

BACKGROUND

Certified Surgical Technologists (CSTs) are critical members of the surgical team, responsible for maintaining a sterile environment, preparing instruments and equipment, and ensuring the seamless flow of procedures in the operating room. Their role is not only technical but also safety-critical, contributing directly to surgical efficiency, infection prevention, and positive patient outcomes. To remain certified and uphold the standards of practice, CSTs must engage in ongoing professional development by earning Continuing Education (CE) credits as mandated by their certification bodies, such as the Association of Surgical Technologists (AST) and the National Center for Competency Testing (NCCT).

Despite the importance of ongoing education, a gap was identified in the availability of recertification-approved learning opportunities within the institution's existing educational offerings. Findings from the 2023 Operating Room (OR) staff annual learning needs assessment revealed that 28% of CSTs expressed concern about the unavailability of CE-approved educational sessions. At baseline, only 5% of in-service educational sessions for operating room staff were CE-approved for CST recertification. This posed a significant barrier for CSTs staff who wished to remain in compliance with certification requirements while maintaining their demanding clinical schedules.

This quality improvement project was initiated to address the absence of structured, CE-approved in-service education, the project aimed to enhance staff competency, support recertification requirement, reduce financial strain, and improve workforce retention and engagement in the operating room.

OBJECTIVES

- Increase the percentage of CE-approved in-service educational opportunities for CSTs from 5% to 14% by December 6, 2024.
- Ensure CE content aligns with recertification standards set by certifying bodies (AST and NCCT).
- Implement a sustainable process for planning, documenting, and delivering CE-approved sessions without disrupting operating room workflows.

METHODS

A multidisciplinary team comprising operating room leadership, nurse educators, administrative assistants, and the nursing education coordinator was assembled to design and implement the intervention.

Key actions included:

- Reviewed CE requirements from surgical technologist certifying bodies: Association of Surgical Technologists (AST) and National Center for Competency Testing (NCCT)
- Created an OR In-Service Planning Grid to align education topics with CE standards.
- Standardized the in-service planning process to include CE-eligible topics and documentation.
- Utilized QR Code scanning for online attendance tracking to validate and generate CE certificates.
- Piloted the intervention from May to December 2024 across 10 educational sessions.
- Facilitated communication with stakeholders, including surgical technologists, to promote engagement.

RESULTS

- Baseline (2023): 4 CE-approved in-service sessions per year (5% of total).
- Post-intervention (2024): 10 CE-approved sessions recorded over 6 months (19% of total), exceeding the target of 14%.
- Increased staff satisfaction and participation rates.
- Improved documentation accuracy for CE certificate issuance.
- Positive feedback from CSTs on the relevance and accessibility of the educational content.

FIGURE 1

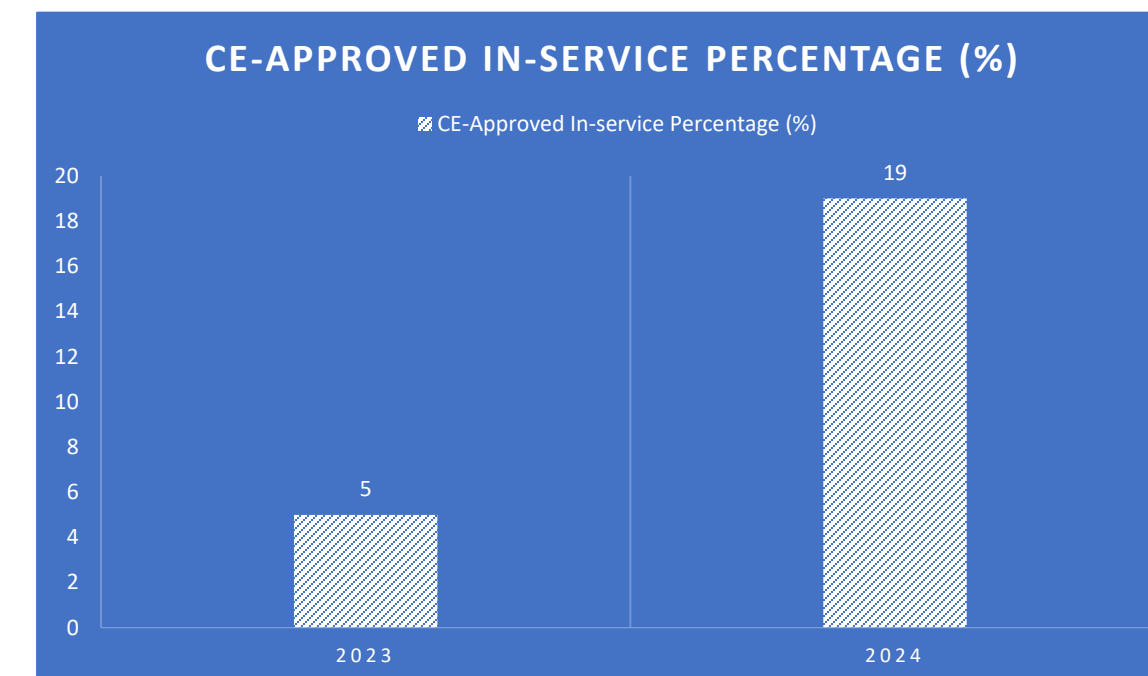


Figure 1 showing the increase in the number of CE In-service offerings
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TABLE 1: Examples of Qualified In-service Topics

Examples of Qualified In-service
The subject of the in-service is relevant to the practice of surgical technology
<ul style="list-style-type: none"> • Surgical techniques • Instrumentation • Equipment • Supplies • Surgical procedures

Table 1 showing examples of qualified in-service topics
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FIGURE 2

CE In-service Will Enhance Role Development And CST Recertification

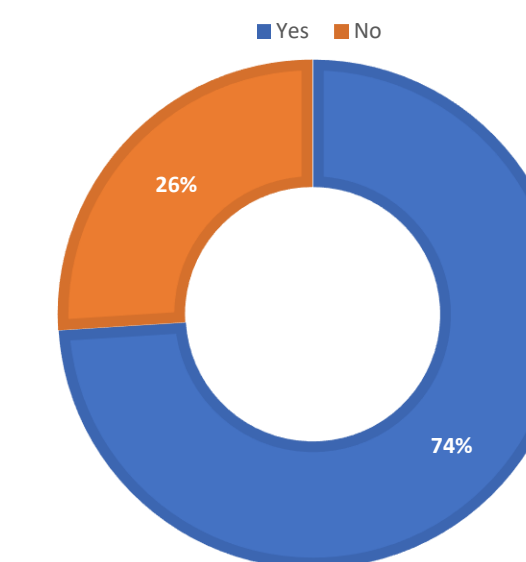


Figure 2 showing the believe that CE In-service will enhance role development and meet CST recertification requirement.
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TABLE 2: CE Credit Structure

CE Credit
50-60 minutes = 1 CE Credit
30 minutes = 0.5 CE credit
Partial CE credits are in 15-minute increments
15 minutes = 0.25 CE Credit

Table 2 showing CE Credit measuring structure
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DISCUSSION

The success of this project highlights the importance of structured planning and interprofessional collaboration in addressing educational gaps. By integrating CE-approved content into the existing in-service structure, the project provided available, relevant, and cost-effective learning opportunities that support surgical technologist recertification. Early challenges included delays in identifying certifying body requirements and initial communication barriers with CSTs, and these were addressed through interprofessional planning and collaboration. This model represents a scalable solution for other certification-based clinical roles.

CONCLUSIONS

This quality improvement initiative significantly increased availability of recertification-approved educational opportunities for CSTs, and delivering measurable benefits in staff development, operational efficiency, and recertification cost savings. This success demonstrates the value of aligning professional development with institutional goals and highlights the potential for broader application across healthcare disciplines that require certification maintenance.

REFERENCES

1. Association of Surgical Technologists (AST). <https://www.ast.org>
2. National Center for Competency Testing (NCCT). <https://www.ncctinc.com>