THE SURGICAL ASSISTANT

Published Quarterly by the Association of Surgical Assistants

VOL. 19, NO. 2
SPRING 2013

Inside:

ASA ANNUAL REPORT

Dennis Stover, CST, CSA, ASA President

Over the last couple years, ASA has made great strides as a membership organization offering all practitioners a range of new hands-on educational opportunities as we promised.

Below is a quick recap of many of the ASA activities:

2010

In October 2010, ASA sponsored an orthopedic cadaver lab at Arthex Inc, in Naples, Florida.

2011

The first slate of officers was elected. In response to member request, an ASA Education Committee was appointed and tasked with revising the surgical assistant job description and developing the first-ever Standards of Practice authored by surgical assistants.

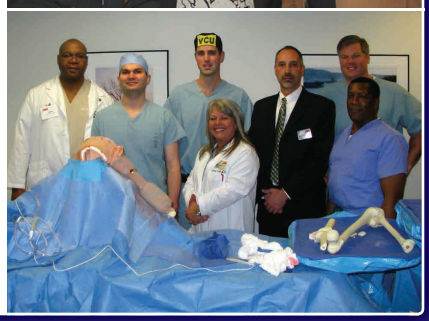
ASA sponsored three hands-on workshops in San Francisco:

- Endovein Harvesting in partnership with Sorin, Inc. at the SimSurg Center
- Advanced Suturing Workshop
- Orthopedic Cadaver Lab with Arthrocare in Sunnyvale, California

ASA launched the following:

- A discounted CE opportunity exclusively for surgical assistants was published.

—*continued on page 3*



The Complete Surgical Assistant Solution

Join Our Family...

American Surgical Assistants, Inc. is the leading surgical assistant professional services solution in the country with over 20 years in the industry.

We provide the **complete surgical assistant solution** to the surgical needs of hospitals, surgeons, and healthcare institutions by providing certified, specialized surgical assistants.

American Surgical Assistants' level of excellence was rewarded with the honor of being the first surgical assistant stafffing company to be certified by **The Joint Commission.**

For More Information visit: **www.americansurgicalassistants.com**

American Surgical Assistants, Inc.
10039 Bissonnet Street, Suite 250
Houston, Texas 77036-7852

Toll-Free: 1-866-679-5779
Fax: 713-779-9862

—continued from page 1

- A dues structure was initiated.
- An educational cruise to the Caribbean providing 17 continuing education credits.

2012

- A hands-on surgical robotics practicum was offered for the first time in conjunction with and educational workshop in Houston, Texas, February 24-25. ASA worked very hard to answer the numerous requests for a robotics workshop.
- The initial draft of a revised definition of the surgical assistant job description was developed by the ASA Education Committee. It is anticipated that the first ASA Standards of Practice may be introduced at the annual meeting in New Orleans.
- A salary survey was published, and an online salary predictor was introduced for both surgical technologists and surgical assistants.
- Candidates for secretary and three directors were elected in Washington, DC.
- A fall educational meeting was held in conjunction with the Illinois Surgical Assistant Association in Elmhurst, Illinois. Stryker Orthopedics has offered to present an orthopedics hands-on workshop.

ASA was very involved in legislative efforts in Virginia and Florida. Those efforts set important foundations for the following year's initiatives.

2013

A second learning cruise is being scheduled for late fall 2013, to the Western Caribbean. It will offer 18 continuing education credits.

We have not been standing still in the legislative area. As mentioned above ASA has been an active partner in two surgical assistant legislative efforts in the states of Virginia and Florida in 2012 and we are back at it again in this legislative year.

In Virginia, the Senate Health Licensing Subcommittee stated that the lack of regulation in the operation room is a problem that requires a solution. Consequently, representatives from AST/ASA and the Virginia Hospital Association were mandated come to the table to engage in discussions about licensing surgical assistants and certifying surgical technologists. Hopes are high that this discussion will show positive results.

Legislative efforts in Florida are active at this time. The bill provides that current and valid surgical assistant certification is mandated to obtain privileges. Reimbursement is required for all credentialed surgical assistants. Certification administered by a nationally accredited credentialing body is required for surgical technologists. Bills are working their

Our membership continues to grow—we are currently at 984 members. I believe we will reach our goal of 1,000 by this year's national conference. The ASA completes the task of re-examining and revising our strategic plan. We have accomplished many of the short-term goals and some of the long-term goals originally established. The revised plan was previously submitted to the AST board.

As part of our current strategy, a membership drive has become a priority. ASA has tasked our membership committee to put together a sustainable membership drive and to also look to bolster member benefits.

ASA is working with the Department of Labor to develop a separate classification for the Surgical Assistant. It is hoped that this will be completed by New Orleans conference.

For the first time, a separate job definition for surgical assistants will be published in the 2013-2014 Bureau of Labor Statistics survey. Next year, will be the first time we will be able to see concrete data related to surgical assistants.

2014

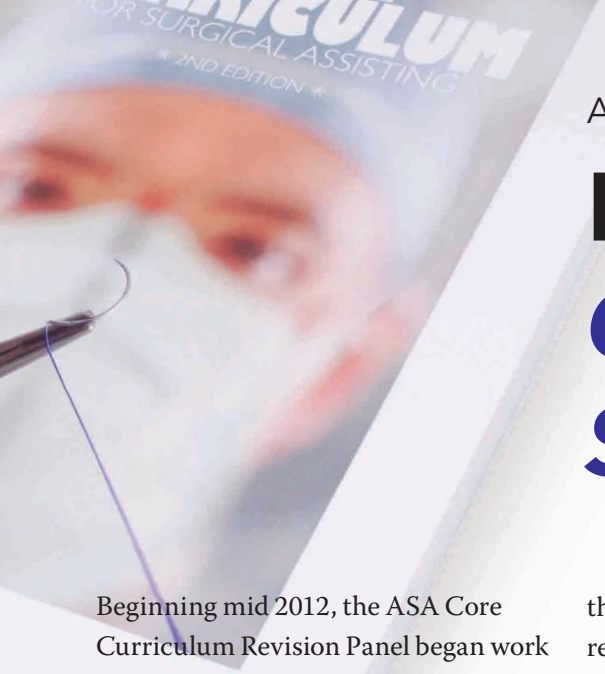
In February, ASA has been tentatively planning another robotics workshop in Houston at Memorial Herrman Hospital. Discussions have included exploring the possibility of adding the Mako Orthopedic Surgical Robotic system in order to attract orthopedic surgical assistants.

ASA is partnering with the National Association of Orthopedic Technicians (NAOT) to sponsor a casting workshop at the Denver 2014 annual conference. Other preconference workshops are under discussion

The ASA Board of Directors has previously sent a letter to the NBSTSA Board of Directors asking that they would consider removing the experience only route as an eligibility route to the CSFA exam. The ASA board fully believes that to remain a viable and externally validated profession all surgical assistants should receive formal education and training prior to sitting for the CSFA examination. ASA continues to work closely with our partner organizations.

ASA's membership and income from events have been steadily increasing and related revenues have been on a parallel track. Consequently, ASA has been able to provide substantial support for both the ongoing legislative efforts as well as administrative overhead.

We are very appreciative of AST's support and commitment to ASA and its membership.



ASSOCIATION OF SURGICAL ASSISTANTS

Revision of the *Core Curriculum for Surgical Assisting*

Beginning mid 2012, the ASA Core Curriculum Revision Panel began work on revising the *Core Curriculum for Surgical Assisting* (CCSA) in order to publish the 3rd edition. The Panel consists of Jeff Bidwell, CST, CSFA, KCSA, FAST (Chair); Rebecca Hall, CST, CSA, FAST; Teri Junge, CST, CSFA, FAST; Lori Millin, CST, CSFA, FAST; and Crystal Warner, CST, CSA. Upon review of the second edition, the panel acknowledged the important work that had been completed in taking the CCSA to another level of quality. However, due to the advancements that have been made in better defining the knowledge level and curricular requirements of the entry-level surgical assistant, the panel agreed upon the revision theme of "Revise to Reflect the SFA Profession" to emphasize key curricular aspects.

The beginning task facing the panel was determining which documents in the second edition remained relevant and those that required a major revision. Ultimately, the decision was made that the entire CCSA required a major revision. While still retaining subject areas such as anatomy and surgical procedures, the panel has been re-working the CCSA from the Table of Contents to the clinical section. The following are specific examples of the approach that has been taken in regard to the didactic section of the CCSA:

- New titles of documents to reflect required knowledge level of the entry-level surgical assistant:
  - Instead of simply "Anatomy & Physiology" which denotes study of general systemic A &P, the title is now "Surgical Anatomy" (more is discussed below in regard to surgical anatomy)
  - Instead of simply "Pharmacology & Anesthesiology," it is now four documents: "Anesthesiology Principles, Conscious Sedation & Pain Management;" "Local Anesthetics;" "Electrolytes, Fluid and Shock;" and "Surgical Infections and Choice of Antibiotics."
- New documents that include "Principles of Preoperative Education of the Surgical Patient;" "Perioperative Skills of the Surgical First Assistant;" "Management of Acute Trauma;" and "All-Hazards Preparation."
  - As an additional example to illustrate the approach to didactics, "Perioperative Skills of the Surgical Assistant" encompasses the technical skills of the surgical assistant that are employed when coordinating the care of the surgical patient with the other members of the surgical team, including positioning the patient, urinary catheterization, draping procedures, use of surgical instrumentation and operative-site exposure.
  - "All-Hazards Preparation" is a CAAHEP requirement; however, since it is covered in detail in the *Core Curriculum for Surgical Technology* (CCST), a review of the main factors of all-hazards preparation is included in the CCSA with an emphasis on the roles the surgical assistant can assume during an all-hazards situation.

An important decision made by the panel before any document was reviewed and revised was that surgical anatomy served as the basis of knowledge of the surgical assistant and all

Editor's Note:

The ASA Core Curriculum Panel will be presenting their updates on Saturday, May 25 during a panel session that features the changes to the Core Curriculum as well as a preview of the first Recommended Surgical Assistant Standards of Practice that have been tasked to the ASA Education Committee.

This session has been scheduled for Saturday, May 25 and begins at 11 am in Grand Salon A.

other documents flowed from surgical anatomy. An important part of the American College of Surgeon's description of the surgical assistant states, "most importantly apply advanced knowledge of surgical anatomy during the preoperative, intraoperative, and postoperative phases of surgery." The key aspect, as previously referenced, is the use of surgical anatomy. When studying anatomy, the emphasis must be based on regional anatomy with surgical anatomy as the critical component, versus the entry-level approach of systemic anatomy. Surgical anatomy is the critical component with an emphasis on advanced anatomical knowledge that is applied toward the surgical diagnosis and procedure.

Another important decision of the panel is in regard to the approach to teaching surgical procedures. This has always been a daunting task for surgical technology and surgical assistant educators. A concept that was applied to the revision of the Core Curriculum for Surgical Technology was adopted for revision of the CCSA, the "Co-Related Procedures" concept.

Some surgical procedures are similar regarding procedural steps and role of the surgical assistant. For example, colon resection is required to be taught; however, small bowel resection is not listed since it is the same co-related procedure. The instructor has the academic freedom to either inform the student that small bowel resection is performed like the colon resection or exceed the CCSA requirements and teach small bowel resection. The purpose of the Co-related Procedures Concept is to avoid repetition in the classroom.

One last note concerns a new feature of the third edition, the use of "Information Boxes" to emphasize key points for the educator. The Information Boxes are placed within strategic sections of the CCSA and contain additional information as a guide to the educator. Two examples have already been incorporated in this article providing guidance on surgical anatomy and the Co-Related Procedures concept.

The panel will meet this summer to define the clinical content requirements of the CCSA. ASA anticipates that the new surgical assisting core curriculum will be published later in the fall of 2013.

ASA wishes to thank all the contributors to the first, second and third editions of the CCSA. Advances in the education of the surgical assistant could not be achieved if not for the efforts of these volunteers who have a vested interest, along with all other surgical assistants, in maintaining and advancing the quality of education of the surgical assistant.

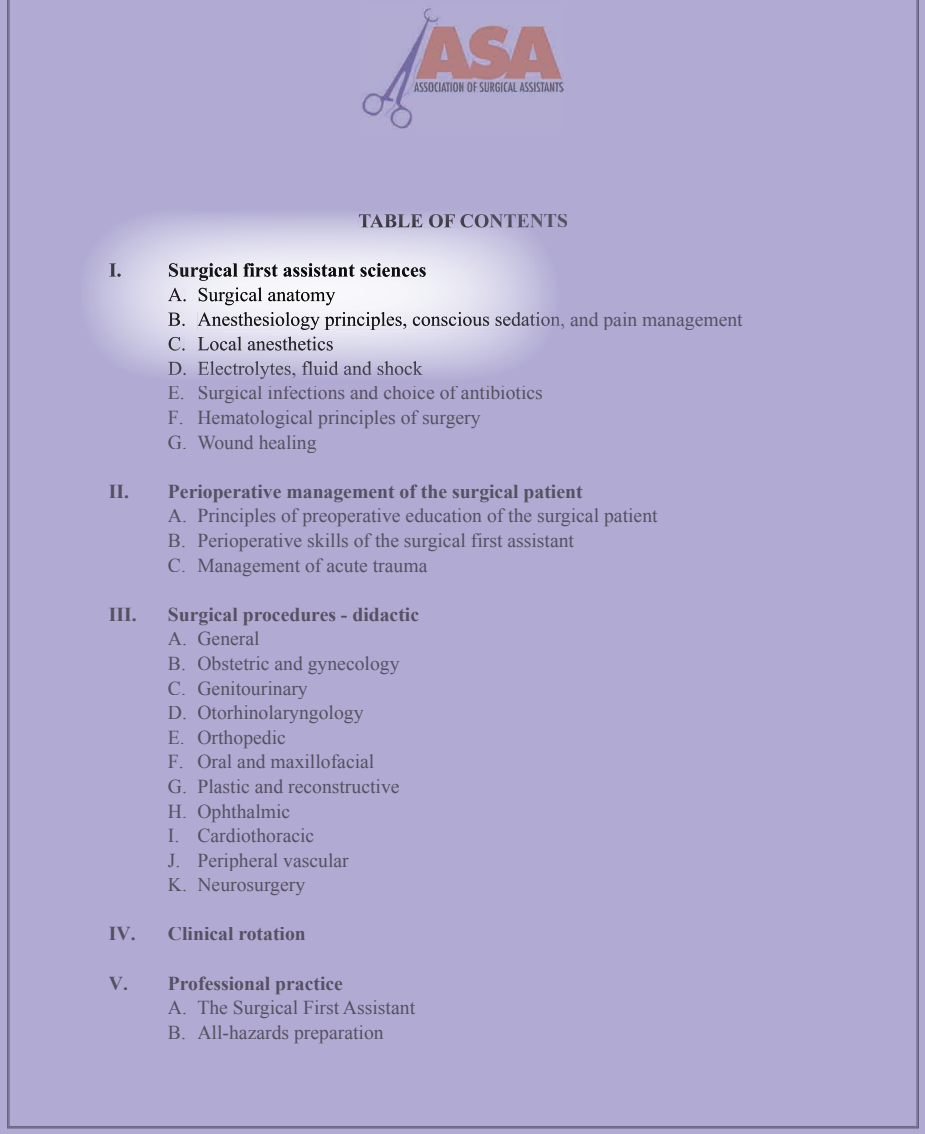


TABLE OF CONTENTS

An important decision made by the panel before any document was reviewed and revised was that surgical anatomy served as the basis of knowledge of the surgical assistant and all other documents flowed from surgical anatomy.

Why the Core Curriculum Is Important to Practitioners

Too often, when discussing revisions of core curriculums, the practitioner is left out of the loop of the importance of the core curriculum to the overall profession. The CCSA is a foundational document that serves as the beginning guide in the development of Recommended Standards of Practice (RSOP). It provides suggestions for topics/subject areas to be more thoroughly researched and published as RSOPs that serve to support the role and duties of the surgical assistant practitioner. Subsequently, together the CCSA, RSOPs, ACS description of the surgical first assistant, and ASA recommended job description provide guidelines for healthcare facilities in determining the knowledge and skill level of surgical assistants, in particular when the individual is working toward attaining privileges. The CCSA provides a critical resource when ASA receives calls from hospitals' legal and human resource departments seeking to understand the educational foundation for surgical assistants in order to justify inclusion of certain tasks and functions in job descriptions.

Additionally, the CCSA is a substantive resource to maintain and increase surgical assistants' legal status. The state in which you live determines whether or not you may practice as a surgical assistant. The legal status of surgical assistants in the United States falls into three primary categories: 1.) licensed; 2.) under the delegatory authority of the physician; and 3.) prohibited. In the first two instances, the CCSA, along with other foundational documents such as RSOPs, are used to bolster surgical assistants' legal status. In states where surgical assistants are seeking licensure or certification, legislators and policy analysts use the CCSA to describe the surgical assistants' scope of practice in legislation, and once passed, law. State legislators and policy analysts often consult the CCSA to understand the level of knowledge and skill the surgical assistant must attain; in other words, the CCSA is an aid in validating the role and responsibilities to state legislators. Policymakers have little knowledge about the role of the surgical assistant, much less their educational and training background. Formal publications from national professional associations, such as ASA, hold much clout and without them, surgical assistants are left flat-footed. In states where surgical assistants work under the delegatory authority of the physician, the CCSA provides a solid foundation for ASA's Government Affairs Department to ensure surgical assistants' scopes of practice are not limited by lawmakers or regulators. This is why it is extremely important that the CCSA be comprehensive: using the CCSA, ASA and its advocacy team can justifiably lobby to include subject areas and tasks in the CCSA in a surgical assistants' scope of practice.

A Salute to Team Florida

Nobody has experienced the thrill of victory and the agony of defeat in the legislative arena like the members of Team Florida, an intrepid group of 10 surgical assistants and surgical technologists who have championed legislation in the Sunshine State in 2013. Assisted by able lobbyists Pete Buigas and Melaney Cordell of Buigas & Associates, Team Florida has met weekly to craft and execute a strategy to bring certification requirements for Florida practitioners and to seek reimbursement for surgical assistants.

The initiative is difficult and challenging in a legislature that eschews regulatory restrictions and avoids adding any complexity to the healthcare delivery systems. Nevertheless, SB 360, sponsored by Sen. Rene Garcia (R) and HB 281, sponsored by Rep. Matt Gaetz, (R) made considerable, though not linear, progress through both the Senate and the House during the 2013 legislative session. The identical bills provided for mandatory certification of surgical assistants (CSFA, CSA and SA-C) and surgical technologists (CST) as a condition of employment; and further provided for insurance reimbursement for certified surgical assistants for their services if a licensed practitioner were similarly reimbursed.

Florida's labyrinthine process necessitated that the bills pass through seven committees before moving to the House or Senate floors for final vote. This feat must be accomplished in the 40-day legislative session that begins in March and ends in early May.

In the Senate, SB 360 was assigned to the Health Policy Subcommittee, the Banking and Insurance Committee, the Appropriations Subcommittee of the Health and Human Services Committee, and the full Senate Appropriations Committee. In the House, HB 281 was scheduled in the House Health Quality Subcommittee, and the House Health Committee as a whole.

The beginning was not auspicious. Scheduled first in the Senate Health Policy subcommittee on March 20, 2013, SB 360 was placed last on the agenda, because Sen. Garcia was a committee member and protocol provided that members' bills be heard last. The hearing schedule was packed, and several bills had numerous advocates and opponents offering testimony for and against the measures. Team Florida assembled over 35 people in support of SB 360, if not to testify, then to "waived in support" of the measure. The scene of dozens of white lab coats and scrubs was compelling. But the clock was the ultimate winner of this first contest: Florida law requires a hearing to end promptly at 5:30 PM, and at 5:31, in the middle of testimony for the bill before SB 360, Sen. Bean, Chair of the committee, gaveled the hearing to a close. SB 360 would have to be heard another day. Apologies from Sen. Bean and promises of a reschedule by Senate President Gaetz were cold comfort in a campaign that has already lost a week.

In the House, Rep. Corcoran, the "gatekeeper" of hearing schedules, expressed his opposition to this measure, and objected to scheduling HB 281 for a hearing in the House. The lobbyists continued to pressure him, and finally a hearing was scheduled before the House Health Quality subcommittee on March 27, 2013. Every legislator on the committee heard from surgical assisting and surgical technology constituents and the measure passed out unanimously; however Rep. Corcoran remained averse to any more scheduling. Team Florida member Jeff Jones and other constituents contacted the Representative by phone and letters to try and persuade him to schedule the bill for hearing.

In the meantime, ASA's lobbyists were negotiating with stakeholders, such as the Florida Hospital Association, Florida Medical Association, Florida Nurses Association, physician and specialty medical practitioner organizations, and the insurance industry to arrive at mutually acceptable language. Resistance from the health insurance lobby resulted in the reimbursement provisions being struck from the bill, in the anticipation that the measure would be brought up again as a standalone measure. Clarifying language suggested by the Hospital Association was adopted; and language submitted by other stakeholders was politely rejected. Hence, the bills had no perceptible opposition from any quarter. They continued to move forward.

SB 360 was rescheduled for hearing in the Senate Health Policy Committee on April 2, 2013. Again Team Florida

attended in significant numbers. The measure passed the committee with only one "no" vote, 8-1. It went on to the Senate Banking and Insurance Committee, which passed the bill unanimously (even though reimbursement language had already been stricken) on April 9, 2013. Then, it moved on to the Senate Health and Human Services Appropriations Subcommittee, which also unanimously passed the bill 10-0. Then: a brick wall. Rep. Corcoran, determined not to advance HB 281, declined to set the bill for hearing in any future House committees, suggesting that the bill would not pass the remainder of the Senate committees. The Senate Appropriations committee declined to schedule SB 360, because the Chair was informed that the bill would not be heard in the House. Tick tick tick. Only one more week of hearings remained before adjournment.

Team Florida redoubled its efforts. Numerous phone calls, letters, emails, and other correspondence blanketed the Capitol. Members contacted Rep. Corcoran to express displeasure with his obstruction of the bill through committees. Surgical assistants and surgical technologists targeted leadership in both chambers as well. Several practitioners wrote impassioned letters detailing the tasks and functions of these medical roles and the importance of objective competency measures to promote surgical patient safety and the reduction of preventable medical errors. Constituent phone calls and even constituent visits were the order of the day, and the week. Team Florida continued to meet every Thursday evening to measure progress of the initiative.

In the background, Sen. Garcia, and ASA/AST's lobbyists, continued to meet with Senate and House leadership to find a way to advance the measures directly to the Senate and House floors without going through the remaining committees. A bill amendment device was the last best consideration. This strategy requires that a sponsor of a bill that has the same subject matter as SB 360 and HB 281 (hospitals and healthcare facilities) permit an amendment to the bill that was already moving to the floor. Such a vehicle was located – a measure dealing with trauma centers in Florida – and the sponsors agreed to the amendment of the certification requirements onto that existing legislation. However, one final procedural barrier remained: if any member of the House or Senate interjected a "point of order" to the amendment, the initiative would likely fail. In the end, leadership in the Senate threatened a "point of order" and the bill's promise for 2013 was over. ASA will assess the strategy for 2014.

Membership Application

ASSOCIATION OF SURGICAL ASSISTANTS
Association of Surgical Assistants • www.surgicalassistant.org
6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120-8031
Phone: 800.637.7433, option 3 • Fax: 303.694.9169
memserv@surgicalassistant.org

Last Name _____ First _____ MI _____

Address _____ Apt # _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Have you ever been a member of ASA? ○ No ○ Yes, under the name of _____

Email _____

I was recruited by: _____ (member's name), _____ (membership #)

MEMBERSHIP DUES

Membership categories and discounted first-time CSFA exam bundle explained on the back of this form.

Please check the appropriate choice for membership dues or bundle.

○ **Active…$150 (INCLUDES AST MEMBERSHIP)**

Copy of your credential must be submitted for verification.

Credential Held: ○ *CSFA = NBSTSA* ○ *CSA = NSAA* ○ *SA-C = ABSA*

Certification Number _____ *Cert Start Date* _____ *Cert End Date* _____

○ **Associate…$150 (INCLUDES AST MEMBERSHIP)**

Credential Held: ○ *CST* ○ *CRNFA or RNFA* ○ *PA-C* ○ *OPA-C* ○ *Other* _____

○ **Student…$45** *(Requirement:: currently enrolled in a CAAHEP-accredited surgical assisting program.)*

Complete School Name _____ *Start Date* _____ *Graduation Date* _____

Instructor's Name _____ *Instructor's Email* _____

○ ***Gold Student Exam Bundle…$237*** *(First-time certification only, includes ASA membership. See other side for requirements.)*

DUES INFORMATION All dues are for one year. Dues are not refundable and membership is not transferable.

PAYMENT METHOD

Remit to: ASA, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120-8031 or fax 303-694-9169

○ Check or money order enclosed (make checks payable to AST)

Bill my credit card: ○ VISA ○ MasterCard ○ AmEx # _____ Expiration date _____

Signature _____

○ Check here if you **do not** wish to receive email notification in addition to your regular postal notifications.

○ ASA shares mailing information with a very limited number of organizations which provide membership with liability coverage and other services at a discounted rate as a benefit of membership. Check here if you **do not** wish to receive information.

Join ASA Today!

Print and mail your application with payment to
ASA • 6 West Dry Creek Circle • Suite 200 • Littleton, CO 80120
or fax to 303.694.9169
or submit this form directly to ASA by clicking "SUBMIT"

SUBMIT

Meet Erik Wilson, MD

ASA FEATURED SPEAKER

Erik B Wilson, MD, is a Professor in the Department of Surgery at the University of Texas Medical School at Houston and the Director of the Minimally Invasive Surgeons of Texas (MIST). He is the Division Chief of Elective General Surgery for the UT Department of Surgery.

He graduated from college with highest honors from Texas A&M University and completed his Medical Degree from Baylor College of Medicine. He completed a general surgery residency at Texas A&M and a fellowship in Advanced Laparoscopic Surgery at the University of Texas Medical School at Houston. He is also the Medical Director of Bariatric Surgery for Memorial Hermann-Texas Medical Center.

Dr. Wilson is Co-Founder of the Texas Association for Bariatric Surgery and Houston Bariatric Society. He is a founder and the Past President of the Clinical Robotic Surgery Association. He is a leader in endoluminal and robotic General Surgery since 2002 with over 1,000 cases performed robotically. He specializes in weight loss surgery, reflux surgery, hernias and minimally invasive general surgery.

He has compared robotics vs laparoscopic surgery and observed that surgical instruments are difficult to manipulate in the hard abdominal walls. But, when a surgeon docks the robot to the patient, it takes the weight of the abdominal wall off the surgeon and enables the surgeon to be more precise, more accurate. Wilson has confidence in the da Vinci surgical robotic and because it allows him to be a better laparoscopic surgeon. As the robotic tool, gets better, he maintains that he will become a better surgeon.

In studies he has lead, results demonstrated that large patients with large abdominal walls benefited the most from the robotic platform. The extra visualization, the extra precision facilitated by the robotic surgical platform results in better surgical outcomes.

The gastrointestinal leak rate is lower because surgeons can be more accurate. Advantages get bigger and bigger as the patients get bigger. All our operations are performed robotically. It's fundamentally easy and very accurate — low leak rates — low mortality rates in patients with high body mass index.

He is presenting the final session at the annual conference on Saturday, May 25 at 2 pm. He will be focusing on the Future of Surgical Robotics. He is actively working with Intuitive Surgical on the next generation of surgical robotic innovations.

Erik Wilson, is the first ASA-sponsored speaker at a national conference and we urge all members to take advantage of this incredible opportunity to hear one of the leaders in the field of surgical robotics. He has also presented at the ASA Advanced Robotics Practicum that was held in November 2012 in Houston, Texas.

CSTs, CSFAs, CSAs AND SA-C EARN 18 CREDITS AT THE ASA

2013 Learning at Sea

NOVEMBER 3-10, 2013 PORT CALLS: ROATAN, BELIZE AND COZUMEL

PORT CALLS YOU'LL REMEMBER

Roatan is the perfect place for swimming, kayaking, snorkeling and sightseeing from the Magical Flying Beach Chair. Explore the exotic, undeveloped East End of Roatan with a narrated trip aboard an island-style boat. Learn about the island's history, meet the local Garifuna people and sample delicious jams from locally grown flowers and fruits.

Belize is a tropical paradise promises adventure, both onshore and off. Crystalline rivers flow through impressive lowlan d jungles, home to a myriad of rare wildlife. Silky sand beaches, waving palms and colorful coral gardens are just part of Belize's natural wonders. Whether mountain biking through a lush rainforest or snorkeling with sharks, you'll experience things you've only imagined.

Cozumel is a renowned diving spot and home to the world famous Palancar Reef, which gives divers the opportunity to view thousands of brilliantly colored fish. Non-divers can kick back on a sun-drenched beach, or enjoy any number of seaside activities, such as shopping in colorful marketplaces or dining in an open-air café.

Cabin Charges (2 people/cabin)

8C Balcony: $2,555, 8B Balcony: $2,525, 4E Interior: $2,015, 4B Interior: $1,905

Fees include cabin accommodations, meals, education sessions and processing, and many shipboard activities. Excludes $50 per person gratuity and excursions. All cabins double occupancy. Limited supply—reserve early to ensure your choice.

Registration deadline

August 1, 2013. No refunds after August 1, 2013.

Questions

kludwig@surgicalassistant.org or mfrey@ast.org

Carnival Magic Departs Galveston.

Register online at www.surgicalassistant.org

CRUISE OVERVIEW

11/3	Depart Galveston at 4 pm
11/4	**Learning Day at Sea**
11/5	**Learning Day at Sea**
11/6	Roatan
11/7	Belize
11/8	Cozumel
11/9	**Learning Day at Sea**
11/10	Arrive Galveston at 8 am

PROPOSED AGENDA

Embarkation Day	
Group welcome and reception	
Day One at Sea (6 CEs)	
9–9:50 am	History of Surgical Assisting
10–10:50 am	Ethical Considerations
11–11:50 am	Ansell Healthcare
Noon–1 pm	Lunch
1–1:50 pm	International Missions
2–2:50 pm	The Surgical Traveler
3–3:50 pm	Evidence Preservation
Day Two at Sea (6 CEs)	
9–9:50 am	Business Principles for the Surgical Assistant (Part 1)
10–10:50 am	Business Principles for the Surgical Assistant (Part 2)
11–11:50 am	Emergency C-Section
Noon–1 pm	Lunch
1–1:50 pm	Knowing Your Patient Preoperatively
2–2:50 pm	Robotics
3–3:50 pm	Lab Values
Day 3 at Sea (6 CEs)	
9–9:50 am	Medical Malpractice Issues–1
10–10:50 am	Medical Malpractice issues–2
11–11:50 am	Recalled Implants
Noon–1:50 pm	Lunch
1–1:50 pm	Tissue Recovery
2–2:50 pm	Disaster Related Trauma
3-3:50 pm	The State of SFA Profession

AST Association of Surgical Technologists

ASA Association of Surgical Assistants

6 West Dry Creek Circle, Suite 200
Littleton, CO 80120

PRSRT STD
US POSTAGE
PAID
DENVER, CO
PERMIT # 3997

American Surgical Assistants ASA

ASA proudly recognizes American Surgical Assistants as a corporate sponsor.