Medical Facilities	3;
G33. AFOSHSTD 161-20, Hearing Conservation Program	24; 24.12;
G34. AFPAM 36-2241V1/V2, Promotion Fitness Examination Study Guide/ USAF Supervisory Examination Study Guide	17; 17.6;
G35. CDC (Centers for Disease Control & Prevention) <u>Guidelines for Handwashing and Hospital Environmental Control</u> (current),	5;
G36. CDC <u>Guidelines for Prevention of Surgical Wound Infections</u> (current)	5;
G37. CDC <u>Recommendations for Prevention of HIV Transmission in Health Care Settings</u> (current)	5;
G38. CFETP 4N1X1	1.3;
G39. DoDD 5500.7, Standards of Conduct	2;
G40. DoDM 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities	17.11; 22;
G41. DoDR 5200.1-R, DoD Information Security Program	3; 17;

Section B - Course Objective List

NOTE: This area is reserved.

Section C - Support Material

1. 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 4N1X1-01 Module 1	Microbiology and Infection Control Principles and Application of Surgical Asepsis	383 TRS/XUEA (Skills Verification)
QTP 4N1X1-02 Module 1	Sterilization and Disinfection Preparation of Instruments, Sets, Packs and Supplies for Sterilization	383 TRS/XUEA (F: Q20 months)
Module 2	Principles of Loading and Unloading a Steam Sterilizer	(F: Q20 months)
QTP 4N1X1-03 Module 1	Preoperative Preparation of the Patient Principles and Techniques for Removal of Body Hair	383 TRS/XUEA (Skills Verification)
Module 2	Performing Cleansing Skin Preps	(F: Q20 months)
QTP 4N1X1-04 Module 1	Duties of Scrub and Circulating Personnel Scrubbing, Gowning and Gloving Self and Team Members	383 TRS/XUEA (F: Q20 months)
Module 2	Establishing and Maintaining a Sterile Field	(F: Q20 months)
Module 3	Surgical Counts	(F: Q20 months)
Module 4	Care and Handling of Specimens	(F: Q20 months)
QTP 4N1X1-05 Module 1	Set Up and Safe Operation of Equipment Electrosurgical Devices	383 TRS/XUEA (F: Q20 months)
Module 2	Cardiac Monitors and Defibrillators	(Skills Verification)
Module 3	Suction, Lights, and Operating Room Table	(F: Q20 months)
QTP 4N1X1-06 Module 1	Nursing Care of the Surgical Patient Intravenous Infusion/Blood Administration	383 TRS/XUEA (Skills Verification)
Module 2	Vital Signs	(F: Q20 months)
Module 3	Basic Post-Anesthesia Nursing Care	(F: Q20 months)
QTP 4N1X1-07 Module 1	Medication Administration Guidelines for Handling Drugs and Solutions	383 TRS/XUEA (Skills Verification)
QTP 4N1X1-08 Module 1	Supply Management Order and maintain supply requirements	383 TRS/XUEA (F: Q20 months)

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 4N1X1-B1	Urology Surgical Specialty	MSgt Rodolfo Martinez
Module 1	Perform Clinical Procedures	(F: Q20 months)
Module 2	Perform/Assist with Diagnostic Radiographic Procedures	(F: Q20 months)

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

QTP Volume	Title	OPR
QTP 4N1X1-C1	Application and Removal of Orthopaedic Devices	MSgt Cary Heyden
Module 1	Casts & splints	(F: Q20 months)
Module 2	Application of traction	(F: Q20 months)

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

QTP Volume	Title	OPR
QTP 4N1X1-D1	Removal of external ear debris and foreign bodies	MSgt Elijah Anderson (F: Q20 months)
QTP 4N1X1-D2	Application of Nasal Fracture Casts and Splints	(F: Q20 months)
QTP 4N1X1-D3	Clinic Procedures	(F: Q20 months)

Section D - Training Course Index

1. Purpose.

1.1. 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
J3ATR40030 002	Basic Medical Readiness Length: 3 days	Sheppard AFB	ADAF AFRC ANG
J3AQR4N131 002	Surgical Service Apprentice-Phase I Length: 8 weeks and 1 day	Sheppard AFB	ADAF AFRC ANG
J5ABO4N131 002	Surgical Service Apprentice-Phase II Length: 6 weeks	Andrews AFB Keesler AFB Offutt AFB Scott AFB Travis AFB Wright-Patterson AFB	ADAF AFRC ANG
J5ALN4N1X1B 000	Urology Surgical Service Technician Length: 16 weeks	Portsmouth Naval Base	ADAF AFRC ANG
J5ALA4N1X1C 000	Orthopaedic Surgical Apprentice Length: 6 weeks	Ft Sam Houston	ADAF AFRC ANG
J5ALN4N1X1D 000	Otolaryngology Surgical Technician Length: 12 weeks and 1 day	San Diego Naval School of Health Sciences	ADAF AFRC ANG

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

COURSE NUMBER	TITLE	LOCATION	USER
CDC 4N151A	Surgical Service Journeyman, Part I	Gunter Annex, Maxwell AFB, AL	ADAF AFR
CDC 4N151B	Surgical Service Journeyman, Part II		ANG

4. Exportable Courses

NOTE: There is currently no Exportable Course available at this time. This area is reserved.

5. Courses Under Development/Revision

5.1. CDC 4N151A/B, Surgical Services Journeyman is under revision

5.2. CDC 4N171, Surgical Services Craftsman is under development

Section E – MAJCOM Unique Requirements

1. Purpose.

1.1. This section applies to all enlisted surgical service personnel assigned to all Air Force Reserve Units and all Air National Guard Units.

2. Additional Apprentice (3-skill level) Training Requirements.

2.1. Air Force Reserve Command specific requirements:

2.1.1. Qualification Training

2.1.1.1. Upon completion of Surgical Service Apprentice Course and Surgical Service Apprentice – Phase II, the surgical service apprentice (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 central sterile supply. Active duty personnel should ensure that appropriate experiences and supervision are provided to assist the apprentice in gaining the desired confidence and proficiency.

2.1.2. To ensure continuity between resident and clinical training, the apprentice will forward a copy of his/her technical school certificate (AF Form 1256) to their Reserve unit of assignment. The Reserve 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 training status code (TSC) “B” or “F”.

2.2. Air National Guard Specific

2.2.1. Seasoning (Qualification) Training

2.2.1.1. Upon completion of Surgical Service Apprentice Course (J3AQR4N131-001) and Surgical Service Apprentice - Phase II (J5ABO4N131-002), all Surgical Service 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 central sterile supply. 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 their 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 training status code (TSC) "B" or "F".

*OPR: ANGRC/SGN, 3500 Fetchet Ave., Andrews AFB, MD 20331-5157,
DSN: 278-8303*

3. ARC Readiness Skills Verification (RSV) (sustainment training)

3.1 Personnel in the 3-skill level must complete all core tasks identified in the STS prior to 5-level upgrade. The Air Force Career Field Manager has identified RSVs in column 4D with a *. QTPs have been developed to standardize and correspond with the RSVs. RSV's can be accomplished at AD Muff's, EMEDS, TOPSTAR, CSTARS.

3.2. Air Force Reserve Command (AFRC) 4N1X1 Journeyman, Craftsman, Superintendent, and Manager Training Requirements: RSV's must be completed every two AEF cycles (30 months). A list of RSV's are located in the AFRC Web Based Integrated Training System (WBITS).

Section F - Documentation of Training (Medical Specific)

1. Purpose

1.1. The purpose of this section is to standardize training and competency documentation across the career field, consolidating documentation into a single Enlisted Training and Competency Folder, also called the 6-part folder. Air Force Instruction 36-2201, Developing, Managing, and Conducting Training, authorizes Career Field Managers to determine training documentation requirements and procedures.

2. Developing a Master Training Plan (MTP).

2.1. Purpose

2.1.1. A Master Training Plan is a comprehensive training plan developed by and for each workcenter. It is to be used as a reference source for the type of training and training documentation that occurs with each assigned member. The MTP is used to standardize training and to give trainers, trainees, supervisors, NCOICs, and OICs an overview of the training process for the duty section. The MTP is also used as a means to reduce the amount of paperwork previously required during the training process.

2.2. Contents

2.2.1. In keeping with the concept of the Master Training Plan as an overview of training for the duty section; it should include all documents involved in the training process for the duty section. Training will vary from section to section and person to person, but there are certain documents that will be a standard requirement for all MTPs. The documents are as follows:

2.2.1.1. Unit-specific orientation checklist.

2.2.1.2. Job description for each duty position within the duty section (see AFMAN 36-2108).

2.2.1.3. Dual channel OJT concept.

2.2.1.3.1. Career knowledge requirements.

2.2.1.3.2. Job qualification requirements.

2.2.1.4. Description of administration/testing procedures for CDCs.

2.2.1.5. Description of uses of AF Form 623 and Job Qualification Standards (JQSs).

2.2.1.6. Performance standards/position qualification training for each duty position.

2.2.1.7. Master Career Field Education and Training Plan (CFETP).

2.2.1.7.1. Identifies all tasks required for each duty position in the duty section.

2.2.1.7.2. Standardized reference source for initiating individual training.

2.2.1.7.3. Impact of training on career progression.

2.2.1.8. Qualification Training Packages (QTPs) required to perform peacetime/wartime duties.

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

2.2.1.8.2. 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: MFM coordination is required when requesting development of new QTPs. Initial POC for QTP development is the 4N1X1 CDC Writer/Manager, 383d Training Squadron/XUEAB, Sheppard AFB, Texas. AFCFM approval is required for all QTPs.

2.2.2. Rescinded items in the MTP.

2.2.2.1 The MTP must contain documents that relate to the training process for all enlisted and civilian equivalent duty section personnel and may contain both updated and rescinded versions of some documents.

3. Documentation of Training: The Enlisted Training and Competency Folder.

3.1. Purpose

3.1.1. The purpose of this section is to provide guidelines and examples of proper documentation for the many forms used in training all 4N1X1 personnel. Training documentation helps us to

assess readiness capability, individual strengths and weaknesses, and resources needed to support quality patient care. It also helps us meet all JCAHO and regulatory requirements. The Enlisted Training and Competency Folder is limited to the forms presented here and those prescribed in AFI 36-2201. Your unit training manager can also assist you with specific questions on training documentation.

3.1.2. The Graduate Assessment Survey (GAS) is an emailed survey sent from the technical training school through the base training managers to the group training managers, who then forward to the immediate supervisors of all recent 3-skill level course graduates. Supervisors use this survey to provide the school house feedback on the effectiveness of technical training in meeting established training requirements and should be answered immediately upon receipt. How the supervisor answers and comments on these questions could have a direct bearing on how well the school improves its programs and often results in training improvement initiatives.

3.2. Documents included in the 4N1X1 Enlisted Training and Competency Folder.

3.2.1. To assemble a 4N1X1 training record, utilize a standard six-part folder (NSN 7530-00-990-8884, Folder, 6 Section).

3.2.2 The front cover of the 6-part education and training folder will have the following information displayed:

A computer generated or typewritten label with “enlisted training and competency folder” centered on the top of the label and the individual’s name (last, first, mi) and social security number (full or last four is acceptable) on the bottom of the label. This label is placed in the center of the folder as viewed in portrait orientation AFVA 250-14, privacy act statement is centered on the bottom half of the folder. To facilitate filing in a standard filing cabinet, also affix a label containing the trainees last name, first name, and middle initial to the top right corner of the inside back cover as viewed in landscape orientation. (see Attachment 1, figure F-1.)

3.2.3. The six parts of the folder are discussed in detail in the following paragraphs. Each part will contain specific documents that should be filed according to table F-1. Index tabs/tabbed dividers may be used in parts that contain multiple documents. Parts 2 through 5 are intended to replace the existing AF Form 623 and the documents contained therein. Training documents normally filed in the AF Form 623 will be filed in the 6-part folder in parts 2 through 5 in the same sequence that they appear in the current AF Form 623. Parts 1 and 6 are designed to hold other training documents previously filed in other folders or unique to medical AFSCs. Index tabs/tabbed dividers may be used in areas that contain multiple documents. When multiple copies of any form are placed into the OJT record, they are placed in chronological order with the most current documentation on top.

PART 1	PART 2	PART 3	PART 4	PART 5	PART 6
AF Form 55	<u>Section A</u> AF Form 623b (front and inside cover) <u>Section B</u> Entire CFETP <u>Section C</u> AF Form 797	<u>Section A</u> Mandatory Training/Inservices AF Form 1098s <u>Section B</u> QTPs/RSVP AF Form 1098s	<u>Section A</u> AF Form 623a Job Description/Performance Standards Review Orientation Training Progress <u>Section B</u> AETC 156 and CDC score cards Forms removed after upgrade	AF Form 2096 or documentation showing upgrade to current skill level	Continuing Education and National Certification Documentation

Table F-1. Organization of the 4N1X1 Enlisted Training and Competency Folder

3.2.3.1. **Part 1** (first two-pronged section--inside front cover).

3.2.3.1.1. *Section B - AF Form 55, Employee Safety and Health Record.* Regardless of grade or training status, AF Form 55 for the member is maintained in Part 1. AFI 91-301, Air Force Occupational and Environmental Safety, Fire Protection, and Health (AFOSH) Program, June 1996, authorizes supervisors to file the AF Form 55 with the AF Form 623, On-The-Job Training Record.

3.2.3.2. **Part 2** (second two-pronged section).

3.2.3.2.1. *Section A - AF Form 623b, On-The Job Training Record (front and inside cover).* Attach the front and inside cover, use the sticker type, (containing Sections I through IV) of the AF Form 623b onto Part 2 of the 6-part folder. Ensure all appropriate areas of the form are properly completed. (See Attachment 1, fig. F-2 & F-3.) The form must be placed in part 2 of the 6-part folder as the AF Form 623b is the document that is recognized by the personnel system in contingencies and deployments as the official formal training record, and documents in parts 1 and 6 are not recognized by the personnel system as belonging therein.

Note: Maintenance of AF Form 623b and the CFETP is mandatory for Airmen in grades Airman Basic through Technical Sergeant. It is removed when the member sews on MSgt. In addition, an AF Form 623b and CFETP are required for SNCOs, regardless of grade, in retraining status or as directed by the Air Force Career Field Manager, Commanders, or supervisors.

3.2.3.2.2. Section B - CFETP. The Specialty Training Standard (STS) contained within the CFETP will be used to record training proficiency in various tasks that are required for an individual to perform duties in a specific work area. The STS is also used to develop a master task listing for all positions within the work center, and is maintained in the master training plan for the duty section. In individual training records, circle only those tasks that the individual is required to perform in his/her current duty position.

Note: All core tasks must be completed for award of skill-level. Core tasks do not have to be circled for trained (skill-level awarded) individuals who are not performing the tasks, but date of last certification should be annotated in column 3B.

3.2.3.2.3. Section C - AF Form 797, Job Qualification Standard Continuation/Command JQS. These forms will be used to document training for tasks that are not otherwise documented in the CFETP or tasks that are waived by the MAJCOM per AFI 44-119.

3.2.3.3. **Part 3** (third two-pronged section).

3.2.3.3.1.. This part will contain two separate sections for documentation of specific training. An AF Form 1098 will be created and clearly marked for each type of training documentation required. Ensure signatures and initials are included per AFI 36-2201.

3.2.3.3.1.1. Section A - To document mandatory recurring training (see attachment 1, figure F-5): AF Form 1098 (mandatory training to include AED training, LOAC, Age specific training, HIPPA, Ready Program training etc. Mandatory training requirements may vary from facility to facility. These requirements should be reviewed on an annual basis and updated as required.

NOTE: If the in-service training applies CEUs towards national certification, also document appropriately in Part 6 of the six-part folder. With the exception of entries required on the 623a and a 1098, this should be the only double documentation in the six-part folder.

3.2.3.3.1.2. Section B - Qualification Training Packages: This section will be used to document completion of Qualification Training Packages (see attachment 1, figure F-6). Supervisors will use the attached AF Form 1098 overprint to document QTP requirements, see Attachment 2. This document will also serve as documentation of fulfillment of RSV requirements. The initial completion of a QTP is documented in the STS. . ***Each QTP required for the duty section will be maintained in the Master Training Plan (MTP) and will be used as a training source document. All QTPs may not be required for each MTF, however you must complete each QTP module required for RSV training***

3.2.3.4. **Part 4** (fourth two-pronged section).

3.2.3.4.1. Section A. AF Form 623a, OJT Record Continuation Sheet. This form will be utilized to document all progress of individual training to include job description/performance standard review, facility orientation, unit specific orientation, upgrade training, Career Development

Course (CDC) failures/corrective actions, any additional pertinent training, all decertification procedures, and supervisor/ trainer/certifier periodic reviews (see attachment 1, figures F-8, F-9, F-10, and F-11). The entire training process must be well documented on these forms. All individuals involved in the training process must document training progress as it occurs. Upgrade training status will be documented at least quarterly. All entries on documents contained in the AF Form 623/623a must be documented in pencil. However, if these publications/forms make up an automated training documentation package or overprint, pencil entries are not required.

3.2.3.4.2. The Job Description/Performance Standards for each duty position should be maintained in the Master Training Plan (MTP) in each duty section. An AF Form 623a overprint may be used to document both supervisor/subordinate reviews (see attachment 1, figure F-8). This form will be maintained in Part 4 of the six-part folder. The following statements will be jointly reviewed by the supervisor and subordinate:

3.2.3.4.2.1. “I know where to find a current copy of my Job Description/Performance Standards.”

3.2.3.4.2.1.1. “I have read, discussed with my supervisor, and understand my Job Description/Performance Standards.” **

3.2.3.4.2.1.2. “I understand my duties and responsibilities for the position that I am currently working in.”**

3.2.3.4.2.1.3. “If I have questions or concerns about my Job Description/Performance Standards, I will seek assistance from supervisory personnel in my chain of command.”

3.2.3.4.2.1.4. “It is my responsibility to review my Job Description/Performance Standards with my supervisor annually and with each change in supervisor/duty position.”**

3.2.3.4.2.1.5. A signature and date block for both the supervisor and subordinate will reflect mutual understanding of these statements. It is recommended that several signature and date spaces for the continual review process be included.

NOTE: ** Indicates requirement according to Joint Commission on Accreditation of Healthcare Organizations (JCAHO).
--

3.2.3.4.2.1.6. Orientation

3.2.3.4.2.2. Facility orientation. Include a statement on the AF Form 623a that verifies facility orientation requirements were met and include signatures of both the supervisor and orientee. A master copy of the facility orientation checklist will be maintained in the master training plan for the duty section. ***Anytime there is a reference on the AF Form 623a to an orientation checklist, you must indicate the name and date of the checklist. Do not maintain copies of checklists in the six-part folder.***

3.2.3.4.2.2.1. Unit-specific orientation. The unit-specific orientation is essential for all assigned members. Documentation of the orientation process must be thorough. The trainer will use the master copy of the unit-specific orientation checklist located in the master training plan. Each item on the checklist must be covered by the trainer to ensure standardization of training. When applicable, ensure these checklists address age-specific and population-specific knowledge and skills. To reduce the amount of paperwork in the record, AF Form 623a will be used to record the orientation process. An overprint AF Form 623a is recommended to ensure the suggested comments are annotated. (see sample orientation documentation, attach. 1, figure F-9).

3.2.3.4.2.2.2. Orientee and trainer name/rank/unit assignment.

3.2.3.4.2.2.3. Orientation start date with initial interview comments (i.e. goals, desires, concerns related to the orientation process, etc.). Identify name and date of the orientation checklist

3.2.3.4.2.2.4. Mid-orientation progress check to evaluate training effectiveness. Signed and dated by both the trainer and orientee.

3.2.3.4.2.2.5. Final evaluation of orientation process with statement that verifies orientee's unit-specific competency has been achieved. Signed and dated by the trainer/supervisor and orientee. Identify name and date of the orientation checklist.

3.2.3.4.2.2.6. Upgrade Training (5-7-9-skill levels).

3.2.3.4.2.3. Document entry into upgrade training (attachment 1, figures F-10, F-11) and periodic (minimum quarterly) evaluations of training progress.

3.2.3.4.2.3.1. Information on extensions, waiver requests, or breaks in training should also be clearly documented with copies of any related correspondence.

3.2.3.4.2.3.2. Document any decertification proceedings, to include dates, reasons for decertification, and other applicable information on the AF Form 623a

3.2.3.4.2.3.3. Any further training pertinent to the duty section and or unit effectiveness can also be documented on the AF Form 623a

3.2.3.4.2.3.4. *Section B. AETC Form 156/CDC score cards.* The AETC Form 156, is a "report card" documenting a member's performance during technical training. It is forwarded from the training squadron to the gaining commander. The 156 should be reviewed by the supervisor and a copy should be filed in this section. In addition, all CDC score cards, unit review scoring sheets, and other AFIADL forms should be placed in this section. These items should be removed from the folder once an individual completes upgrade training and is awarded their skill level. The supervisor should continue to review requirements, progress, and individual training needs. Record reviews for current documentation must occur at least annually.

3.2.3.5. **Part 5** (fifth two-pronged section).

3.2.3.5.1. AF Form 2096, Classification On-The-Job Training Action. This form will be used to document completion of upgrade training. This is also a good reference for supervisors to use when managing individuals with AFSC prefixes. A PC III automated document may be substituted for AF Form 2096

3.2.3.6. **Part 6** (sixth two-pronged section).

3.2.3.6.1. Section A Continuing Education. This part will contain the National Certification/Registration and Continuing Education Reports as applicable to the members AFSC/current duty position, (see attachment 1, figures F12, F-13). The form must contain documentation of the individual's current certification number and expiration date. **Certified individuals should continually monitor CEU status to ensure certification does not lapse.**

3.2.3.6.2. Supplemental AFSC-specific documentation instructions. Each Career Field Manager is authorized to supplement or revise the general guidance contained in section F of the CFETP to ensure the documents filed in the 6-part folder accurately reflect the needs of their AFSCs/Medical specialties.

Attachment 1: Sample documentation.

List of figures:

- F-1. Enlisted Training and Competency Folder - Cover.
- F-2. Sample AF Form 623B, Front Cover.
- F-3. Sample AF Form 623B, Inside Front Cover.
- F-4. Sample AF Form 797 documenting tasks not listed in CFETP.
- F-5. Sample AF Form 1098 documenting mandatory/in-service training.
- F-6. Sample AF Form 1098 documenting QTP/RSV completion.
- F-7.. Sample AF Form 623a documenting job description/performance standard review
- F-8.. Sample AF Form 623a documenting orientation
- F-9.. Sample AF Form 623a documenting initial upgrade training briefing
- F-10.. Sample AF Form 623a documenting trainee responsibility during upgrade training
- F-11.. Documentation of CEUs for National Re-certification (page 1)
- F-12. Documentation of CEUs for National Re-certification (page 2)

Attachment 2: QTP/RSVP AF Form 1098 overprint

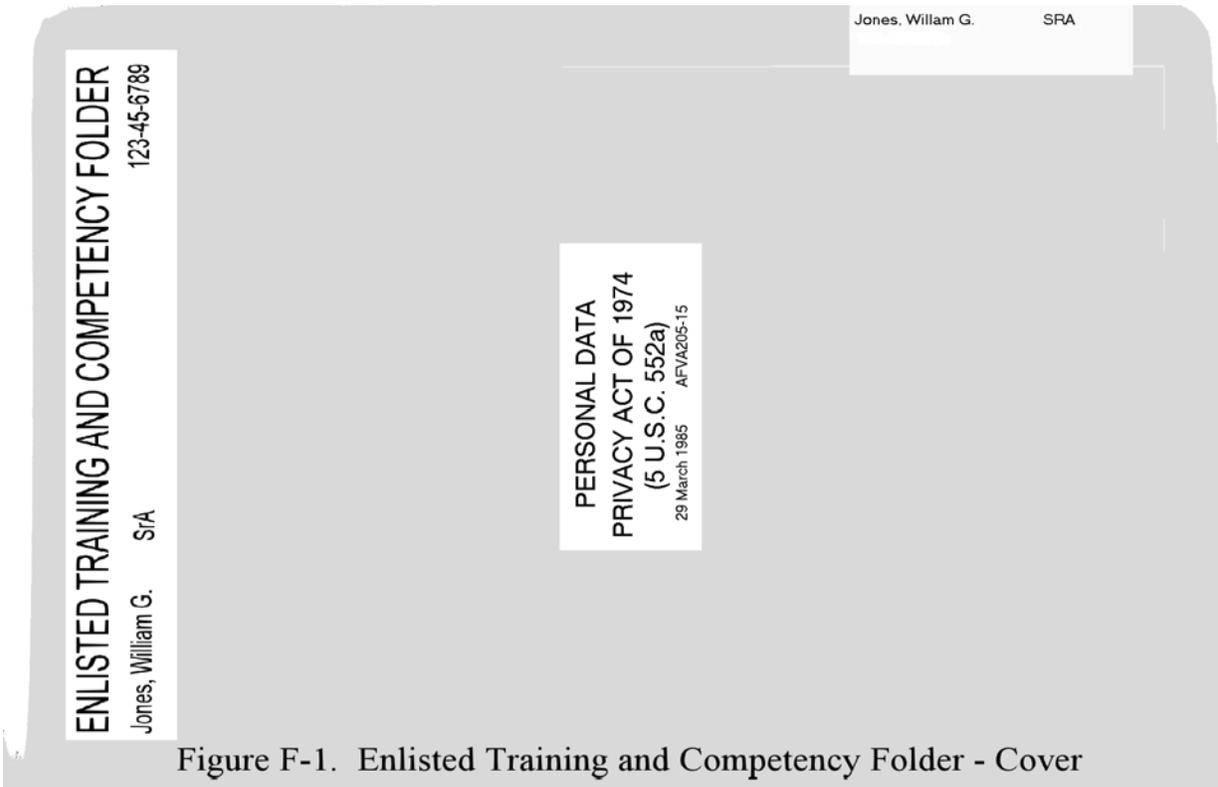


Figure F-1. Enlisted Training and Competency Folder - Cover

I. IDENTIFICATION DATA		
LAST NAME - FIRST NAME - MIDDLE INITIAL Jones, William G.	GRADE/RANK SrA	DAFC/JOB SERIES 4N131
INDIVIDUAL TRAINING RECORD		
PRIVACY ACT STATEMENT		
<p>AUTHORITY: Title 44 U.S.C. 3101; Title 10 U.S.C. 8013 and E.O 9397</p> <p>PRINCIPLE PURPOSE: AF Form 623 and all documents filed in this folder are used to document, monitor, and maintain a comprehensive record of an individual's training.</p> <p>ROUTING USES OUTSIDE DOD: None</p> <p>DISCLOSURE IS VOLUNTARY: The SSN is mandatory to make positive identification of the individual in relation to other personnel records and actions. Failure to provide information will jeopardize the ability of the unit to perform its assigned mission.</p>		
INDIVIDUAL'S SIGNATURE <i>William G. Jones</i>	DATE 17 March 1997	

Figure F-2. Sample AF Form 623, Front Cover.

JOB QUALIFICATION STANDARD CONTINUATION/COMMAND JQS							
TASK NUMBER	TASKS, KNOWLEDGE AND TECHNICAL REFERENCES	CERTIFICATION					
		START DATE	CERTIFYING OFFICIALS INITIALS	TRAINEE'S INITIALS	MAJCOM DIRECTED USE ONLY		
1	Brown Dermatome TR: Manual; Manufacturer's specifications						
2	Pentax Light Source TR: Manual; Manufacturer's specifications						
3	Valleylab Electrosurgical Unit TR: Manual; Manufacturer's specifications						
<small>TRAINEE NAME</small> Jones, William G.							

Figure F-4. Sample AF Form 797 Documenting Tasks Not Listed in CFETP

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
Patient Sensitivity	20 Mar 04			P		A	20 Mar 05
Hospital Safety	12 May 04			P		A	12 May 05
QA/QI	12 May 04			P		A	12 May 05
Infection Control	20 May 04			P		A	20 May 05
NAME OF TRAINEE (<i>Last, First, Middle Initial</i>) Jones, William G.		GRADE SrA	UNIT AND OFFICE SYMBOL 123 MDOS/SGOSB				

AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED.

Figure F-5. Sample AF Form 1098 Documenting Mandatory/Inservice Training

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
QTP 1/Module 1 Perform Handwashing	19 Jan 05	<i>Fred Jones</i>	<i>BR.</i>	P		Q20M	19 Sep 07
QTP 1/Module 1 - Apply Principles of and Rules of Surgical Asepsis						Q20M	
QTP 2/Module 1 - Clean and Decon items for sterilization						Q20M	
QTP 2/Module 1 - Assemble cleaned items for sterilization						Q20M	
QTP 2/Module 1 - Package patient care items for sterilization						Q20M	
QTP 2/Module 2 Unload a steam sterilizer						Q20M	
QTP 2/Module 2 Load a steam sterilizer						Q20M	
QTP 3/Module 1 Dry Shave Using Surgical Clippers						Q20M	
QTP 3/Module 1 Wet Shave Using Safety Razor						Q20M	
QTP 3/Module 2 - Skin Prep Abdominal/Broad Anatomic Areas						Q20M	
QTP 3/Module 2 Skin Prep - Extremities						Q20M	
QTP 3/Module 2 Skin Prep - Perineal Areas						Q20M	
QTP 3/Module 2 Skin Prep - Contaminated Wounds						Q20M	
QTP 4/Module 1 - Perform a Surgical Hand/Arm Scrub						Q20M	
QTP 4/Module 1 - Dry Hands Using Aseptic Technique						Q20M	
QTP 4/Module 1 Gown and Glove Self						Q20M	
QTP 4/Module 1 - Gown and Glove Team Members (Scrub)						Q20M	
QTP 4/Module 1 - Assist Sterile Team w/ Don/Doff Surgical Gowns						Q20M	
QTP 4/Module 2 - Open Supplies to Establish/Maintain Sterile Field						Q20M	
QTP 4/Module 2 - Drape Furniture to Establish/Maintain Sterile Field						Q20M	
QTP 4/Module 3 Perform Counts with OR Nurse RN						Q20M	
QTP 4/Module 4 - Care for Specimen on Surgical Field						Q20M	
QTP 4/Module 4 - Prepare Specimen to forward to Laboratory						Q20M	
NAME OF TRAINEE (Last, First, Middle Initial)		GRADE		UNIT AND OFFICE SYMBOL			

AF FORM 1098, 19850401 (IMT-V1)

PREVIOUS EDITION WILL BE USED.

Figure F-6. Sample AF Form 1098 Documenting QTP/RSVP Completion

**ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET**

23 July 2004

- I know where to find a current copy of my job Description / performance Standards.
- I have read, discussed with my supervisor, and understand my Job description/Performance Standards.
- I understand my duties and responsibilities for the position that I am currently working in.
- If I have any questions or concerns about my Job Description / Performance Standards, I will seek assistance from my supervisor / NCOIC or OIC as necessary.
- It is my responsibility to review my Job Description / Performance Standards with my supervisor annually or with each change in duty position.

William G. Jones
William G. Jones, SrA
Surgical Service Apprentice

SrA Jones has completed review of his Job Description / Performance Standards on this date. I am confident he is thoroughly familiar with standards and expectations. At this time SrA Jones has no questions or concerns.

John W. Doe
John W. Doe, SSgt
Surgical Service Craftsman

LAST NAME - FIRST NAME - MIDDLE INITIAL

Jones, William G.

AF FORM 623a, MAR 79 (EF)

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Figure F-7. Sample AF Form 623a Documenting Job Description/Performance Standards Review

**ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET**

16 Dec 04

SrA Jones is assigned to the operating room. I, SSgt Doe have been assigned as his supervisor/trainer. I began SrA Jones' orientation to the operating room, using the OR Master Training Plan dated 19 Jun 04, and conducted an initial interview on this date. SrA Jones exhibits a positive attitude and stated he is looking forward to operating room and team specific orientation. He expressed concerns on meeting previously scheduled appointments during his orientation period, and I assured him time would be provided as needed. SrA Jones seems to be very enthusiastic about this assignment and states his goals are to learn as much as possible as quickly and as well as possible.

William G. Jones
William G. Jones, SrA

John W. Doe
John W. Doe, SSgt
Surgical Services Craftsman

13 Jan 05

An orientation progress check was accomplished on this date. SrA Jones has progressed through the Operating Room Orientation Checklist (dated 19 Jun 04) with little to no difficulty.

William G. Jones
William G. Jones, SrA

John W. Doe
John W. Doe, SSgt
Surgical Services Craftsman

10 Feb 05

An orientation progress check was accomplished on this date. SrA Jones has completed most of the tasks listed on the Operating Room Orientation Checklist (dated 19 Jun 04). He has completed reading/review of department specific OIs. SrA Jones will complete his orientation with 2-week rotations on evening and night shifts.

William G. Jones
William G. Jones, SrA

John W. Doe
John W. Doe, SSgt
Surgical Services Craftsman

17 Mar 05

An orientation progress check was accomplished on this date. SrA Jones has completed all tasks listed on the Operating Room Orientation Checklist (dated 19 Jun 04). I reviewed the checklist with him, and he seems very knowledgeable and understands all items. He indicates he is ready to be released from orientation and is anxious to begin upgrade training to the 5-skill level. I recommend he be released from orientation and entered into upgrade training on this date.

William G. Jones
William G. Jones, SrA

John W. Doe
John W. Doe, SSgt
Surgical Services Craftsman
CONCUR

CONCUR

Vivian L. Elgin
Vivian L. Elgin, MSgt, USAF
NCOIC, Operating Room Services

Teresa M. Gale
Teresa M. Gale, Capt, USAF, NC
Nurse Executive, Operating Room Services

LAST NAME - FIRSTR NAME - MIDDLE INITIAL

Jones, William G.

AF FORM 623a, MAR 79 (EF)

PREVIOUS EDITION WILL BE USED

Figure F-8. Sample AF Form 623a Documenting Orientation

**ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET**

INITIAL UPGRADE TRAINING BRIEFING

William G. Jones has been briefed on the On-The-Job Training (OJT) Program and how he/she fits into the program while in upgrade training (UGT). Upgrade training was explained as a dual channel process designed to qualify an airman for skill level upgrade. Dual channel OJT is a systematic reportable application of self-study and the craftsman/apprentice principle. Trainees acquire job qualification while performing on the job under supervision. This combination, knowledge and job position qualification constitutes the dual channel concept. Requirements from AFI 36-2101, 36-2108, and 36-2201 were covered. AF Forms 623, 623a, 797, 2096, and the CFETP, STS/JQS or automated JQS, which serves to make up the individual training record, was explained. Responsibilities of the commander, base training, unit education and training manager (ETM), immediate supervisor, trainer, and trainee were discussed. The career development courses (CDC) were briefly discussed and will be explained in detail when the CDCs arrive, if applicable. Requirements for upgrade in your AFSC _____ are: (1) Satisfactory completion of CDCs _____ (2) Supervisor certify job qualifications with adequate hands on training (3) Meet typing proficiency of _____ WPM per AFI 36-2108, if applicable (4) Completion of 7-level Read Ahead Module (RAM) and (5) Supervisor recommendation for upgrade. Each airman in grades E1 through E6 (and SNCOs in retraining status) have an AF Form 623 which must contain a CFETP or JQS. The CFETP or JQS may contain 150 or more separate tasks but it should be annotated to show only those tasks the airman is required to perform in his/her current duty position, all AFI 36-2108 mandatory requirements for upgrade and core task requirements. In the JQS there is a space for both the supervisor and the trainee to initial to certify training is complete. In the CFETP the trainer, trainee, and certifier has a space to initial when training is completed. After upgrade the CFETP or JQS will continue to be used to document further qualification training.

Supervisor's Signature

Trainee's Signature

Date

LAST NAME - FIRSTR NAME - MIDDLE INITIAL

Jones, William G.

AF FORM 623a, MAR 79 (EF)

PREVIOUS EDITION WILL BE USED

Figure F-9. Sample AF Form 623a Documenting Initial Upgrade Training Briefing

**ON-THE-JOB TRAINING RECORD
CONTINUATION SHEET**

TRAINEE'S RESPONSIBILITIES DURING UPGRADE TRAINING (UGT)

1. Read and understand your Air Force Specialty (AFS) description, training requirements, objectives, and training record (AF Form 623).
2. Budget time (on and off-duty) for timely completion of CDCs and keep all CDC materials for future reference and study.
3. Attain and maintain qualification in your assigned AFS.
4. After CDC briefing trainee will do the following: (Read and initial)
 - _____ a. Read "Your Key to a Successful Course."
 - _____ b. Make all required course corrections and return entire package to your supervisor.
 - _____ c. When you are issued your first volume you will read and study each unit, answer self-test questions (STQs), and complete the unit review exercises (UREs). Questions are to be answered in the space provided when possible. Highlight/reference where answers are found in the most effective manner determined by your supervisor.
 - _____ d. Supervisor will check URE and self-test questions for accuracy and completeness. You will correct all incorrect responses.
 - _____ e. Supervisor uses or issues the ECI Form 34 (Field Scoring Sheet) to you to check and correct your UREs. The UREs are teaching devices and must be administered as open book exercises. All scores less than 100 percent require review training.
 - _____ f. Minimum acceptable review training consist of correcting incorrect responses, reading the appropriate area from which the question was taken, and a verbal question and answer session.
 - _____ g. Your next volume is then issued by your supervisor. You must work it in the same manner as above for each volume in the course.
 - _____ h. Upon completion of your last volume you and your supervisor will immediately start a comprehensive review of the entire CDC to prepare for your course examination.
5. Review and discuss training requirements with supervisor regularly. Provide input on your training and ask questions.
6. Upon satisfactory completion of your career knowledge training, position qualification, and mandatory requirements listed in AFMAN 36-2108, your supervisor will initiate upgrade action.

Supervisor's Signature

Trainee's Signature

Date

LAST NAME - FIRSTR NAME - MIDDLE INITIAL

Jones, William G.

AF FORM 623a, MAR 79 (EF)

PREVIOUS EDITION WILL BE USED

**Figure F-10. Sample AF Form 623a Documenting Trainee Responsibility
During Upgrade Training**

SPECIAL TASK CERTIFICATION AND RECURRING TRAINING							
TASK OR RECURRING TRAINING AND TECHNICAL REFERENCES A.	DATE COMPLETED B.	SIGNATURE OF CERTIFYING OFFICIAL C.	INITIAL OF TRAINEE D.	EVALUATION OF TRAINING			
				SCORE OR HOURS E.	TYPE F.	FRE-QUENCY G.	DUE DATE H.
QTP 1/Module 1 Perform Handwashing						Q20M	
QTP 1/Module 1 - Apply Principles of and Rules of Surgical Asepsis						Q20M	
QTP 2/Module 1- Clean and Decon items for sterilization						Q20M	
QTP 2/Module 1- Assemble cleaned items for sterilization						Q20M	
QTP 2/Module 1- Package patient care items for sterilization						Q20M	
QTP 2/Module 2 Unload a steam sterilizer						Q20M	
QTP 2/Module 2 Load a steam sterilizer						Q20M	
QTP 3/Module 1 Dry Shave Using Surgical Clippers						Q20M	
QTP 3/Module 1 Wet Shave Using Safety Razor						Q20M	
QTP 3/Module 2 - Skin Prep Abdominal/Broad Anatomic Areas						Q20M	
QTP 3/Module 2 Skin Prep - Extremities						Q20M	
QTP 3/Module 2 Skin Prep - Perineal Areas						Q20M	
QTP 3/Module 2 Skin Prep - Contaminated Wounds						Q20M	
QTP 4/Module 1 - Perform a Surgical Hand/Arm Scrub						Q20M	
QTP 4/Module 1 - Dry Hands Using Aseptic Technique						Q20M	
QTP 4/Module 1 Gown and Glove Self						Q20M	
QTP 4/Module 1 - Gown and Glove Team Members (Scrub)						Q20M	
QTP 4/Module 1 - Assist Sterile Team w/ Don/Doff Surgical Gowns						Q20M	
QTP 4/Module 2 - Open Supplies to Establish/Maintain Sterile Field						Q20M	
QTP 4/Module 2 - Drape Furniture to Establish/Maintain Sterile Field						Q20M	
QTP 4/Module 3 Perform Counts with OR Nurse RN						Q20M	
QTP 4/Module 4 - Care for Specimen on Surgical Field						Q20M	
QTP 4/Module 4 - Prepare Specimen to forward to Laboratory						Q20M	
NAME OF TRAINEE (Last, First, Middle Initial)		GRADE	UNIT AND OFFICE SYMBOL				

AF FORM 1098, 19850401 (IMT-V1)

PREVIOUS EDITION WILL BE USED.

