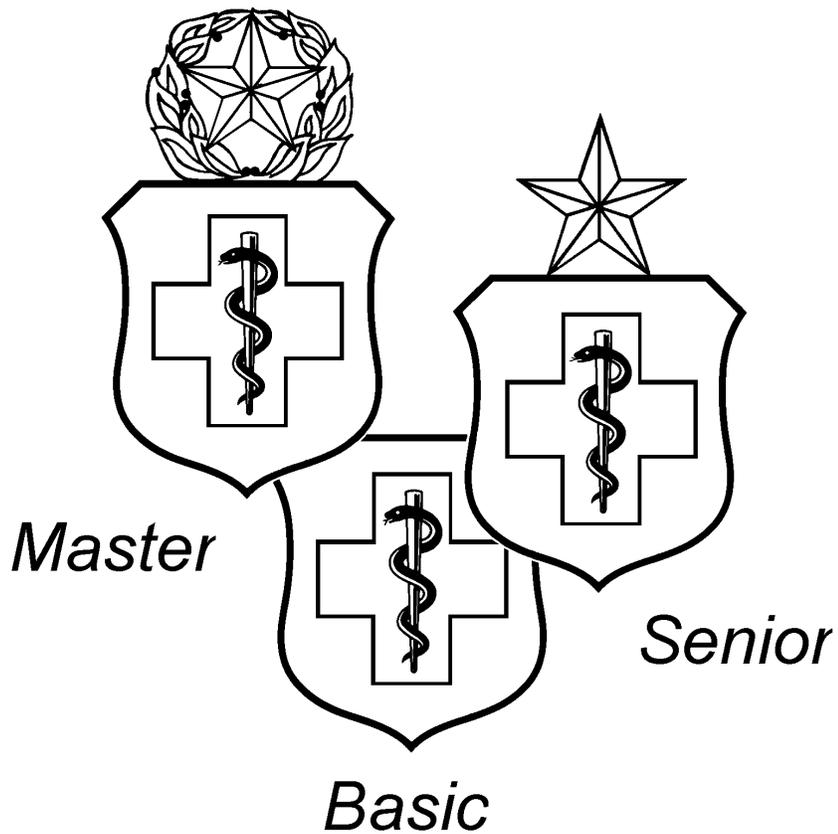


AFSC 4N1X1

SURGICAL SERVICE SPECIALTY



**CAREER FIELD
EDUCATION AND TRAINING PLAN**

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

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**SURGICAL SERVICE SPECIALTY
(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 life-cycle education/training requirements, training support resources, and minimum core task 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 occupying associated positions will use Part II to support duty position qualification training.

2. The CFETP consists of two parts; both parts of the plan are used by supervisors to plan, manage, and control training within the career field.

2.1. Part I provides information necessary for overall management of the specialty. Section A explains how everyone will use the plan. Section B identifies career field progression information, duties and responsibilities, training strategies, and career field path. Section C associates each level with specialty qualifications (knowledge, education, training, and other). Section D indicates resource constraints i.e., 3/5/7/9 level formal/OJT training; some examples are funds, manpower, equipment, facilities. Section E is not used; it is reserved to identify transition training guide requirements for SSgt through MSgt.

2.2. Part II includes the following: Section A identifies the Specialty Training Standard (STS) and includes duties, tasks, technical references to support training, Air Education and Training Command (AETC) conducted training, wartime course, core task, and correspondence course requirements. Section B contains the course objective list and training standards supervisors will use to determine if airmen satisfied training requirements. Section C identifies available support materials; an example is a Qualification Training Package (QTP), which may be developed to support proficiency training; these packages are identified in AFIND8, *Numerical Index of Specialized Educational Training Publications*. Section D is a training course index supervisors can use to determine resources available to support training; included here are both mandatory and optional courses. Section E identifies MAJCOM unique training requirements supervisors can use to determine additional training required for the associated qualification needs. Section F provides guidance on documentation of training (medical specific).

NOTE: AFMAN 36-2108 Airman Classification, contains the job descriptions.

3. 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.

Allocation Curves. The relation of hours of training in different training settings to the degree of proficiency which can be achieved on specified performance requirements.

Career Field Education and Training Plan (CFETP). A CFETP is a comprehensive, multipurpose document encapsulating the entire spectrum of education and training for a career field. It outlines a logical growth plan that includes training resources and is designed to make career field training identifiable, to eliminate duplication, and to ensure this training is budget defensible.

Career Training Guide (CTG). A document that uses Task Modules (TMs) in lieu of tasks to define performance and training requirements for a career field.

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

Core Task. A task Air Force career field managers (AFCMs) identify as a minimum qualification requirement within an Air Force specialty regardless of duty position. Members in upgrade training must be certified in all core tasks prior to award of the next skill level.

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 3/5/7 skill level in this career field. Supervisors use the COL to assist in conducting graduate evaluations in accordance with AFI 36-2201, Developing, Managing and Conducting Military Training Programs.

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.

Field Technical Training (Type 4). Special or regular on-site training conducted by a field training detachment (FTD) or by a mobile training team.

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 USAF 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.

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. It is designed to provide the performance skills required to do the job.

Qualification Training Package (QTP). An instructional package designed for use at the unit to qualify, or aid qualification, in a duty position or program, or on a piece of equipment. It may be printed, computer-based, or in other audiovisual media.

Representative Sites. Typical organizational units having similar missions, weapon systems or equipment, or a set of jobs, used as a basis for estimating average training capacities and costs within the Training Impact Decision System (TIDES).

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 that Surgical Service Specialty personnel apply in the performance of duty at the 3/5/7 skill levels.

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

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 skills and knowledge that airman in a particular Air Force specialty needs on the job. It further serves as a contract between the Air Education and Training Command and the user to show the overall training requirements for an Air Force specialty code that the formal schools teach.

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.

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 elements) of the United States Air Force.

Training Capacity. The capability of a training setting to provide training on specified requirements, based on the availability of resources.

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.

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. 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 12 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), task qualification requirements, and read ahead module (7-level) completion 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 Air Force Career Field Manager, after coordination with the MAJCOM Functional Managers.

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 Medical Service (proposed Operational Health) 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/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.

NOTE: The following SEIs have been proposed for elimination.

1.3.2.11. Cardiothoracic Surgical Technician (SEI 491) functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., assists with tasks relating to open heart procedures.

1.3.2.12. Vascular Surgical Technician (SEI 495) functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., assists with tasks relating to vascular procedures.

1.3.2.13. Ophthalmology Technician (SEI 497) functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., assists with tasks relating to ophthalmology procedures.

1.3.2.14. Neurosurgery Technician (SEI 498) functions. In addition to performing duties and responsibilities listed in 1.3.2 - 1.3.2.7., assists with tasks relating to neurosurgical procedures.

2. Skill/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.

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.

NOTE: The following SEIs have been proposed for elimination.

2.3.5. Special Experience Identifiers (SEIs). To identify specifically trained resources for contingency purposes, 4N151/71/91 personnel may be awarded special experience identifiers in the cardiothoracic (SEI 491), vascular (SEI 495), ophthalmology (SEI 497), and neurosurgery (SEI 498) surgical specialties. (see para. 3.6. for requirements)

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.

Effective Oct 01, the 7-level resident course will be phased out. Completion of the Read Ahead Module will continue to be a requirement for individuals in 7-level upgrade training. The Read Ahead Module will be available on the 383 TRS Web Page for individuals to download. **(Supervisors will be responsible for certifying tasks taught in the Read Ahead Module and appropriately documenting them on the STS and 623a. There is no End of Course examination.)**

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 requirement 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. Individuals promoted to SMSgt will complete the Senior Noncommissioned Officer Academy. Additional higher education and completion of courses outside of the career AFSC are also recommended.

2.6. Air Force Career Field Manager (a.k.a. Medical Enlisted 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 AFD 36-22, *Military Training*; AFI 36-2201, *Developing, Managing and Conducting Training*; AFMAN 36-2245, *Managing Career Field Education and Training*; AFI 36-201, *Classifying Military Personnel (Officers and Airmen)*; AFMAN 36-2108, *Airman 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 chairpersons 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 inquiries.

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 workcenter 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 Career Field Manager 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.

2.7. 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 Air Force Career Field Manager (AFCFM)/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 Training Consultant

2.8.1. The AFCFM appoints specialty training 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 MAJCOM 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) with the command. 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 within the command and forward them to the AFCCFM.

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

3. Training Decisions.

3.1. The CFETP.

3.1.1. 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. The following narrative and the AFSC 4N1X1 Career Field Development Flow Charts identify the career skill progression.

3.2. Initial Skills.

3.2.1. Initial/Entry level training will usually be developed and taught by AETC. Training in this specialty consists of the tasks and knowledge training provided in the 3-skill level resident course located at Sheppard AFB, TX. Upon graduation from the resident course, students will attend the 4N1X1 3-skill level Phase II course located at one of the designated Phase II training sites.

3.2.2. 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.

3.3. Five-Level Upgrade Requirements.

3.3.1. Upgrade training to the 5-skill-level in this specialty consists of: (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.

3.3.2. 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).

3.3.3. 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).

3.3.4. 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).

3.4. Seven-Level Upgrade Requirements.

3.4.1. Upgrade training to the 7-skill level in 4N1X1, or 4N1X1B/C/D, consists of: (1) 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-skill level read ahead module, (*if member is lateral training to a shred and previously attended resident course, they are not required to reaccomplish the read ahead module*), (5) 12-months time in upgrade training and (6) the minimum rank of SSgt.

3.5. Nine-Level Upgrade Requirements.

3.5.1. Upgrade training to the 9-skill level in 4N1X1, consists of: (1) promotion to the rank of SMSgt and (2) certification in all STS tasks for the assigned duty position (3) completion of the SrNCO Academy (either in-residence or corespondence).

3.6. Proficiency Training

3.6.1. Any additional knowledge and skill requirements not taught through initial skills or upgrade training are assigned to continuation training. The purpose of the continuation training program is to provide additional training exceeding minimum upgrade training requirements with emphasis on present and future duty positions. MAJCOMs must develop a continuation training program that ensures individuals in the Surgical Service career field receive the necessary training at appropriate points in their careers. The training program will identify both mandatory and optional training requirements.

NOTE: The following SEIs have been proposed for elimination

3.6.2. SEI 491, Cardiothoracic Surgical Technician. Award requires: 9-months experience in a Medical Treatment Facility where open heart procedures are completed; 1st scrub on a minimum of 25 procedures involving the use a heart-lung bypass machine; recommendation by Chairman, Department of Cardiothoracic Surgery.

3.6.3. SEI 495, Vascular Surgical Technician. Award requires: 6-months experience in a Medical Treatment Facility with a recognized vascular surgery service; 1st scrub on a minimum of 50 major vascular procedures; recommendation by Chief, Vascular Service.

3.6.4. SEI 497, Ophthalmology Technician. Award requires: 9-months experience in a Medical Treatment Facility with Department of Ophthalmology; 1st scrub on a minimum of 50 procedures, 25 of which must have been cataract and 10 must have been plastic or trauma procedures; recommendation by Chairman, Department of Ophthalmology.

3.6.5. SEI 498, Neurosurgery Technician. Award requires: 9-months experience in a Medical Treatment Facility with Department of Neurosurgery; 1st scrub on a minimum of 15 procedures where a cranial flap is turned; 1st scrub on a minimum of 20 spinal cases; recommendation by Chairman, Department of Neurosurgery.

3.7. Sustainment Training

NOTE: Sustainment training is mandatory for all active duty, guardsmen, and reservists. Sustainment training requirements can be found on the Fort Detrick WARMED web site under “Readiness Skills Verification Program” (RSVP). This training needs to be documented on AF Form 1098. When you are accomplishing your sustainment 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.

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, but highly encouraged.

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.

4.2.5.6. For certification, Surgical Service Apprentice course graduates (*after award of the 5-skill level*) should contact the Liaison Council on Certification, Association of Surgical Technologists Inc., 8307 Shaffer Parkway, Littleton CO 80120, (303) 978-9010.

4.2.5.7. For certification in Sterile Processing and Distribution, degree graduates with 6 months' experience in sterile processing and distribution should contact the National Institute for Certification of Healthcare Sterile Processing and Distribution Personnel, P.O. Box 558, Annadale NJ, 08801, 1-800-555-9765.

4.3. Other CCAF Programs.

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

4.3.1. Trade Skill Certification. When a CCAF student separates or retires, a trade skill certification is awarded for the primary occupational specialty. The College uses a competency-based assessment process for trade skill certification at one of four proficiency levels; Apprentice, Journeyman, Craftsman/Supervisor, or Master Craftsman/Manager. All are transcribed on the CCAF transcript.

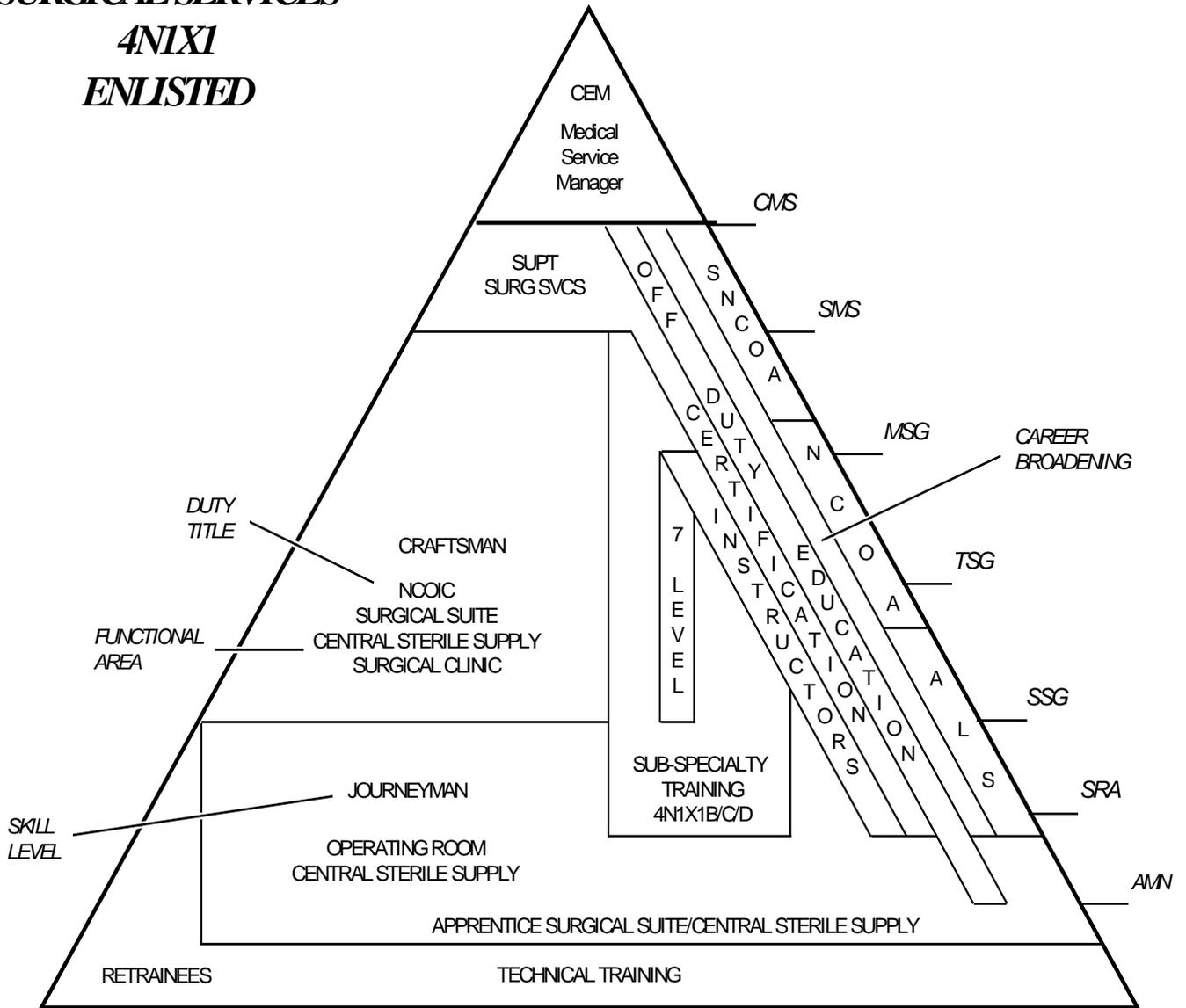
4.3.2. Occupational Instructor Certificate. Upon completion of instructor qualification training, consisting of an instructor methods course and supervised practice teaching, CCAF instructors who possess an associates degree or higher may be nominated by their school commander/commandant for certification as an Occupational Instructor.

4.3.3. Instructor of Technology and Military Science. CCAF provides the opportunity to obtain an Associates 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.

4.3.4. 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. A degreed faculty is necessary to maintain accreditation through the Southern Association of Colleges and Schools.

5. Career Field Path

SURGICAL SERVICES
4N1X1
ENLISTED

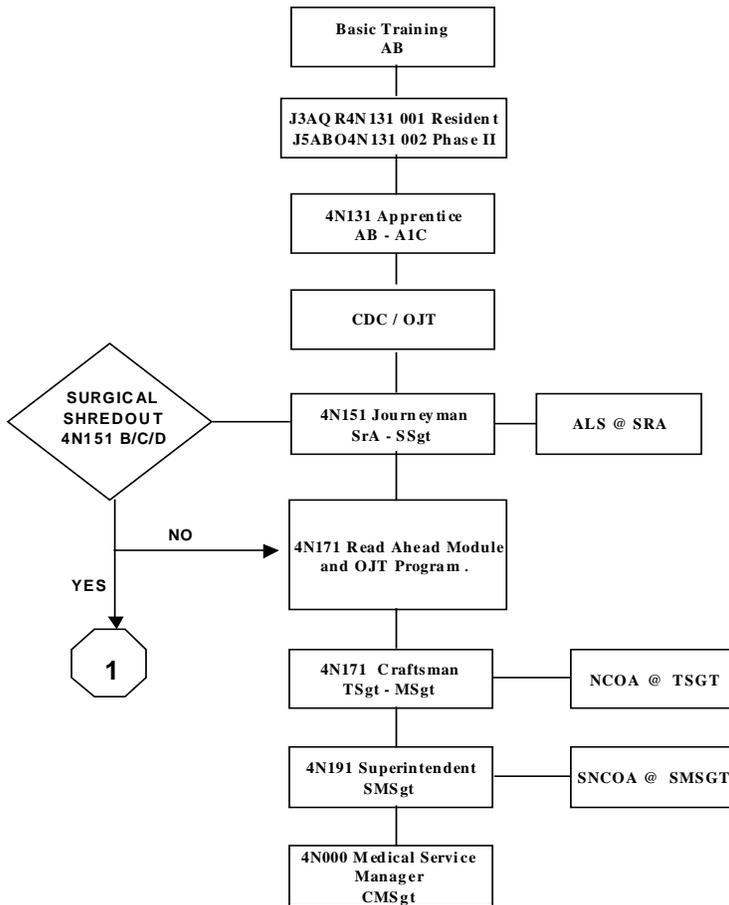


5.1. Enlisted Career Path.

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		
Upgrade To Journeyman 4N151/X(5-Skill Level) - Minimum 15 months on-the-job training. - Complete appropriate CDCs. 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).		A1C	16 months		
		SrA	3 years	28 months	10 Years
		Trainer			
		- Recommended by Supervisor. - Qualified and certified to perform the task to be trained. - Must have attended a formal trainers course.			
Upgrade To Craftsman 4N171/X (7-Skill Level) - Minimum rank of SSgt. - 12 months OJT. - Complete Read Ahead Module 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 (either in-residence or corespondence)	Senior  Awarded after award of the 7-skill level	SSgt	7.5 years	3 years	20 Years
USAF Senior NCO Academy (SNCOA) - Must be a MSgt, SMSgt Selectee, SMSgt, or CMSgt Selectee. - Resident graduation is a prerequisite for CMSgt sew-on (Active Duty Only).			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.			
Upgrade To Superintendent 4N191/X (9-Skill Level) - Minimum rank of SMSgt. - Completion of the SrNCO Academy (either in-residence or corespondence).	Master  Awarded to MSgt or above, minimum 5 years as 7-skill level in the specialty	TSgt	12.5 years	5 years	22 Years
		MSgt	16 years	8 years	24 Years
		SMSgt	19.2 years	11 years	26 Years
CEM 4N000		CMSgt	21.5 years	14 years	30 Years

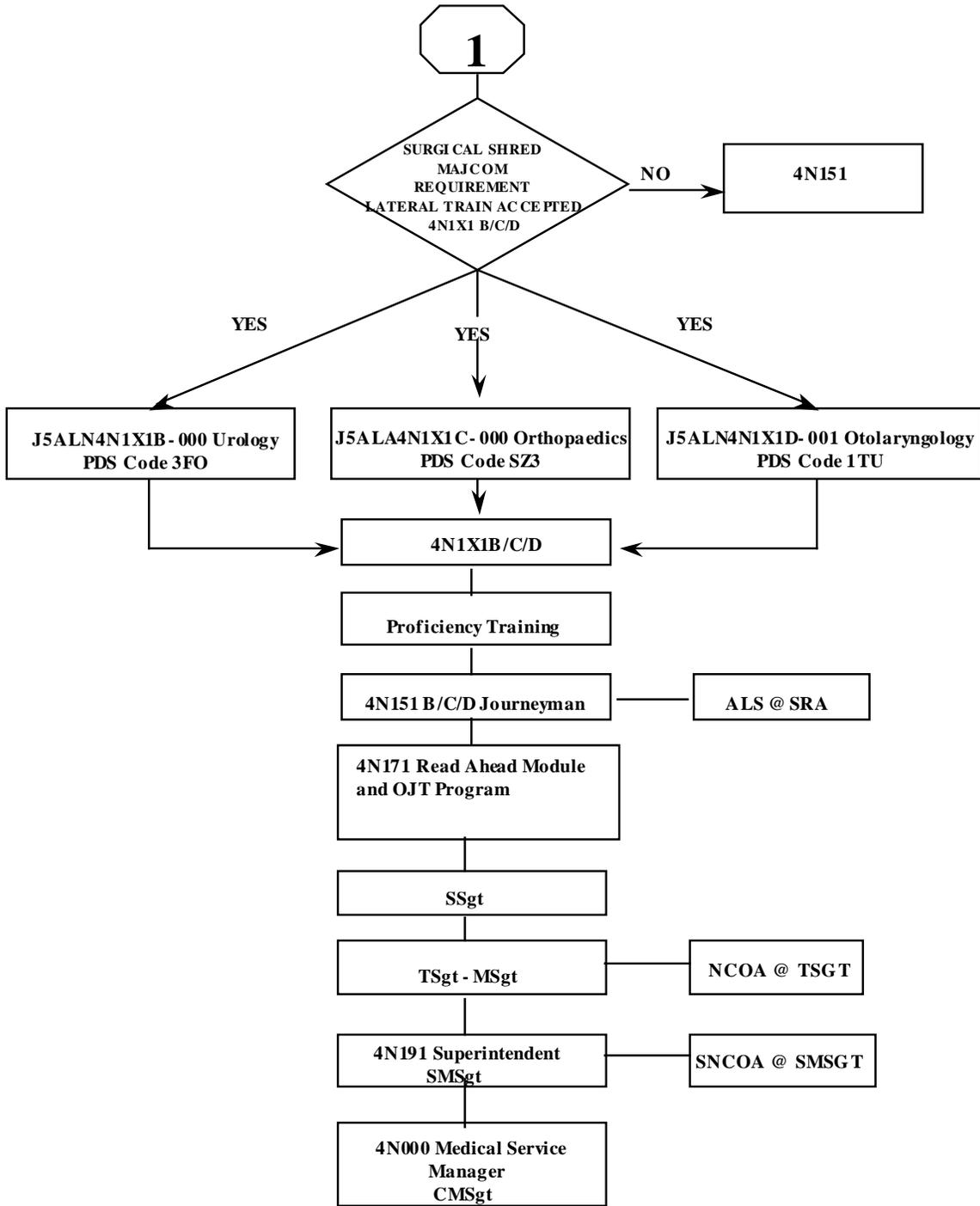
5.2. Surgical Service Specialty (4N1X1) Career Path

4N1X1 Career Path Surgical Service Specialty



NOTE: Master Sergeants may be selected to attend SNCOA.

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



NOTE: 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. They are obtained through normal publication channels in accordance with AFIND 8. Procedures for requesting QTP development are also contained in AFIND 8. 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.

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.

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.

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) CDCs 4N151A and 4N151B, (2) all STS core tasks, (3) any QTPs for the assigned duty positions, (4) at least 15 months OJT.

2.2.5. **Experience.** Possess AFSC 4N131 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 in AFIND 8. Procedures for requesting development of QTPs to support training are also contained in AFIND 8. 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: (1) all STS core tasks, (2) applicable QTPs, (3) 12 months OJT (4) minimum rank of SSgt and (5) completion of the 7-skill level read ahead module. *(if member is lateral training to a shred and previously attended resident course, they are not required to reaccomplish the read ahead module).*

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 in AFIND 8. Procedures for requesting development of QTPs to support training are also contained in AFIND 8. 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 read ahead module 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.

2.4.4. **Training.** Completion of the requirements for AFSCs 4N171, 4N171B, 4N171C, or 4N171D and any position specific requirements.

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.** 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 in AFIND 8. Procedures for requesting development of QTPs to support training are also contained in AFIND 8. 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, to include QTPs, is at Part II, Sections B and C, respectively, of this CFETP.

2.4.8. **Implementation.** Upgrade training is initiated when an individual possesses the 7-skill level and is a SMSgt or SMSgt select. Additional qualification training is initiated anytime trainees are assigned duties they are not qualified to perform. QTPs will be used to obtain the necessary qualification training when required by duty position.

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.** Air Reserve Component (ARC) Specialty Training; Some components of the (ARC) may have difficulty in meeting the Core Task requirements for upgrade training to the 5-skill level.

2.2.2. **Impact.** Unknown at this time.

2.2.3. **Resources Required.** Unknown at this time.

2.2.4. **Action Required.** Implementation of Top Star Sustainment Training Program will afford continued skills competency training.

2.2.5. **OPR/Target Completion Date.** The Top Star program is online as of 1 Jan 01. ARC units need to contact the Top Star POC at Wright Patterson Air Force Base to schedule individual training. Contact the AFCFM for further details.

2.3. Lateral Training.

2.3.1. **Constraint.** ARC members identified as 4N1X1/B/C may not be able to return for surgical specialty lateral training at the 5-skill level.

2.3.2. **Impact.** Meeting the Core Task requirements for upgrade training.

2.3.3. **Resources Required.** Must enter specialty training immediately following completion of clinical phase 3-skill level training in order to prevent interruption in pipeline training funding.

2.3.4. **Action Required.** Recommend converting ARC 4N1X1B/C authorizations to 4N1X1 slots.

2.3.5. **OPR/Target Completion Date.** AFCFM/ 6 Months after approval or implementation of CFETP.

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 21 Aug 2001, and for all subsequent classes.

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

2.1. Lists in the column 1 (Task, Knowledge, and Technical Reference) the most common tasks, knowledge, and technical references (TR) necessary for airman to perform duties in the 3-, 5-, and 7-skill level. Number task statements sequentially i.e., 1.1, 1.2, 2.1. Column 2 (Core Tasks) identifies, by a "C", specialty-wide training requirements.

2.2. Provides certification for OJT. Column 3 is used to record completion of tasks and knowledge training requirements. Use automated training management systems to document technician qualifications, if available. Task certification must show a certification/completed date. (*As a minimum, use the following column designators: Tng Comp, Certifier Initials*).

2.3. Shows formal training and correspondence course requirements. Column 4 shows the proficiency to be demonstrated on the job by the graduate as a result of training on the task/knowledge and the career knowledge provided by the correspondence course. See CADRE/AFSC/CDC listing maintained by the unit training manager for current CDC listings.

2.4. 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.

2.5. 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. When used as a JQS, the following requirements apply:

2.5.1. **Documentation.** Document and certify completion of training. Identify duty position requirements by circling the subparagraph number next to the task statement in column 1 of the STS. As a minimum, complete the following columns of the STS portion of the CFETP: Training Completed (column 3B), Trainee Initials (column 3C), Trainer Initials (column 3D), Certifier Initials (column 3E, if applicable). 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.

2.5.1.1. **Converting from Old Document to CFETP.** Use the new CFETP to identify and certify all past and current qualifications. For those tasks previously certified and required in the current duty position, evaluate current qualifications and, when verified, recertify using current date as completion date and enter certifier's initials. For previous certification on tasks not required in the current duty position, carry forward *only* the previous completion date. If these tasks become a duty position requirement, recertify with current date and certifier's initials.

2.5.1.2. **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 AFI 26-2108. 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.

2.5.1.3. **Decertification and Recertification.** When an airman is found to be unqualified on a task previously certified for his or her position, the supervisor lines through the previous certification or deletes previous certification when using automated system. Appropriate remarks

are entered on the AF Form 623A, *On-The-Job Training Record Continuation Sheet*, as to the reason for decertification. The individual is recertified (if required) either by erasing the old entries and writing in the new or by using correction fluid (if the entries were made in ink) over the previously certified entry.

2.5.2. Training Standard. Tasks are trained and qualified to the go/no go level. Go means the individual can perform the task without assistance and meet local demands for accuracy, timeliness, and correct use of procedures.

2.6. 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* (formerly AFR 35-16, volume 1). WAPS is not applicable to the Air National Guard.

3. Recommendations. Report inadequacies of and suggest corrections to this STS through channels to HQ AETC/SGAT. Reference specific paragraphs. A Customer Service Information Line has been installed for the supervisor's convenience to identify graduates who may have received over or under training in task/knowledge items listed in this training standard. For a quick response to problems call DSN 736-2385, anytime, day or night. This CFETP supersedes CFETP 4N1X1, April 1995. Report unsatisfactory performance of individual course graduates to

ATTENTION: TRAINING MANAGERS
383 TRS/TRR
939 MISSILE ROAD STE 3
SHEPPARD AFB TX. 76311-2262

BY ORDER OF THE SECRETARY OF THE AIR FORCE

OFFICIAL

PAUL K. CARLTON, JR.
Lieutenant General, USAF, MC
Surgeon General

Attachments

- | | |
|---|---|
| (1) Identification and Qualitative Requirements | (8) Managed Care (SG Goal 2) STS |
| (2) 4N1X1 personnel STS | (9) Prevention (SG Goal 3) STS |
| (3) Clinic personnel STS | (10) ESOH (SG Goal 4) STS |
| (4) Urology (4N1X1B) STS | (11) Customer Satisfaction (SG Goal 5) STS |
| (5) Orthopaedics (4N151C) STS | (12) STS Training References (TR) Source
Summary: Commercial Publications |
| (6) Otolaryngology (4N151D) STS | (13) STS Training References (TR) Source
Summary: Service and Government
Agency Publications. |
| (7) Medical Readiness (SG Goal 1) STS | |

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 KEY		
	SCALE VALUE	DEFINITION: The Individual
TASK PERFORMANCE LEVELS	1	Can do simple parts of the task. Needs to be told or shown how to do most of the task. (EXTREMELY LIMITED)
	2	Can do most parts of the task. Needs 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		
<ul style="list-style-type: none"> * 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. <ul style="list-style-type: none"> - 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

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 certified prior to any upgrade in skill level.

Column 3: Used to document task proficiency/qualification to the GO/NO-GO level.

Column 4: Identifies the training proficiency levels taught in formal training courses such as resident training, CDCs, and Read-Ahead-Modules (RAMs). 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.

Effective Oct 01, the 7-level resident course will be phased out. The Read Ahead Module will continue to be a requirement for individuals in 7-level upgrade training. The Read Ahead Module will be available on the 383 TRS Web Page for individuals to download. **(Supervisors will be responsible for certifying tasks taught in the Read Ahead Module and appropriately documenting them on the STS and 623a. There is no End of Course examination.)**

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.

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 Course	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: G31</i>										

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 Course	D QTP Volume Number
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: G4, G39</i>							A	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 Institute for Certification of Healthcare Sterile Processing and Distribution Personnel (NICHSPDP) certification programs							A	B	-	
1.4.2.3. Subspecialty certification programs							-	B	-	
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, G40, 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										

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 Course	D QTP Volume Number
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							A	B	-	
2.5.4. Medical-legal policies in the Air Force										
2.5.4.1. Federal Tort Claims Act (intentional torts)							A	B	-	
2.5.4.2. Feres Doctrine							A	B	-	
2.5.4.3. Living Wills							-	B	-	
2.5.4.4. Durable power of attorneys							-	B	-	
2.5.5. Legal responsibilities							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. Practice customer care basics:										
2.7.1.1. Listening techniques							1a	-	-	

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 Course	D QTP Volume Number
2.7.1.2. Face-to-face contact (non-verbal communication)							1a	–	–	
2.7.1.3. 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, G32, G33, 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	C						A	B	–	
3.1.1.2. AFOSH standards for surgery and related areas	C						A	B	–	
3.1.2. Responsibilities of key personnel							–	B	–	
3.1.3. Report accidents/ incidents							A	B	–	
3.1.4. Report and abate hazards							A	B	–	
3.1.5. Operational Risk Management Program (ORM)							A	B	–	
3.2. Exercise safety precautions during job performance										
3.2.1. Age-specific considerations							–	B	–	
3.2.2. Basic safety principles							A	B	–	
3.2.3. Body mechanics/lifting							A	B	–	
3.2.4. Practice fire safety in the operating room <i>TR: G27, C18</i>	C/W						A	B	–	
3.2.5. Electrical safety										
3.2.5.1. Safe use of electrical equipment <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. Equipotential grounding systems							–	B	–	
3.2.5.2.2. Isolation power systems							–	B	–	
3.2.5.2.3. Emergency power systems	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 Training Complete	C Trainee Initials	D Trainer Initials	E Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level Course	D QTP Volume Number
3.2.6. Compressed gases <i>TR: G27, 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	–	
3.2.7.2. Ethylene oxide							A	B	–	
3.2.7.3. Methyl methacrylate							A	B	–	
3.2.7.4. Chemical disinfectants	C/W						A	B	–	
3.2.7.5. Formalin	C						A	B	–	
3.2.7.6. Peracetic acid							A	B	–	
3.2.7.7. Hydrogen peroxide							A	B	–	
3.2.7.8. Gluteraldehyde							A	B	–	
3.2.8. Sterilizers <i>TR: C7, C22, C25, C31; C32</i>										
3.2.8.1. Steam	C/W						A	B	–	
3.2.8.2. Ethylene oxide							–	B	–	
3.2.8.3. Chemical										
3.2.8.3.1. Peracetic acid							A	B	–	
3.2.8.3.2. Hydrogen peroxide plasma							A	B	–	
3.2.8.3.3. Other chemical sterilizers							A	B	–	
3.2.9. Safely 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	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 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 Course	D QTP Volume Number
3.2.10. Laser safety							–	B	–	
3.2.11. Radiation safety										
3.2.11.1. Radiographic (X-ray) equipment							A	B	–	
3.2.11.2. 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, G36, G37, G38, 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	B	–	
5.3. Surgical wound infections										
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	–	
5.4.1.2. Surveillance							–	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 Course	D QTP Volume Number
5.4.1.3. Tracking trends							–	B	–	
5.4.1.4. Reporting							–	B	–	
5.4.2. Wear surgical attire	C/W						3b	B	–	
5.4.3. Practice personal hygiene	C/W						A	B		
5.4.4. Perform handwashing	C/W						3b	B	–	
5.4.5. Apply principles of surgical asepsis	C/W						3b	C	–	1
5.4.6. Surgical wound classification							–	B	–	
5.4.7. Follow procedures for preventing spread of infectious pathogens (standard precautions)	C						A	B	–	
5.5. Handle contaminated materials	C/W						2b	B	–	
5.6. Housekeeping Procedures <i>TR: G38, C5, C7, C25, C28</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, 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										
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										

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	B	C	D	E	A	B	C	D
		Training Start	Training Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level Course	QTP Volume Number
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. Select items for sterilization	C/W						2b	c	–	2
6.3.4. Arrange items for packaging	C/W						2b	c	–	2
6.4. Maintain linen supply	W						2b	B	–	
6.5. Package items for sterilization	W									
6.5.1. Purpose, types 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							A	B	–	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. Dry heat							A	B	–	
6.6.1.3. Ethylene oxide							A	B	–	
6.6.1.4. Radiation							A	B	–	
6.6.1.5. Chemical										
6.6.1.5.1. Peracetic acid	W						A	B	–	
6.6.1.5.2. Hydrogen peroxide plasma	W						A	B	–	
6.6.1.5.3. Other chemical sterilants	W						–	B	–	
6.6.2. Load sterilizer										
6.6.2.1. Steam	C/W						2b	c	–	2
6.6.2.2. Ethylene oxide							–	B	–	
6.6.2.3. Chemical										

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	B	C	D	E	A	B	C	D
		Training Start	Training Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level Course	QTP Volume Number
6.6.2.3.1. Peracetic acid							2b	B	–	
6.6.2.3.2. Hydrogen peroxide plasma							A	B	–	
6.6.2.3.3. Other chemical sterilizers							–	–	–	
6.6.3. Operate sterilizers										
6.6.3.1. Steam	C/W						2b	c	–	
6.6.3.2. Ethylene oxide							–	B	–	
6.6.3.3. Chemical										
6.6.3.3.1. Peracetic acid							2b	B	–	
6.6.3.3.2. Hydrogen peroxide plasma							A	B	–	
6.6.3.3.3. Other chemical sterilizers							–	–	–	
6.6.4. Unload sterilizers										
6.6.4.1. Steam	C/W						2b	c	–	2
6.6.4.2. Ethylene Oxide							–	B	–	
6.6.4.3. Chemical										
6.6.4.3.1. Peracetic acid							2b	B	–	
6.6.4.3.2. Hydrogen peroxide plasma							A	B	–	
6.6.4.3.3. Other chemical sterilants							–	–	–	
6.6.5. Perform routine monitoring of sterilizers										
6.6.5.1. Monitor mechanical and automatic controls during sterilization cycles							1a	B	–	
6.6.5.2. Use biological indicators										
6.6.5.2.1. Steam sterilization							1a	B	–	
6.6.5.2.2. Chemical sterilization							–	B	–	
6.6.5.3. Use chemical indicators										
6.6.5.3.1. Steam sterilization							2b	B	–	
6.6.5.3.2. Chemical sterilization							2b	B	–	
6.6.6. Levels of disinfection										

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 Course	D QTP Volume Number
6.6.6.1. High-level							–	B	–	
6.6.6.2. Intermediate-level							–	B	–	
6.6.6.3. Low-level							–	B	–	
6.6.7. Select suitable agent for disinfecting:										
6.6.7.1. Surgical instruments, supplies, and equipment										
6.6.7.1.1. Critical							–	B	–	
6.6.7.1.2. Semi-critical							–	B	–	
6.6.7.1.3. Non-critical							–	B	–	
6.6.7.2. Environmental surfaces	W						1a	B	–	
7. Patient Preparation and Nursing Care <i>TR: G6, G14, G18, G19, G23, C5, C7, C25</i>										
7.1. Purpose of procedures on preoperative checklist							A	B	–	
7.2. Remove body hair from incision site in accordance with surgeon's orders							1a	c	–	3
7.3. Check the patient's chart										
7.3.1. Consent forms	C						2b	B	–	
7.3.2. History and physical							1a	B	–	
7.3.3. Premedication							1a	B	–	
7.3.4. Identification/stamp imprint card							1a	B	–	
7.3.5. 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	–	
7.5.4. Crib							a	b	–	
7.5.5. Wheelchair							1a	b	–	
7.6. Admission to the surgical suite							A	B	–	
7.7. Monitoring the surgical patient										

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 Course	D QTP Volume Number
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/W						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. Identify/handle drugs/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	–	
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							–	B	–	
8.1.2.10. Narcotics							–	B	–	
8.1.2.11. Anticholinergics							–	B	–	
8.1.2.12. Other drugs							–	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	A 3-Skill Level Course	B 5-Skill Level CDCs	C 7-Skill Level Course	D QTP Volume Number
8.1.3. Identify/handle solutions commonly used in surgery										7
8.1.3.1. Intravenous solutions										
8.1.3.1.1. Electrolyte solutions	C/W						1a	b	-	6
8.1.3.1.2. Blood volume expanders	C/W						1a	b	-	
8.1.3.2. Irrigation solutions										
8.1.3.2.1. Saline	C/W						2b	B	-	
8.1.3.2.2. Sterile water							-	B	-	
8.1.3.2.3. Ringer's solution							-	B	-	
8.1.3.2.4. Glycine solution							-	B	-	
8.1.4. Assist with intravenous fluid administration										
8.1.4.1. Prepare set-up for intravenous fluid administration							-	B	-	6
8.1.4.2. Initiate peripheral IV infusion							-	B	-	6
8.1.4.3. Regulate, and monitor intravenous fluid administration							-	B	-	6
8.1.4.4. Maintain/monitor infusion pumps/controllers/pressure bags							-	B	-	6
8.1.4.5. Change intravenous fluid bags/bottles							-	B	-	6
8.1.4.6. Discontinue intravenous infusion							-	B	-	6
8.2. Blood and blood components										
8.2.1. Identify and handle blood and blood products	C/W						1a	B	-	
8.2.2. Assist with blood administration	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, C26</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	-	

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 Course	D QTP Volume Number
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							1a	B	–	6
10. Identify/assist with management of patient complications <i>TR: C2, C7, C12, C13, C16, C25, C26</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							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	–	–	
11. Preparing the Surgical Environment <i>TR: C2, C5, C7, C9, C25, C28, C30</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/safely 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

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	B	C	D	E	A	B	C	D
		Training Start	Training Complete	Trainee Initials	Trainer Initials	Certifier Initials	3-Skill Level Course	5-Skill Level CDCs	7-Skill Level Course	QTP Volume Number
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							1a	B	–	
11.4.7. Solution warming cabinets							1a	B	–	
11.4.8. Fiberoptic light sources							1b	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. Endoscopic equipment										
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						1b	B	–	
11.4.14.2. Electrical							–	B	–	
11.4.14.3. Orthopaedic fracture							–	B	–	
11.4.15. Doppler unit							–	B	–	
11.4.16. Sequential Compression Device							–	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							a	B	–	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

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 Course	D QTP Volume Number
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	W						2b	–	–	
11.7.3. Drape Mayo stands	C/W						2b	–	–	4
11.7.4. Set up Mayo stands	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
11.8.3. Instruments	C/W						3b	c	–	4
11.8.4. Related supplies	C						3b	c	–	4
12. Scrub Duties <i>TR: C2, C7, C25, C30</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	–	

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 Course	D QTP Volume Number
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. Facilitate operative exposure										
12.4.3.1. Manual							-	B	-	
12.4.3.2. Mechanical							-	B	-	
12.4.3.3. Suction							-	B	-	
12.4.3.4. Illumination							-	B	-	
12.4.4. Hemostasis										
12.4.4.1. Clamping							A	B	-	
12.4.4.2. Ligation							A	B	-	
12.4.4.3. Ligaclips							A	B	-	
12.4.4.4. Electrosurgical							A	B	-	
12.4.4.5. Tamponade							-	B	-	
12.4.4.6. Topical/pharmacological							A	B	-	
12.4.5 Suturing										
12.4.5.1. Materials/needles							A	B	-	
12.4.5.2. Stapling Devices							A	B	-	
12.4.5.3. Suturing Techniques							A	B	-	
12.4.5.4. Knot tying							-	B	-	
12.4.5.5. Suture cutting							-	B	-	
12.4.6. Drains										
12.4.6.1. Types							-	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 Course	D QTP Volume Number
12.4.6.2. Purpose							–	B	–	
12.4.6.3. Function							–	B	–	
12.4.6.4. Placement							–	B	–	
12.5. Care for surgical specimens on the sterile field	C						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						3b	c	–	4
12.7. Assist surgeon with wound closure										
12.7.1. Prepare suture materials and needles	C/W						2b	B	–	
12.7.2. Pass wound closure materials to surgeon	C/W						2b	B	–	
12.7.3. Assist with tissue approximation as directed by surgeon							–	A	–	
12.7.4. Wound closure techniques	W						A	B	–	
12.7.5. Wound healing process							A	B	–	
12.8. Assist surgeon with application of wound dressing	W						2b	B	–	
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. Assist with positioning patient										
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							1a	b	–	
13.3.5. Anesthesia procedure positioning							–	b	–	
13.4. Perform cleansing skin preps										

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 Course	D QTP Volume Number
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	W						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. Assist with preparation of ancillary request forms							1a	B	–	
13.9. Assist with preparation of reports										
13.9.1. Operation reports							1a	b	–	
13.9.2. Other records							A	B	–	
13.10. Assist OR nurse (RN) in performing counts										
13.10.1. Surgical sponges	W						2b	c	–	4
13.10.2. Needles and blades	W						2b	c	–	4
13.10.3. Instruments	W						2b	c	–	4
13.10.4. Related supplies	W						2b	c	–	4
13.11. Provide dressing materials to the sterile team as required	W						2a	B	–	
14. Postoperative Activities <i>TR: C2, C5, C7, C9, C25, C26</i>										
14.1. Breakdown case set-up after surgical procedure	W						2b	c	–	
14.2. Inventory & restock materials							2b	B	–	
14.3. Patient post-anesthesia care										
14.3.1. Assist with post-anesthesia (recovery room) care							1a	B	–	
14.3.2. Assist with management of postoperative complications							A	B	–	
15. Storage, Supply, and Logistics <i>TR: G3, G14, G15, G17, G18, G19, G23, G24</i>										

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 Course	D QTP Volume Number
15.1. Storage/handling of equipment and supplies										
15.1.1. Physical requirements										
15.1.1.1. Nonsterile storage							A	B	-	
15.1.1.2. Sterile storage							A	B	-	
15.1.1.2.1. Environmental factors	W						A	B	-	
15.1.1.2.2. Storage methods	W						A	B	-	
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. Determine shelf life	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	-	
15.2.2. Organization							A	B	-	
15.2.3. Functions							A	B	-	
15.2.4. Services provided							A	B	-	
15.2.5. CSS activities and workflow										
15.2.5.1. Receive items	C/W						A	B	-	
15.2.5.2. Process items	C/W						A	B	-	
15.2.5.3. Distribute items	C/W						A	B	-	
15.2.5.4. Store 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	-	
15.3.1.1.2. Backorder Report							-	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 Course	D QTP Volume Number
15.3.1.1.3. Custodial Actions/Custodial Report Listing							-	B	-	
15.3.1.1.4. AF Form 1297 (Temporary Issue)							a	B	-	
15.3.1.2. Supplies/ equipment procedures										
15.3.1.2.1. Establish/ Maintain stock levels	W						b	B	-	
15.3.1.2.2. Perform materiel inventories	W						A	B	-	
15.3.1.2.3. Materiel references							-	B	-	
15.3.1.2.4. Process supply requests	W						A	B	-	
15.3.1.2.5. Process equipment requests							-	B	-	
15.3.1.2.6. Process Blanket Purchase/ Standard Service Agreement							-	B	-	
15.3.1.2.7. Automatic resupply systems							-	B	-	
15.3.1.2.8. Initiate materiel complaints							-	B	-	
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	-	
15.3.1.3.2. Relief from liability and property responsibility							-	B	-	
15.3.1.3.3. Initiate Report of Survey/ Statement of Charges							-	B	-	
15.3.1.4. Fraud, Waste & Abuse Prevention and Detection and Remedies <i>TR: G3</i>							A	B	-	
15.3.2. Equipment Authorizations List (Table of Allowances)							-	A	-	
16. Publications										
16.1. Use indexes to locate official publications <i>TR: G11, G28, G29, G30</i>							-	-	-	
16.2. Locate required information in official and commercial publications <i>TR: G11, G30</i>							-	-	-	
16.3. Initiate requests for official & commercial publications <i>TR: G11</i>							-	-	-	
16.4. Maintain bulletins, manuals, or publication files <i>TR: G11</i>							-	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	A 3-Skill Level Course	B 5-Skill Level CDCs	C 7-Skill Level Course	D QTP Volume Number
17. Surgical Service Management <i>TR: G4, G5, G9, G12, G25, G31, G35, G42, C5, C9.</i>										
17.1. Orient new personnel <i>TR: G5, G31, C9</i>							-	B	-	
17.2. Assign personnel to work area <i>TR: G31</i>							-	B	-	
17.3. Plan work assignments and priorities							-	B	-	
17.4. Schedule work assignments and priorities										
17.4.1. Develop duty schedules							-	B	-	
17.4.2. Develop call schedules							-	B	-	
17.5. Prepare, review, and edit written:										
17.5.1. Correspondence							-	B	-	
17.5.2. Reports							-	B	-	
17.5.3. Records							-	B	-	
17.5.4. Procedures							-	B	-	
17.5.5. Policies/Instructions							-	B	-	
17.6. Establish military/ civilian: <i>TR: G4, G8, G14, G15, G18, G19, G35</i>										
17.6.1. Job/Position descriptions							-	B	-	
17.6.2. Performance standards							-	B	-	
17.7. Evaluate work performance of <i>TR: G8, G31, G35</i>										
17.7.1. Military personnel							A	B	-	
17.7.2. Civilian personnel							-	B	-	
17.8. Identify/apply counseling principles in the surgical/nursing service environment <i>TR: G8, G10</i>							-	B	-	
17.9. Participate in evaluation of medical formal course graduates <i>TR: G5</i>							-	B	-	
17.10. Participate in career field surveys							-	A	-	
17.11. Resource Management <i>TR: G13, G15, G41</i>										
17.11.1. Report Individual Medical workload data							-	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 Course	D QTP Volume Number
17.11.2. Report Department/Unit workload data							-	B	-	
17.11.3. Use manpower documents										
17.11.3.1. Unit Manpower Document (UMD)							-	B	-	
17.11.3.2. Unit Personnel Manpower Roster (UPMR)							-	B	-	
17.11.3.3. Authorization Change Request (ACR)/Authorization Change Notice (ACN)							-	A	-	
17.11.3.4. Initiate urgent manning requests							-	-	-	
17.11.4. Develop Budget							-	B	-	
17.11.5. Perform Cost Analysis							-	B	-	
17.11.6. Assist in development of Self Assessment							-	B	-	
17.12. Participate in process improvement activities							A	B	-	
17.13. Participate in risk management activities							A	B	-	
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							-	-	-	
18.2.2. Conduct training							-	-	-	
18.2.3. Counsel trainees regarding progress							-	-	-	
18.2.4. Monitor effectiveness of training										
18.2.4.1. Career knowledge							-	-	-	
18.2.4.2. Job proficiency upgrade							-	-	-	
18.2.3. Counsel trainees regarding progress							-	-	-	
18.2.4. Monitor effectiveness of training										
18.2.4.1. Career knowledge							-	-	-	
18.2.4.2. Job proficiency upgrade							-	-	-	

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 Course	D QTP Volume Number
18.2.4.3. Certification/ Qualification							-	-	-	
18.3. Maintain training records/Enlisted Training & Competency Folder (6-part folder)							B	B	-	
18.4. Evaluate effectiveness of training programs							-	-	-	
18.5. Recommend personnel for training										
18.5.1. Lateral Retraining							-	-	-	
18.5.2. Formal training							-	-	-	
19. Anatomy and Physiology <i>TR: G6, G14, G18, G21, G23, C3, C25,</i>										
19.1. Identify body planes, surfaces, and cavities	C/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)							-	B	-	
19.3.3. Muscular										
19.3.3.1. Muscle tissue and structure	W						A	B	-	
19.3.3.2. Functions and stimulus							-	B	-	
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	-	

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 Course	D QTP Volume Number
19.3.4.3. Peripheral nervous system							-	B	-	
19.3.4.4. Autonomic nervous system							-	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							-	B	-	
19.3.5.5. Smell							-	B	-	
19.3.6. Endocrine										
19.3.6.1. Hormones	W						A	B	-	
19.3.6.2. Glands	W						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							-	B	-	
19.3.8.2. Immune system							-	B	-	
19.3.9. Respiratory										
19.3.9.1. Structures and functions	W						A	B	-	
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	-	

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 Course	D QTP Volume Number
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. General principles related to 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	-	
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	-	

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 Course	D QTP Volume Number
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	-	
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	-	

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 Course	D QTP Volume Number
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							–	A	–	
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	–	
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	–	

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 Course	D QTP Volume Number
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	-	

Attachment 3: Clinic STS

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 Course	D QTP Volume Number
21. CLINIC ADMINISTRATION <i>TR: G7, G14, G15, G17, G18, G19, G22, G23, C9, C21</i>										
21.1. Patient scheduling										
21.1.1. Automated appointment system							-	A	-	
21.1.2. Manually schedule appointments							-	B	-	
21.1.3. Coordinate scheduling diagnostic and therapeutic test requests							-	a	-	
21.1.4. Coordinate OR case scheduling										
21.1.4.1. "Buck" slips							-	B	-	
21.1.4.2. Preoperative requirements							-	B	-	
21.1.4.3. Documentation							-	B	-	
21.2. Patient education										
21.2.1. Preoperative patient counseling							-	-	-	
21.2.2. Medical condition							-	-	-	
21.3. Patient reception										
21.3.1. Review consults							-	A	-	
21.3.2. Screen/review patient records							-	-	-	
21.3.3. Determine eligibility of care										
21.3.3.1. ID check							-	B	-	
21.3.3.2. DEERS check							-	B	-	
21.3.4. Medical Records Management										
21.2.4.1. Outpatient										
21.2.4.1.1. Chargeout							-	B	-	
21.2.4.1.2. Security							-	B	-	
21.2.4.1.3. Documentation							-	b	-	
21.2.4.2. Inpatient										
21.2.4.2.1. Chargeout							-	B	-	
21.2.4.2.2. Security							-	B	-	
21.2.4.2.3. Documentation							-	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	A 3-Skill Level Course	B 5-Skill Level CDCs	C 7-Skill Level Course	D QTP Volume Number
21.2.5. Initiate and ensure completion of consent forms							–	B	–	
21.2.6. Management and secure storage of controlled items										
21.2.6.1. Medications										
21.2.6.1.1. Narcotic/ non-narcotic							–	B	–	
21.2.6.1.2. Injectables							–	B	–	
21.2.6.1.3. Check expiration							–	B	–	
21.2.6.1.4. Stock rotation							–	B	–	
21.2.6.2. Needles/syringes							–	B	–	

Attachment 4: Urology (4N1X1B) STS

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 Course	D. QTP Volume Number
STS 4N1X1B										
22. UROLOGY SURGICAL SPECIALTY <i>TR: G41, C25</i>										
22.1. Urological anatomy and physiology <i>TR: C24, C29</i>							B	–	–	
22.2. Use Urologic terminology <i>TR: C24, C29</i>							B	–	–	
22.3. Special urological instruments <i>TR: C24, C29</i>							B	–	–	
22.4. Special urological equipment <i>TR C13, C24</i>							B	–	–	
22.5. Perform clinical procedures <i>TR: C24, C29</i>										
22.5.1. Catheterizations <i>TR: C16</i>	C						2b	–	–	B1
22.5.2. Collect urine specimen										
22.5.2.1. Catheterized	C						2b	–	–	
22.5.2.2. “Clean-catch”	C						2b	–	–	
22.5.3. Intraurethral instillations	C						3b	–	–	
22.5.4. Intravesical instillations	C						2b	–	–	
22.5.5. Bladder irrigations <i>TR: C16</i>							2b	–	–	
22.5.6. Bladder chemotherapy treatment <i>TR: C16, C24</i>							A	–	–	
22.5.7. Injections <i>TR: C13</i>										
22.5.7.1. Intramuscular Injections							A	–	–	B1
22.5.7.2. Intradermal Injections							A	–	–	B1
22.5.8. Urodynamic studies <i>TR: C24</i>										
22.5.8.1. Cystometrogram							1a	–	–	
22.5.8.2. Urethral pressure profiles							1a	–	–	
22.5.8.3. Electro-myography							1a	–	–	
22.5.8.4. Flow studies							2b	–	–	
22.5.9. Urethral dilation’s <i>TR: C24</i>							1b	–	–	
22.5.10. Perform macroureanalysis <i>TR: C24</i>							1b	–	–	B1
22.6. Position patients <i>TR: C25</i>	C						3b	–	–	
22.7. Prep patients <i>TR: C25</i>	C						1a	–	–	

1. Tasks, Knowledge, And Technical References <i>STS 4N1X1B</i>	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 Course	D. QTP Volume Number
22.8. Perform/Assist with procedures <i>TR: C13, C24, C25, C29</i>										
22.8.1. Diagnostic radiographic <i>TR: C24, C29</i>										
22.8.1.1. Retrograde urethrogram							2b	–	–	B1
22.8.1.2. Cystogram							2b	–	–	B1
22.8.1.3. Voiding cystourethrogram							2b	–	–	B1
22.8.1.4. Nephrotomogram							1a	–	–	
22.8.1.5. Fluoroscopic radiology	C						2b	–	–	B1
22.8.1.6. Retrograde pyelogram							2b	–	–	
22.8.1.7. Intravenous pyelogram							2b	–	–	
22.8.1.8. KUB							2b	–	–	
22.8.1.9. Develop radiographic films							A	–	–	
22.8.1.10. Label/file radiographic films							1a	–	–	
22.8.2. Endoscopic <i>TR: C24, C29</i>										
22.8.2.1. Cystoscopy										
22.8.2.1.1. Rigid	C						2b	–	–	
22.8.2.1.2. Flexible	C						2b	–	–	
22.8.2.1.3. With Stent Placement							2b	–	–	
22.8.2.2. Ureterorenoscopy							2b	–	–	
22.8.2.3. Percutaneous Nephroscopy							2b	–	–	
22.8.2.4. Calculus extraction by stone basket							2b	–	–	
22.8.2.5. Transurethral Resection of Prostate (TURP)							2b	–	–	
22.8.2.6. Transurethral Incision of Prostate (TUIP)							2b	–	–	
22.8.2.7. Transurethral Resection of Bladder Tumor (TURB)							2b	–	–	
22.8.3. Lithotripsy <i>TR: C24</i>										
22.8.3.1. Laser							A	–	–	
22.8.3.2. Electrohydraulic							A	–	–	
22.8.3.3. Percutaneous nephrolithotripsy							A	–	–	

1. Tasks, Knowledge, And Technical References <i>STS 4N1X1B</i>	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 Course	D. QTP Volume Number
22.8.3.4. Extracorporeal shockwave (ESWL)							A	–	–	
22.8.4. Minor surgical (clinic) <i>TR:C24</i>										
22.8.4.1. Circumcisions							1b	–	–	
22.8.4.2. Vasectomy							1b	–	–	
22.8.4.3. Prostate biopsy							1b	–	–	
22.8.4.4. Scrotal I & D							–	–	–	
22.8.4.5. Meatotomy							1b	–	–	
22.8.4.6. Wart/condyloma excision							–	–	–	
22.9. Perform scrub duties (OR) <i>TR: C25</i>										
22.9.1. Orchiopexy							–	–	–	
22.9.2. Circumcisions/ Dorsal slit							–	–	–	
22.9.3. Hydrocelectomy/ hernia repair							–	–	–	
22.9.4. Varicocelectomy							–	–	–	
22.9.5. Spermatocelectomy							–	–	–	
22.9.6. Orchiectomy							–	–	–	
22.9.7. Pyeloplasty							–	–	–	
22.9.8. Pyelolithotomy							–	–	–	
22.9.9. Prostatectomy										
22.9.9.1. Suprapubic							–	–	–	
22.9.9.2. Radical							B	–	–	
22.9.9.3. Perineal							–	–	–	
22.9.10. Nephrectomy							–	–	–	
22.9.11. Radical Cystectomy with Illeoconduit <i>TR: C26</i>							–	–	–	
22.9.12. Vasovasostomy							–	–	–	
22.10. Patient teaching <i>TR: C16, C29</i>										
22.10.1. Urostomy (stoma) care							–	–	–	
22.10.2. Self-catheterization							–	–	–	

Attachment 5: Orthopaedics (4N1X1C) STS.

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 Course	D QTP Volume Number
STS 4N1X1C										
23. ORTHOPAEDIC SURGICAL SPECIALTY <i>TR: C4, C8, C14, C17, C27</i>										
23.1. Anatomy and Physiology <i>TR: C14</i>										
23.1.1. Use medical terminology pertinent to orthopaedics <i>TR: C14</i>	C						A	-	-	
23.1.2. Location and function of the peripheral nervous system							A	-	-	
23.1.3. Identify location and anatomical structure related to orthopedic disorders <i>TR: C14</i>	C									
23.1.3.1. Bony structures							A	-	-	
23.1.3.2. Major joints, structures, and functions							A	-	-	
23.1.3.3. Major muscles and their functions							A	-	-	
23.2. Apply and remove orthopedic devices/braces <i>TR: C14</i>										
23.2.1. Plaster and fiberglass										
23.2.1.1. Casts										
23.2.1.1.1. Standard short arm	C/W						2b	-	-	C1
23.2.1.1.2. Short arm (boxer type)							2b	-	-	C1
23.2.1.1.3. Short arm Scaphoid (Thumb spica)	C/W						2b	-	-	C1
23.2.1.1.4. Standard long arm	C/W						2b	-	-	C1
23.2.1.1.5. Long arm hanging							1b	-	-	C1
23.2.1.1.6. Long arm Scaphoid (Thumb spica)	W						1b	-	-	C1
23.2.1.1.7. Long arm cylinder							2b	-	-	C1
23.2.1.1.8. Munster							1b	-	-	C1
23.2.1.1.9. Long leg	C/W						2b	-	-	C1
23.2.1.1.10. Short leg	C/W						2b	-	-	C1
23.2.1.1.11. Patella tendon bearing	C/W						1b	-	-	C1
23.2.1.1.12. Long leg cylinder	C/W						2b	-	-	C1
23.2.1.1.13. Hip spica	W						1a	-	-	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 Course	D QTP Volume Number
23.2.1.2. Splints <i>TR: C17</i>										
23.2.1.2.1. Short arm (Volar)	C/W						2b	-	-	C1
23.2.1.2.2. Short arm sugar tong	C/W						2b	-	-	C1
23.2.1.2.3. Ulna Gutter	C/W						2b	-	-	C1
23.2.1.2.4. Long arm (Posterior)	C/W						2b	-	-	C1
23.2.1.2.5. Long arm sugar tong	C/W						2b	-	-	C1
23.2.1.2.6. Long leg (Posterior)	C/W						2b	-	-	C1
23.2.1.2.7. Short leg (Posterior)	C/W						2b	-	-	C1
23.2.1.2.8. Robert Jones splint/dressing	C						-	-	-	C1
23.2.1.3. Cast/Splint removal techniques	C						2b	-	-	C1
23.2.1.4. Patient teaching: cast/splint care							a	-	-	
23.2.2. Traction <i>TR: C17</i>										
23.2.2.1. Pulley mechanics	W						1b	-	-	
23.2.2.2. Methods of application										
23.2.2.2.1. Skin	W						1b	-	-	
23.2.2.2.2. Skeletal	W						b	-	-	
23.2.2.3. Traction Precautions/Complications	W						A	-	-	
23.2.2.4. Basic Traction Applications										
23.2.2.4.1. Buck's	W						2b	-	-	C1
23.2.2.4.2. Balanced suspension w/ skin	W						1b	-	-	C1
23.2.2.4.3. Balanced suspension w/ skeletal							A	-	-	C1
23.2.2.4.4. Thomas leg splint and Pearson attachment							1b	-	-	
23.2.2.4.5. Pearson attachment with knee motion							1b	-	-	
23.2.2.4.6. Other Traction Setups							-	-	-	
23.2.5. Assist with application of external fixation devices							-	-	-	
23.3. Orthopaedic clinic techniques <i>TR: C14, C17</i>										

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 Course	D QTP Volume Number
23.3.1. Prepare patient for injection of joints, bursae, and other musculoskeletal areas <i>TR: C17</i>							1b	–	–	
23.3.2. Set up instruments/equipment for orthopaedic procedures							1a	–	–	
23.3.3. Instruct patients in use of crutches, canes, and other orthopaedic appliances	C/W						1b	–	–	
23.4. Perform basic nursing care <i>TR: C12, C16</i>										
23.4.1. Suture removal							1a	–	–	
23.4.2. Drain removal							1a	–	–	
23.4.3. Staple removal							1a	–	–	
23.4.4. Dressing removal							A	–	–	
23.4.5. Post-op incision care							A	–	–	
23.5. Treatment of injuries, disorders, and deformities <i>TR: C4, C8, C14, C17, C27</i>										
23.5.1. Assist in the treatment of										
23.5.1.1. Fractures (surgical/nonsurgical) <i>TR: C4, C14, C17</i>	C/W						A	–	–	
23.5.1.2. Dislocations and subluxations	W						A	–	–	
23.5.1.3. Sprains, strains, & contusions	W						A	–	–	
23.5.1.4. Postural deformities							–	–	–	
23.5.1.5. Congenital anomalies <i>TR: C14</i>							–	–	–	
23.5.1.6. Bone and soft tissue affections <i>TR: C14, C17</i>										
23.5.1.7.1. Tumors <i>TR: C14</i>							–	–	–	
23.5.1.7.2. Muscles, tendons, and tendon sheaths							A	–	–	
23.5.1.7.3. Fascia and bursae							–	–	–	
23.5.1.7.4. Nervous system							A	–	–	
23.5.1.8. Joint affections <i>TR: C14</i>										
23.5.1.8.1. Traumatic	W						A	–	–	
23.5.1.8.2. Acute infections							A	–	–	
23.5.1.8.3. Wounds	C/W						A	–	–	
23.5.1.9.1. Ankylosing deformities <i>TR: C14</i>							–	–	–	

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 Course	D QTP Volume Number
23.5.1.9. Peripheral nerve injuries							A	-	-	
23.5.2. Perform scrub duties										
23.5.2.1. Arthrodesis							-	-	-	
23.5.2.2. Arthroplasty <i>TR: C14</i>							-	-	-	
23.5.2.2.1. Total joint replacement										
23.5.2.2.1.1. Knee							-	-	-	
23.5.2.2.1.2. Hip							-	-	-	
23.5.2.2.1.3. Shoulder							-	-	-	
23.5.2.2.2. Joint reconstructions							-	-	-	
23.5.2.2.2.1. Anterior cruciate ligaments							-	-	-	
23.5.2.2.2.2. Posterior cruciate ligaments							-	-	-	
23.5.2.2.2.3. Arthroscopy <i>TR: C6</i>							-	-	-	
23.5.2.2.2.3.1. Knee							-	-	-	
23.5.2.2.2.3.2. Shoulder							-	-	-	
23.5.2.2.2.3.3. Other							-	-	-	
23.6. Safely use and operate orthopedic equipment										
23.6.1. Fracture table (see manufacture's instructions)							-	-	-	
23.6.2. Positioning frames							-	-	-	
23.6.3. Spica table							1a	-	-	
23.6.4. Traction cart							1a	-	-	

Attachment 6: Otolaryngology (4N1X1D) STS

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 Course	D QTP Volume Number
24. OTOLARYNGOLOGY SURGICAL SPECIALTY <i>TR: G34, C10, C11, C12, C15, C16, C19, C20, C23, C25</i>										
24.1. Otolaryngology anatomy, physiology, and terminology <i>TR: C20</i>							-	-	-	
24.1.1. Identify otolaryngologic anatomical structures	C						A	-	-	
24.1.2. Use otolaryngology-specific medical terminology	C						A	-	-	
24.2 Remove external ear debris and foreign bodies <i>TR: C11, C20</i>										
24.2.1. Irrigation							-	-	-	D1
24.2.2. Curettage (microscope)	C						2a	-	-	D1
24.2.3. Suction (microscope)	C						2a	-	-	D1
24.2.4. Mastoid cleanout							-	-	-	D1
24.3. Assist with facial nerve testing							-	-	-	
24.4. Assist with vestibular testing, <i>TR: C20</i>										
24.4.1. Hallpike positional test							-	-	-	
24.4.2. Calorics							-	-	-	
24.4.3. Electronystagmography (ENG)							-	-	-	
24.5. Assist in application of nasal fracture casts/splints <i>TR: C20</i>										
24.5.1. Metal							-	-	-	D2
24.5.2. Plaster							-	-	-	D2
24.5.3. Thermoplastic							-	-	-	D2
24.6. Assists in application of dressings and packs <i>TR: C20</i>							A	-	-	
24.7. Perform basic nursing care <i>TR: C9, C14</i>										
24.7.1. Suture removal	C						1a/-	-	-	
24.7.2. Drain removal							1a/-	-	-	
24.7.3. Staple removal	C						1a/-	-	-	
24.7.4. Internal/external nasal splint removal	C						1a/-	-	-	

STS 4N1X1D 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 Course	D QTP Volume Number
24.7.5. Dressing removal	C						1a/-	-	-	
24.7.6. Post-op incision care	C						1a/-	-	-	
24.7.7. Assist with tracheostomy care							A/-	-	-	
24.7.8. Perform swab cultures							A/-	-	-	
24.8. Perform tuning fork test <i>TR: C15, C23</i>							a	-	-	
24.9. Assist physician in performing otolaryngology clinical procedures <i>TR: C20</i>										
24.9.1. Routine ENT examination	C						2b	-	-	D3
24.9.2. Sialogram examination							A	-	-	D3
24.9.3. Antral irrigations							A	-	-	D3
24.9.4. Peritonsillar abscess I&D							2b	-	-	D3
24.9.5. Anterior and posterior nasal packs							A	-	-	D3
24.9.6. Closed reductions of nasal fractures							b	-	-	D3
24.9.7. Tracheostomy replacement							A/-	-	-	D3
24.9.8. Wound debridement							-	-	-	D3
24.9.9. Head and neck tumor care							A/-	-	-	D3
24.9.10. Management of epistaxis							A/-	-	-	D3
24.9.11. Topical medication/nasal spray							-	-	-	
24.10. Perform scrub duties <i>TR: C2, C7, C20, C25</i>										
24.10.1. Myringotomy and insertion of PE tubes	C						2b	-	-	
24.10.2. Tonsillectomy and adenoidectomy	C						2b	-	-	
24.10.3. Septoplasty/Septorhinoplasty	C						2b	-	-	
24.10.4. Caldwell Luc							-	-	-	
24.10.5. Middle ear procedures	C						2b	-	-	
24.10.6. Neck procedures										
24.10.6.1. Thyroidectomy							1a	-	-	
24.10.6.2. Radical neck dissection							1a	-	-	
24.10.6.3. Tracheostomy							1a	-	-	
24.10.7. Endoscopies										

STS 4N1X1D 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 Course	D QTP Volume Number
24.10.7.1. Laryngoscopy							1a	–	–	
24.10.7.2. Bronchoscopy							1a	–	–	
24.10.7.3. Esophagoscopy							1a	–	–	
24.10.8. Functional endoscopic sinus surgery (FESS)							1a	–	–	
24.10.9. Facial plastics/reconstruction										
24.10.9.1. Blepharoplasty							1a	–	–	
24.10.9.2. Rhytidectomy							1a	–	–	
24.10.9.3. Otoplasty							1a	–	–	
24.10.9.4. Scar revisions							1a	–	–	
24.10.10. Uvulopalatopharyngoplasty (UPPP)							1a	–	–	
24.10.11. LAUP (Laser assisted Uvulopalatopharyngoplasty)							1a/-	–	–	
24.11. Perform basic audiology procedures TR: C15, C23										
24.11.1. Air conduction							2b	–	–	D4
24.11.2. Bone conduction							2b/2a	–	–	D4
24.11.3. Speech reception threshold							2b	–	–	D4
24.11.4. Speech discrimination							2b/2a	–	–	D4
24.11.5. Stengers							–	–	–	D4
24.11.6. Impedance audiometry/ tympanometry	C						2b	–	–	D4
24.11.7. Make ear mold impressions TR: Manufacturer's literature							–	–	–	D4
24.12. Hearing conservation TR: G34							–	–	–	
24.13. Safe operation and setup of equipment TR: Manufacturer's literature										
24.13.1. Audiometer							–	–	–	
24.13.3. Electronystagmography equipment							–	–	–	
24.13.4. Auditory Brain stem response							–	–	–	
24.13.5. ENT examination chairs	C						–	–	–	
24.13.6. ENT treatment cabinets/SMR unit	C						–	–	–	
24.13.7. Operating microscope	C						1a	–	–	

Attachment 7: Medical Readiness STS (SG Goal 1)

GOAL 1: Medical Readiness

NOTE 1: Items listed in this area of the Specialty Training Standard (STS) are applicable to all officer and enlisted medical specialties. These items must be included in formal training courses as specified.

NOTE 2: The Self-Aid and Buddy Care course will be taught during the BMRC.

NOTE 3: Initial (3-skill level) Medical Readiness Training, directed by AFI 41-106, is provided and documented by the Basic Medical readiness course conducted at the 882d Training Group, USAF, Sheppard AFB, Texas. Continuing/on going Medical Readiness Training is the responsibility of each medical facility)

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 Course	D Special Course
25. MEDICAL READINESS										
25.1. Concept of operations:										
25.1.1. Military Health System (MHS) orientation										
25.1.1.1. Defense Planning Guidance							A	-	-	
25.1.1.2. Joint Vision (JV) 2010										
25.1.1.2.1. Joint Service interoperability							A	-	-	
25.1.1.2.2. Threat and future battlefield environment							A	-	-	
25.1.1.3. War Mobilization Plan (WMP)							A	-	-	
25.1.1.4. Major Theater War							A	-	-	
25.1.1.5. Air Force Medical Service (AFMS) strategic plan							A	-	-	
25.1.1.6. Air Transportable Hospital/ Aeromedical evacuation concept of operations (ATH/AE CONOPS)							A	-	-	
25.1.1.7. Mirror Force Strategic Plan							A	-	-	
25.1.1.8. Aeromedical evacuation (AE) strategic plan							A	-	-	
25.1.1.9. Medical Readiness Support Plan (MRSP)							A	-	-	
25.1.1.10. National Disaster Medical System (NDMS)							A	-	-	
25.1.2. Echelons of care							A	-	-	
25.1.3. Base Support Plan							A	-	-	
25.1.4. Deployment process							A	-	-	
25.1.5. Field sanitation and hygiene							A	-	-	
25.2. Command, Control, and Communications:										
25.2.1. Critical incident debriefing							A	-	-	
25.2.2. Medical intelligence							A	-	-	
25.2.3. Medical reporting:								-	-	
25.2.3.1. Status of Resources and Training System (SORTS)							A	-	-	
25.2.3.2. Medical Report for Emergencies, Disasters, and Contingencies (MEDRED-C)							A	-	-	
25.2.3.3. Situation Reports (SITREPS)							A	-	-	
25.2.4. Interaction with host nation/ civilian activities							A	-	-	

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 Course	D Special Course
25.2.5. Resource protection and site security							A	-	-	
25.2.6. Set-up site:										
25.2.6.1. Tent system							1a	-	-	-
25.2.6.2. ISO Shelter							1a	-	-	-
25.2.7. Perform site evacuation procedures							A	-	-	-
25.3. Geneva Conventions							A	-	-	-
25.4. Laws of Armed Conflict							A	-	-	-
25.5. Nuclear, Biological, Chemical (NBC) medical defense:										
25.5.1. Medical effects							A	-	-	
25.5.2. Personal antidote/ decontamination procedures							A	-	-	
25.5.3. Mission Oriented Protective Posture (MOPP):										
25.5.3.1. Perform donning/doffing							2b	-	-	
25.5.3.2. Perform Task Qualification Training (TQT)							2b	-	-	
25.6. Casualty management:										
25.6.1. Operation of mission equipment and assemblages							A	-	-	
25.6.2. Triage management							A	-	-	
25.6.3. Combat Stress							A	-	-	
25.6.4. Perform litter bearing							2b	-	-	

Attachment 8: Managed Care STS (SG Goal 2)

NOTE 1: Items listed in this area of the Specialty Training Standard (STS) are included for planning purposes only. These items will not be included in initial skills or other formal training courses until mandated by AFCFM.

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 Course	D Special Course
26. MANAGED CARE										
26.1. TRICARE/DoD Managed Care:										
26.1.1. Evolution of military medicine										A
26.1.2. Terminology							-	-	-	A
26.1.3. Organizational structure							-	-	-	B
26.1.4. Operations:										
26.1.4.1. Financial management/ Capitation										A
26.1.4.2. Regulatory/accreditation requirements							-	-	-	B
26.1.5. Ethical/legal issues related to Managed Care							-	-	-	B
26.2. Health Care Systems										
26.2.1. Components of Military Health System (MHS)							-	-	-	B
26.2.2. Health care benefits options							-	-	-	B
26.2.3. Marketing AFMS							-	-	-	B
26.3. Primary Care Management (PCM) concept:										
26.3.1. Primary care provider/manager/ team responsibilities							-	-	-	B
26.3.2. Beneficiary responsibilities							-	-	-	A
26.4. Best Value Health Care (Quality Management and Utilization Management, QM/UM model) (Link w/ Goal 3)							-	-	-	B
26.5. Information systems:										
26.5.1. Defense Enrollment and Eligibility Reporting System (DEERS)							-	-	-	A
26.5.2. Components of Composite Health Care System (CHCS)							-	-	-	A
26.5.3. Corporate Executive Information System (CEIS)							-	-	-	A
26.5.4. Ambulatory Data System							-	-	-	A
26.5.5. Air Force Performance Measurement Tool (AFPMT)							-	-	-	A
26.5.6. Advanced Technologies (i.e., telemedicine)							-	-	-	A

Attachment 9: Prevention STS (SG Goal 3)

NOTE 1: Items listed in this area of the Specialty Training Standard (STS) are included for planning purposes only. These items will not be included in initial skills or other formal training courses until mandated by AFCFM.

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 Course	D Special Course
27. PREVENTION										
27.1. Personal Health and Readiness										
27.1.1. Warrior Triad – Performance Enhancement										
27.1.1.1. Physical Health										
27.1.1.1.1. Physical Conditioning							–	–	–	A
27.1.1.1.2. Basic Nutrition Concepts							–	–	–	A
27.1.1.1.3. Injury/Illness Prevention							–	–	–	A
27.1.1.2. Mental Fitness										
27.1.1.2.1. Stress Management							–	–	–	A
27.1.1.2.2. Tobacco Control							–	–	–	A
27.1.1.2.3. Substance Abuse							–	–	–	A
27.1.1.2.4. Suicide Prevention							–	–	–	A
27.1.1.3. Spiritual Health										
27.1.1.3.1. Self-Awareness							–	–	–	A
27.1.1.3.2. Quality of (Family) Life							–	–	–	A
27.2. Population Health Management										
27.2.1. Continuum of Care							–	–	–	A
27.2.2. Needs Assessment							–	–	–	–
27.2.2.1. Demand Management							–	–	–	–
27.2.2.2. Condition/Utilization Management (UM)							–	–	–	–
27.2.3. Community Based Services										
27.2.3.1. Integrated Delivery System (IDS)							–	–	–	A
27.2.3.2. Health and Wellness Center (HAWC) – 7 program areas							–	–	–	
27.2.3.2.1. Fitness							–	–	–	A
27.2.3.2.2. Nutrition							–	–	–	A
27.2.3.2.3. Stress Management							–	–	–	A
27.2.3.2.4. Tobacco Avoidance							–	–	–	A
27.2.3.2.5. Substance Abuse Prevention							–	–	–	A
27.2.3.2.6. Drug Demand Reduction							–	–	–	A
27.2.3.2.7. HIV Awareness/Prevention							–	–	–	A
27.2.3.2. Referral Services							–	–	–	A
27.2.4. Military Health Facility (MHF) Based Services										
27.2.4.1. Alcohol and Drug Abuse Prevention and Treatment (ADAPT)							–	–	–	A
27.2.4.2. Putting Prevention into Practice (PPIP) Goals							–	–	–	A
27.2.4.2.1. Early Disease Identification							–	–	–	A
27.2.4.2.2. Clinical Preventive Services (CPS)							–	–	–	
27.2.4.2.3. Immunizations							–	–	–	A

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 Course	D Special Course
27.2.4.2.4. Screening							-	-	-	A
27.2.4.2.5. Counseling							-	-	-	A
27.2.4.3. Individual Team Member Responsibilities							-	-	-	-
27.2.4.3.1. Preventive Health Assessment (PHA)							-	-	-	A
27.3. Evaluating Program Effectiveness										
27.3.1. Documentation (AF Form 1480A)							-	-	-	A
27.3.2. Best Practices							-	-	-	-

Attachment 10: Environmental Safety and Occupational Health (ESOH) STS (SG Goal 4)

NOTE 1: Items listed in this area of the Specialty Training Standard (STS) are included for planning purposes only. These items will not be included in initial skills or other formal training courses until mandated by AFCFM.

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 Course	D Special Course
28 ENVIRONMENTAL SAFETY AND OCCUPATIONAL HEALTH (ESOH)										
28.1. ESOH Concept							-	-	-	A
28.2. Biological hazards/risks (This includes isolation, sterilization equipment, patients, medical/non-medical equipment, and PPE)										
28.3. Sources of Exposure										A
28.4. Exposure Recognition							-	-	-	A
28.5. Exposure Reporting							-	-	-	A
28.6. Exposure Control							-	-	-	A
28.7. Physical Hazards										
28.7.1. Sources of Exposure							-	-	-	A
28.7.2. Exposure Recognition							-	-	-	A
28.7.3. Exposure Reporting							-	-	-	A
28.7.4. Exposure Control							-	-	-	A
28.8. Chemical Hazards										
28.8.1. Sources of Exposure							-	-	-	A
28.8.2. Exposure Recognition							-	-	-	A
28.8.3. Exposure Reporting										A
28.8.4. Exposure Control							-	-	-	A
28.9. Ergonomic Hazards/Risks							-	-	-	-
28.9.1. Sources of Exposure							-	-	-	A
28.9.2. Recognition							-	-	-	A
28.9.3. Reporting										A
28.9.4. Control							-	-	-	A
28.10. Special Programs							-	-	-	-
28.10.1. Environmental Compliance and Management Program (ECAMP)							-	-	-	-
28.10.1.1. HAZMAT Pharmacy Operation							-	-	-	A
28.10.1.2. Environmental Protection Programs							-	-	-	A
28.10.1.3. Pollution Prevention Program							-	-	-	A
28.10.2. Safe Medical Device Act							-	-	-	A
28.10.3. Lead-Based Paints (LBP) Program							-	-	-	A
28.10.4. Asbestos Program							-	-	-	A
28.10.5. Work Place Stress (Workplace violence)							-	-	-	A

Attachment 11: Customer Satisfaction STS (SG Goal 5)

NOTE 1: Items listed in this area of the Specialty Training Standard (STS) are included for planning purposes only. These items will not be included in initial skills or other formal training courses until mandated by AFCFM.

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 Course	D Special Course
29. CUSTOMER SERVICE										
29.1. AFMS customer service standards							-	-	-	B
29.2. Identification of key AFMS customers							-	-	-	B
29.3. Customer relationship programs							-	-	-	B
29.4. Attributes of good customer service:							-	-	-	-
29.4.1. Determining customer needs and expectations										b
29.4.2. Practice customer care basics:							-	-	-	-
29.4.2.1. Listening techniques							-	-	-	c
29.4.2.2. Face-to-face contact (non-verbal communication)							-	-	-	c
29.4.2.3. Telephone etiquette							-	-	-	c
29.4.2.4. Initiating appropriate response in dealing with difficult customers							-	-	-	c
29.5. Customer service evaluation:										
29.5.1. Mechanisms to solicit customer feedback							-	-	-	A
29.5.2. Developing mechanisms to solicit customer feedback							-	-	-	b
29.5.3. Evaluating measures of customer satisfaction							-	-	-	b
29.6. Establishing processes to design and/or improve products and services							-	-	-	b
29.7. Resolving complaints/conflicts							-	-	-	b
29.8. Reinforcement of good customer service:							-	-	-	-
29.8.1. Providing feedback/rewards/recognition for good customer service							-	-	-	b
29.8.2. Implementing education and counseling to improve customer service							-	-	-	b
29.8.3. Customer follow-up							-	A	-	C

Attachment 12: 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</i> . Association for the Advancement of Medical Instrumentation (AAMI), 3330 Washington Boulevard, suite 400, Arlington, VA, 22201(current)	6;
C2.	<i>Alexander's Care of the Patient in Surgery</i> 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> , 11 th ed., St. Louis, MO; Mosby-Year Book, Inc. 1999	3; 5; 8; 9; 10; 11; 12; 13; 14; 24.10;
C3.	<i>Anthony's Textbook of Anatomy and Physiology</i> 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.	<i>AO/ASIF Instruments and Implants: A Technical Manual</i> Texhammar, R. Colton, C.; <i>AO/ASIF Instruments and Implants: A Technical Manual</i> . 2 nd ed.; New York, NY; Springer and Burlang, 1994.	23; 23.5; 23.5.1.1;
C5.	<i>AORN Standards and Recommended Practices</i> . Association of Operating Room Nurses, Inc. (AORN); 2170 South Parker Road, Denver, CO 80231-5711; (current).	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	23.5.2.2.2.3;
C7.	<i>Berry & Kohn's Operating Room Technique</i> Atkinson, Lucy Jo, RN, BSN, MS, Fortunato, Nancy Marie Howard, RN, BSN, BA, MEd, RNFA, CNOR, and Berry, Edna Cornelia. <i>Berry and Kohn's Operating Room Technique</i> , 8 th 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; 24.10;
C8.	<i>Campbell's Operative Orthopaedics</i> Canale, S. Terry, Crenshaw, A.H. <i>Campbell's Operative Orthopaedics</i> , (4 vols), 9 th ed., St. Louis, MO; Mosby-Year Book, Inc, 1998.	23; 23.5;
C9.	<i>Comprehensive Accreditation Manual for Hospitals</i> . Joint Commission on Accreditation of Healthcare Organizations (JCAHO), One Renaissance Boulevard, Oakbrook Terrace, IL 60181 (current)	2; 3; 11; 14; 17; 21; 24.7;
C10.	<i>Current Therapy in Otolaryngology Head and Neck Surgery</i> Gates, George, <i>Current Therapy in Otolaryngology Head and Neck Surgery</i> . 6 th ed., Mosby, 1998	24;

- C11. Essentials of Otolaryngology 24; 24.2;
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; 23.4; 24;
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; 22.4; 22.5.7; 22.8;
Kozier, Barbara. *Fundamentals of Nursing Concepts and
Procedures*, 2nd ed. Addison-Wesley, 1983.
- C14. Fundamentals of Orthopaedics 23; 23.1; 23.1.1; 23.1.3; 23.2;
Gartland, J.J., M.D. *Fundamentals of Orthopaedics*, 4th ed.
Philadelphia, PA; W.B. Saunders Company, 1987
23.3; 23.5; 23.5.1.1; 23.5.1.5;
23.5.1.6; 23.5.1.7.1; 23.5.1.8;
23.5.1.9.1; 23.5.2.2; 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; 22.5.1; 22.5.5; 22.5.6;
Nettina, Sandra M., RN,C, MSN, ANP, Brunner, Lillian S. The
Lippincott Manual of Nursing Practice, 6th ed.
Philadelphia, PA; Lippincott-Raven Publishers, 1996.
22.10; 23.4; 24;
- C17. Manual of Acute Orthopaedic Therapeutics 23; 23.2.1.2; 23.2.2; 23.3;
Iverson, Larry D. MD. and Swiontkowski, Marc F. MD.,
Manual of Acute Orthopaedic Therapeutics, 4th ed.
Boston, MA; Little, Brown and Company, Inc., 1995
23.3.1; 23.5; 23.5.1.1; 23.5.1.6;
- C18. NFPA 99: Health Care Facilities. National Fire Protection
Association (NFPA), Batterymarch Park, Quincy, MA,
02269 (current), 3; 3.2.4; 3.2.5.1; 3.2.5.2; 3.2.6;
- C19. Office-Based Surgery in Otolaryngology 24;
Krouse, Mirante, Christmas; *Office-Based Surgery in
Otolaryngology*. 1st ed.; Saunders, 1999
- C20. Otolaryngology: Head and Neck Surgery 24; 24.1; 24.2; 24.4; 24.5;
Deweese, David F., et al. *Otolaryngology: Head and Neck
Surgery*, 8th ed St. Louis, MO; The C.V. Mosby Company,
1988.
24.6; 24.9; 24.10;
- C21. Patient Care Standards 9; 21;
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 24; 24.8; 24.11;
Martin, Frederick N., PhD., *Principles of Audiology: A Study
Guide*, University Park Press. (out of print)
- C24. Smith's General Urology 22.1; 22.2; 22.3; 22.4; 22.5;
Tanagho, Emil A., and Jack W. McAninch. *Smith's General
Urology*, 15th ed. McGraw-Hill, 2000.
22.5.6; 22.5.8; 22.5.9; 22.5.10;
22.8; 22.8.1; 22.8.2; 22.8.3;
22.8.4;

- 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; 22; 22.6; 22.7; 22.8; 22.9; 24; 24.10;
- C26. **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; 22.9.11;
- C27. **The Traction Handbook**. Manufacturer's literature. Zimmer USA, 1991. 23; 23.5;
- C28. **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;
- C29. **Urologic Nursing: Principles and Practice**
Karlowicz, Karen A., AUA (American Urological Association Allied) *Urologic Nursing: Principles & Practice*. Philadelphia, PA; W.B. Saunders Company, 1995. 22.1; 22.2; 22.3; 22.5; 22.8; 22.8.1; 22.8.2; 22.10;
- C30 **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 2001 11; 12;
- C31 **Steris® System 1, Operator's Manual**
Steris Corporation, Mentor OH, 1994 3.2.8; 6;
- C32 **Sterrad® 100 Sterilization System, Operator's Manual**
Advanced Sterilization Products, Irvine CA, 1999 3.2.8; 6;
- Handbook of Orthopaedic Emergencies**
Raymond G. Hart, Timothy James Rittenberry, Dennis T. Uehara, Philadelphia PA; Lippincott Raven, 1999
- Orthopaedic Dictionary**
Hoppenfeld, Stanley MD. and Zeide, Michael S. MD., *Orthopaedic Dictionary*, Philadelphia, PA; J.B. Lippincott Company, 1994
- Orthopaedics**
Aluisio, Frank V. MD; Christensen, Christian P. MD; Urbaniak, James R. MD, *Orthopaedics*, Baltimore, MD; Williams & Wilkins, 1998

Attachment 13: 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, Developing, Managing, and Conducting Training	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; 21;
G8.	AFI 36-2406, Officer and Enlisted Evaluation Systems	17.6; 17.8;
G9.	AFI 36-2503, Administrative Demotion of Airmen	17;
G10.	AFI 36-2626, Airman Retraining Program	17.8;
G11.	AFI 37-160 V7, The Air Force Publications and Forms Management Programs -- Publication Libraries and Sets	16.1; 16.2; 16.3; 16.4;
G12.	AFI 38-101, Air Force Organization	17;
G13.	AFI 41-102, The Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities	17.11;
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; 21;
G15.	AFI 41-120, Medical Resource Management Operations	15; 17.6; 17.11; 21;
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 Materiel and Services Support	15; 21;
G18.	AFI 41-210, Patient Administration Functions	1.1; 2; 3; 4; 7; 13; 15; 17.6; 19; 21;
G19.	AFI 41-211, The Medical Information Systems Management Program	1.1; 2; 3; 4; 7; 13; 15; 17.6; 21;
G20.	AFI 44-102, Community Health Management	2;
G21.	AFI 44-108, Infection Control Program	5; 19;
G22.	AFI 44-119, Medical Service Clinical Quality Management	21;
G23.	AFI 46-101, Nursing Operations	1.1; 2; 3; 4; 7; 13; 15; 19; 21;
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 8, Numerical Index of Specialized Education/Training Publications	16.1;
G30.	AFIND Series, Air Force Indexes	16.1; 16.2;
G31.	AFMAN 36-2108, Airman Classification	1.2; 17; 18;
G32.	AFMAN 38-208V1/V2, Air Force Management Engineering Program	3;
G33.	AFOSHSTD 91-8, Medical Facilities	3;
G34.	AFOSHSTD 161-20, Hearing Conservation Program	24; 24.12;
G35.	AFPAM 36-2241V1/V2, Promotion Fitness Examination Study Guide/ USAF Supervisory Examination Study Guide	17; 17.6;
G36.	CDC (Centers for Disease Control & Prevention) <u>Guidelines for Handwashing and Hospital Environmental Control</u> (current),	5;
G37.	CDC <u>Guidelines for Prevention of Surgical Wound Infections</u> (current)	5;
G38.	CDC <u>Recommendations for Prevention of HIV Transmission in Health Care Settings</u> (current)	5;
G39.	CFETP 4N1X1	1.3;
G40.	DoDD 5500.7, Standards of Conduct	2;
G41.	DoDM 6010.13-M, Medical Expense and Performance Reporting System for Fixed Military Medical and Dental Treatment Facilities	17.11; 22;
G42.	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/TRRAB (F: Annually)
QTP 4N1X1-02 Module 1	Sterilization and Disinfection Preparation of Instruments, Sets, Packs and Supplies for Sterilization	383 TRS/TRRAB (F: Biennially)
Module 2	Principles of Loading and Unloading a Steam Sterilizer	(F: Annually)
QTP 4N1X1-03 Module 1	Preoperative Preparation of the Patient Principles and Techniques for Removal of Body Hair	383 TRS/TRRAB (F: Annually)
Module 2	Performing Cleansing Skin Preps	(F: Annually)
QTP 4N1X1-04 Module 1	Duties of Scrub and Circulating Personnel Scrubbing, Gowning and Gloving Self and Team Members	383 TRS/TRRAB (F: Annually)
Module 2	Establishing and Maintaining a Sterile Field	(F: Biennially)
Module 3	Surgical Counts	(F: Annually)
Module 4	Care and Handling of Specimens	(F: Biennially)
QTP 4N1X1-05 Module 1	Set Up and Safe Operation of Equipment Electrosurgical Devices	383 TRS/TRRAB (F: Biennially)
Module 2	Cardiac Monitors and Defibrillators	(F: Biennially)
QTP 4N1X1-06 Module 1	Nursing Care of the Surgical Patient Intravenous Infusion/Blood Administration	383 TRS/TRRAB (F: Biennially)
Module 2	Vital Signs	(F: Annually)
Module 3	Basic Post-Anesthesia Nursing Care	(F: Annually)
QTP 4N1X1-07 Module 1	Medication Administration Guidelines for Handling Drugs and Solutions	383 TRS/TRRAB (F: Annually)

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

QTP Volume	Title	OPR
QTP 4N1X1-B1	Urology Surgical Specialty	MSgt Patrick Scoles
Module 1	Perform Clinical Procedures	(F: Annually)
Module 2	Perform/Assist with Diagnostic Radiographic Procedures	(F: Annually)

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

QTP Volume	Title	OPR
QTP 4N1X1-C1	Application and Removal of Orthopaedic Devices	MSgt Deede Wayne
Module 1	Casts & splints	(F: Skills verification only)
Module 2	Application of traction	(F: Skills verification only)

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

QTP Volume	Title	OPR
QTP 4N1X1-D1	Removal of external ear debris and foreign bodies	MSgt Allen Taylor (F: Skills verification only)
QTP 4N1X1-D2	Application of Nasal Fracture Casts and Splints	(F: Skills verification only)
QTP 4N1X1-D3	Clinic Procedures	(F: Biannually)
QTP 4N1X1-D4	Basic Audiology Procedures	(F: Biannually)

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	USER
J3ATR40030 002	Basic Medical Readiness	Sheppard AFB	ADAF AFRC ANG
J3AQR4N131 002	Surgical Service Apprentice-Phase I	Sheppard AFB	ADAF AFRC ANG
J5ABO4N131 002	Surgical Service Apprentice-Phase II	Designated hospitals	ADAF AFRC ANG
J5ALN4N1X1B 000	Urology Surgical Service Technician	Portsmouth Naval Base	ADAF AFRC ANG
J5ALA4N1X1C 000	Orthopaedic Surgical Apprentice	Ft Sam Houston	ADAF AFRC ANG
J5ALN4N1X1D 000	Otolaryngology Surgical Technician	San Diego Naval School of Health Sciences	ADAF AFRC ANG

3. Extension Course Institute (ECI) 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

NOTE: There are currently no courses under development/revision at this time.
This area is reserved

Section E - Air Reserve Component (ARC) Specific 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/Proficiency 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 evaluated by their Medical Squadron Commander to determine the need for an additional 30-60 days of seasoning/proficiency training. Upon determination of a need for this training, Surgical Service Apprentices will be assigned to an active duty hospital for a period of 30 to 60 days to acquire proficiency in performing tasks for their skill level. Seasoning/Proficiency training must be accomplished within one year of completing Phase II training. This training is

recommended for all ANG personnel who are not in or pursuing a civilian medical-related occupation.

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. Sustainment Training Requirements

3.1. Journeyman, Craftsman, Superintendent, and Manager Training Requirements: Sustainment training must be completed by Journeyman, Craftsman, Superintendent, and Manager. This training involves all of the tasks in column 2. Sustainment training must be completed every 2 years. Tasks identified with a “P” must be performed to the go level. Items identified with a “K”, qualified personnel must be able to “identify the relationship of basic facts and state general principles about the subject.” AFRC personnel must comply with AFRCI 41-102, *Air Force Reserve AFSC Sustainment Training Program*.

AIR FORCE RESERVE/AIR NATIONAL GUARD MEDICAL UNIT TASKS

TASKS		
Fire Safety in the Operating Room	5.2.	K
Safe Use of Electrical Equipment		K
Exercise safety precautions during job performance	5.4.	
Surgical instruments and supplies	5.4.1.	
Sharp instruments	5.4.1.1.	K
Blades	5.4.1.2.	K
Needles	5.4.1.3.	K
Glassware	5.4.1.4.	K
Compressed gases	5.4.4.	
Storage	5.4.4.1.	K
Handling	5.4.4.2.	P
Caustic and corrosive chemicals	5.4.5.	
Chemical disinfectants/sterilants/formalin	5.4.5.4.	P
Drugs and Solutions	5.4.7.	P
Identification and transportation of blood and blood products	5.4.8.	P
Sterilizer	5.4.9.	
Steam	5.4.9.1.	P
Medical ethics	6.3.	
Standards of conduct for patient care	6.3.1.	K
Patient rights and responsibilities	6.3.2.	K
Surgical conscience	6.3.3.	K
Central Sterile Supply	9.	
CSS activities and workflow	9.5	
Receiving	9.5.1.	K
Processing	9.5.2.	K
Distribution	9.5.3.	K
Storage	9.5.4.	K
Inventory control	9.6.2.	
Arrange supplies in storage	9.6.2.1.	P
Rotate stock	9.6.2.2.	P
Shelf Life	9.6.2.3.	K
Check for outdates	9.6.2.4.	P
Microbiology and Infection Control	10.	
Surgical wound infections	10.1.	
Transmission of disease	10.2.1.	K
The infectious process	10.2.2.	K
Body defenses against infection	10.2.3.	K
Infection control	10.3.	
Wear surgical attire	10.3.2.	P
Personal hygiene	10.3.3.	K
Perform handwashing	10.3.4.	P
Apply principles of surgical asepsis	10.3.5.	P
Follow procedures for preventing the spread of infectious pathogens (Standard precautions)	10.3.7.	

*P - PERFORMANCE TASK

*K - KNOWLEDGE TASK

TASKS		
Handling contaminated materials	10.4.	P
Sterilization and Disinfection		
Processing patient care instruments, supplies and equipment	11.1.	
Methods of sterilization	11.1.1.	
Steam	11.1.1.1	K
Chemical		
Peracetic Acid	11.1.1.5	K
Terminally decontaminate or sterilize used patient care items	11.1.2.	
Manual	11.1.2.2.	P
Assemble cleaned items for sterilization	11.1.3.	
Sorts instruments and supplies	11.1.3.1.	P
Inspect instruments and supplies	11.1.3.2.	P
Select items for sterilization	11.1.3.3.	P
Arrange items for packaging	11.1.3.4.	P
Prepare patient care items for sterilization		
Types and characteristics of wrapping materials	11.1.5.1.	K
Rectangular wrapping method	11.1.5.2.	P
Diagonal wrapping method	11.1.5.3.	P
Peel - packs	11.1.5.4.	P
Label packaged items	11.1.5.5.	P
Steam sterilizer loading	11.1.6.1.	P
Steam sterilizer operation	11.1.7.1.	P
Steam sterilizer unloading	11.1.8.1	P
Housekeeping Procedures		
Perform initial cleaning activities	12.1.	P
Perform between-case cleaning	12.2.	P
Perform end-of-day cleaning	12.3.	P
Patient Preparation and Nursing Care		
Admission to surgical suite	13.4.	
Check the patient's chart	13.4.1.	
Consent forms	13.4.1.1.	P
Verify preoperative checklist task/item completion	13.4.1.5.	P
Verify patient identity	13.4.2	P
Assist in moving patient to and from	13.4.3	
Gurney/recovery bed	13.4.3.1.	P
Surgical table	13.4.3.3.	P
Duties of Scrub Personnel		
Perform surgical hand and arm scrub	14.2	P
Dry hands using aseptic technique	14.3.	P
Gown and glove self	14.4.	P
Gown and glove surgical team members	14.5.	P
Establish and maintain sterile fields	14.6.	
Set up back table	14.6.1.	P
Drape Mayo stands	14.6.3.	P
Performs counts with OR nurse		
Surgical sponges	14.7.1.	P

*P - PERFORMANCE TASK

*K - KNOWLEDGE TASK

TASKS		
Needles and blades	14.7.2.	P
Instruments	14.7.3.	P
Related supplies	14.7.4.	P
Assist surgeon with patient draping procedures	14.8.	P
Supply surgeon with necessary items during operative procedures	14.9.	P
Care for surgical specimens on the sterile field	14.11.	P
Assist surgeon with wound closure	14.12.	
Prepare suture materials and needles	14.12.1.	P
Breakdown case set-up after surgical procedure	14.14.	P
Preparing the surgical environment	15.	
Select required sterile supplies and instruments	15.2.	P
Select required equipment	15.3.	P
Set up and safe operation of equipment	15.4.	
Electrosurgery devices	15.4.1.	P
Surgical lights	15.4.4.	P
Portable suction units	15.4.5.	P
Operating table	15.4.6.	
Manual	15.4.6.1.	P
Open Sterile supplies	15.5.	
Rectangularly wrapped items/supplies	15.5.1.	P
Diagonally wrapped items/supplies	15.5.2.	P
Peel packs	15.5.3.	P
Identify/Handle common solutions used in surgery	9.1.3	
Electrolytes	9.1.3.1.1	P
Blood volume expanders	9.1.3.1.2	P
Saline	9.1.3.2.1.	P
Identify and handle blood and blood products		
Assist with blood administration		P
Identify and assist with management of emergencies	15.6.4.	
Malignant hyperthermia	15.6.4.4.	K
Assist with positioning patient	15.7.1.	
Dorsal (supine) positioning	15.7.1.1	P
Prone positioning	15.7.1.2.	P
Lateral positioning	15.7.1.3.	P
Assist sterile team members with donning surgical gowns	15.8.	P
Perform cleansing skin preps	15.9.	
Abdominal areas	15.9.2.	K
Extremities	15.9.3.	K
Perineal/dirty areas	15.9.4.	K
Assist with preparing specimens for forwarding to the laboratory	15.12	P
Nursing Care of the Surgical Patient	16.	
Assist with nursing care	16.1.	
Temperature (electronic thermometer)	16.1.1.1.	P
Pulse	16.1.1.2.	
Manually palpate		P
Electronic monitor		P
Respirations	16.1.1.3.	P
Blood pressure	16.1.1.4.	
Sphygmomanometer		P

*P - PERFORMANCE TASK

*K - KNOWLEDGE TASK

TASKS		
Electronic monitor		P
Assist with administration of oxygen		P
Perform basic cardiac life support	16.2.	P
Surgical Specialties	18.	
General surgery	18.1.1.	K
Orthopedic Surgery		K

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, para. 3.4.3., 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 certification.

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: MAJCOM coordination is required when requesting development of new QTPs. Initial POC for QTP development is the 4N1X1 CDC Writer/Manager, 383d Training Squadron/TRRAB, 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.

3.2. 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. Attach (glue/tape/staple), centered on the top half of the front cover (portrait orientation), a computer generated or typewritten title “Enlisted Training and Competency Folder.” In addition, include the member’s full name (last, first, MI), rank, and SSAN. Also attach a Privacy Act Statement label, **AFVA Form 205-15 (AFVA Form 33-207)**, or similar, below the title and identification areas, on the top of the bottom half of the folder cover. 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
<u>Section A</u> Locally required training and skills competency documentation. <u>Section B</u> AF Form 55 <u>Section C</u> Certificates of Training (optional)	<u>Section A</u> AF Form 623 (front and inside cover) <u>Section B</u> STS <u>Section C</u> AF Form 797	(AF Form 1098) <u>Section A</u> Mandatory Training <u>Section B</u> QTPs <u>Section C</u> In-service Training	<u>Section A</u> AETC 156 <u>Section B</u> AF Form 623a Job Description/Performance Standards Review Orientation Training Progress	AF Form 2096 or PCIII Documentation	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 A - Locally required training and skills competency documentation.* This section is for maintaining documentation required by regulatory guidance that is not maintained elsewhere in the OJT record, regardless of grade or training status.

3.2.3.1.2. *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.

3.2.3.1.3. *Section C, Certificates of Training (optional)* This optional section may be used to maintain copies of certificates of training (originals are maintained by the individual) for courses documented in block III of the AF Form 623.

NOTE. Maintenance of certificates is an individual responsibility. Even when copies of certificates of training are maintained in the 6-part folder, the individual is responsible for ensuring the originals are accessible for review as needed.

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

3.2.3.2.1. *Section A - AF Form 623, On-The Job Training Record (front and inside cover).* Attach the front and inside cover (containing Sections I through IV) of the AF Form 623 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 623 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 623 and the STS is mandatory for Airmen in grades Airman Basic through Technical Sergeant. 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.

3.2.3.2.2. *Section B - Specialty Training Standard.* 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 CFETP 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 certified 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 36-2201, para 7.4., Waivers** (see **attachment 1, figure F-4**).

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

3.2.3.3.1. *AF Form 1098, Special Task Certification and Recurring Training.* This part will contain three separate sections for documentation of specific training. These forms are used to document qualification in tasks that require recurring training. They may also be used to document in-service and mandatory 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): Examples are BLS training, patient sensitivity training, and other mandated training as stipulated by JCAHO standards, Air Force, or facility directives. Mandatory training requirements may vary from facility to facility. These requirements should be reviewed on an annual basis and updated as required.

3.2.3.3.1.2. *Section B - Qualification Training Packages:* This section will be used to document completion of Qualification Training Packages (QTPs) (see attachment 1, figure F-6). Supervisors should develop AF Form 1098 overprints to group specific QTPs required within their duty sections. Any applicable Air National Guard or Reserve Components sustainment training will be documented in this section. 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.***

3.2.3.3.1.3. *Section C - In-service training:* Used to document in-service training (see attachment 1, figure F-7). ***NOTE: If the in-service training applies CEUs towards national certification, also document appropriately in Part 6 of the six-part folder.***

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

3.2.3.4.1. *Section A. Student Training Report.* Student Training Report, either automated or 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. Student Training Report should be reviewed by the supervisor and a copy should be filed in this section. The report should be removed from the folder after award of 5-skill-level.

3.2.3.4.2. *Section B. 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.

3.2.3.4.2.1. 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:

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

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

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

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

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

3.2.3.4.2.1.6. 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).
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3.2.3.4.2.2. Orientation

3.2.3.4.2.2.1. 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.***

3.2.3.4.2.2.2. 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).

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

3.2.3.4.2.2.4. 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.

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

3.2.3.4.2.2.6. 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.

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

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

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

3.2.3.4.2.3.3. Once an individual completes upgrade training commensurate to his/her rank and maintains an appropriate skill level, their supervisor should continue to review requirements, progress, and individual training needs. Record reviews for current documentation must occur at least annually.

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

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

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 Special Experience Identifiers (SEIs) or AFSC prefixes.

NOTE: A PC III automated document may be substituted for AF Form 2096.
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3.2.3.6. **Part 6** (sixth two-pronged section).

3.2.3.6.1. *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 623, Front Cover.
- F-3. Sample AF Form 623, Inside Front Cover.
- F-4. Sample AF Form 797 documenting tasks not listed in CFETP.
- F-5. Sample AF Form 1098 documenting mandatory training.
- F-6. Sample AF Form 1098 documenting QTP completion.
- F-7. Sample AF Form 1098 documenting in-service training.
- F-8. Sample AF Form 623a documenting job description/performance standard review.
- F-9. Sample AF Form 623a documenting orientation.
- F-10. Sample AF Form 623a documenting initial upgrade training briefing.
- F-11. Sample AF Form 623a documenting trainee responsibility during upgrade training.
- F-12. Documentation of CEUs for National Re-certification (page 1)
- F-13. Documentation of CEUs for National Re-certification (page 2)

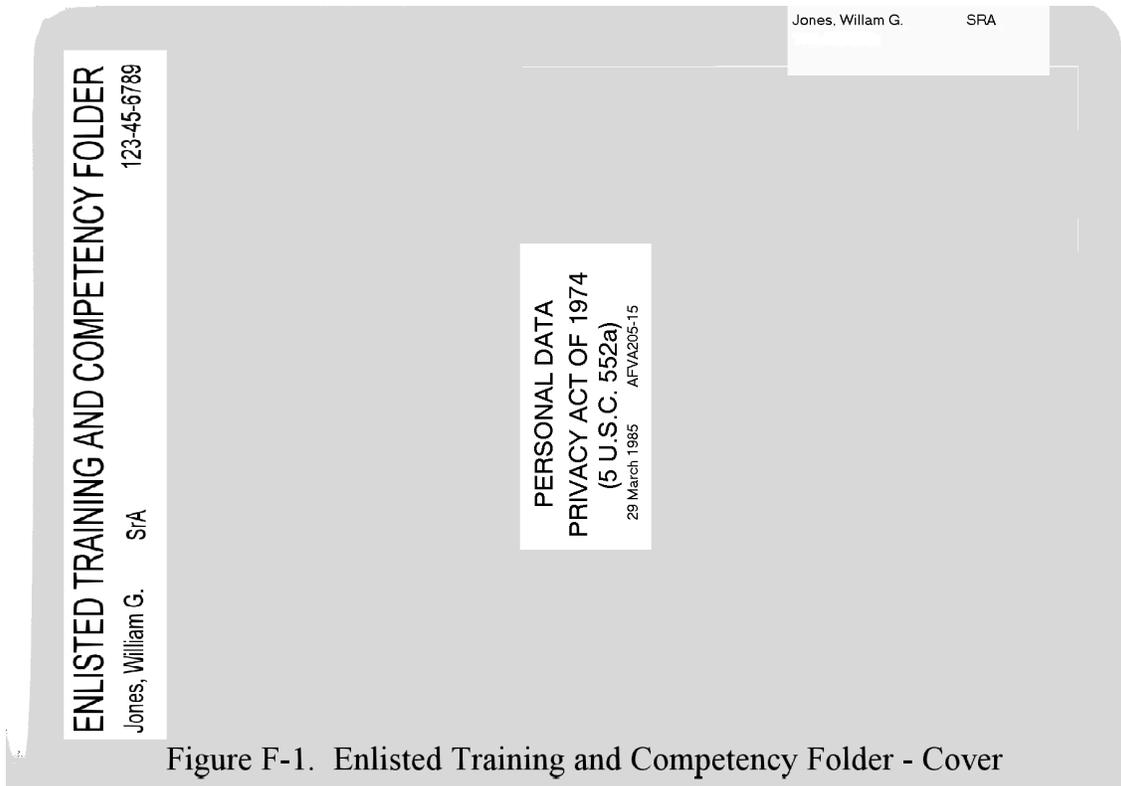


Figure F-1. Enlisted Training and Competency Folder - Cover

I. IDENTIFICATION DATA		
LAST NAME - FIRST NAME - MIDDLE INITIAL Jones, William G.	GRADE/RANK SrA	DAFCODE SERIES 4N131
INDIVIDUAL TRAINING RECORD		
PRIVACY ACT STATEMENT		
<small> AUTHORITY: Title 44 U.S.C. 3151; Title 10 U.S.C. 9813 and E.O. 9397 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. ROUTING USES OUTSIDE DGD: None DISCLOSURE IS VOLUNTARY: The DGM 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. </small>		
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						COMPLETION DATE
		START DATE	CERTIFYING OFFICIAL'S INITIALS	TRAINEES 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.
BLS Training	12 Feb 97			4	C	bi-en	12 Feb 99
Patient Sensitivity	20 Mar 97			P		A	20 Mar 98
Hospital Safety	12 May 97			P		A	12 May 98
QA/QI	12 May 97			P		A	12 May 98
Infection Control	20 May 97			P		A	12 May 98
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 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.
Surgical Counts QTP4N1X1-4 Module 3	17 Apr 97			P		A	17 Apr 98
Surgical Asepsis QTP4N1X1-1 Module 1	20 May 97			P		A	20 May 98
Electrosurgical Devices QTP4N1X1-5 Module 1	10 Jun 97			P		A	10 Jun 98
NOTE: Utilize AFPC or locally developed competency packages until 4N1X1 QTPs are available.							

NAME OF TRAINEE (<i>Last, First, Middle Initial</i>) Jones, William G.			GRADE SrA	UNIT AND OFFICE SYMBOL 123 MDOS/SGOSB			
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AF FORM 1098, APR 85 (EF)

PREVIOUS EDITION WILL BE USED.

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

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.	FREQUENCY G.	DUE DATE H.
Malignant Hyperthermia: AORN Journal, Feb 94, Vol 59 #2	25 Apr 97			1 hr			
Laser Safety AORN Standards	30 May 97			2 hrs			
Cardiac Arrest Procedures Mfg Lit. OR OI 41-1281	27 Jun 97			1 hr			
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-7. Sample AF Form 1098 Documenting In-service Training

ON-THE-JOB TRAINING RECORD CONTINUATION SHEET
<p>23 July 1995</p> <ul style="list-style-type: none"> - 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. <p style="text-align: right;"><i>William G. Jones</i> William G. Jones, SrA Surgical Service Apprentice</p> <p>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.</p> <p style="text-align: right;"><i>John W. Doe</i> John W. Doe, SSgt Surgical Service Craftsman</p>
<p>LAST NAME - FIRSTR NAME - MIDDLE INITIAL Jones, William G.</p>

AF FORM 623a, MAR 79 (EF)

PREVIOUS EDITION WILL BE USED

Figure F-8. Sample AF Form 623a Documenting Job Description/Performance Standards Review

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

16 Dec 1996

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 96, 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 97

An orientation progress check was accomplished on this date. SrA Jones has progressed through the Operating Room Orientation Checklist (dated 19 Jun 96) with little to no difficulty.

William G. Jones

William G. Jones, SrA

John W. Doe

John W. Doe, SSgt
Surgical Services Craftsman

10 Feb 97

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 96). 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 97

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 96). 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-9. 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 - FIRST 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 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 AFI 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-11. Sample AF Form 623a Documenting Trainee Responsibility
During Upgrade Training**

