

# SURGICAL ASSISTANT JOB DESCRIPTION UPDATED

*Editor's Note: Many requests are received from legislators, health care facilities, practitioners and allied health organizations for information that fully describes the roles and responsibilities of the surgical assistant.*

*In consultation with the National Board of Surgical Technology and Surgical Assisting and the Accreditation Review Committee on Education in Surgical Technology, the following job description was developed and published on both the ASA website and the AST website.*

The Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting have been approved by the Association of Surgical Technologists (AST), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC-ST), Subcommittee on Accreditation for Surgical Assisting (SASA), and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and include this description of the profession of surgical assisting:

As defined by the American

College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care. The surgical assistant performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations.

## Education

Surgical assistants graduate from surgical assisting programs accredited through CAAHEP, a collaborative effort of ARC-ST with AST, ACS, and SASA. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs are located in educational institutions that are institutionally accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or an agency acceptable to CAAHEP and the ARC-ST. ARC-ST, as a collaborating agency with CAAHEP, is also a member of the Association of Specialized and Professional Accreditors (ASPA).

## Credentials

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA). Initial certification as a Certified First Assistant (CFA) is based upon satisfactory performance on the national certifying examination following completion of an accredited program in surgical assisting or another pathway acceptable to

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# ROLE OF THE SURGICAL ASSISTANT

*The following description of the surgical assistant has been approved by the American College of Surgeons and Association of Surgical Technologists:*

## **1. Positioning the patient**

- A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order. Consideration will be given to the patient's comfort and safety.
- B. Points of pressure shall be padded: elbows, heels, knees, eyes, face, and axillary region.
- C. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
- D. Nerve damage shall be guarded against.
- E. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain the desired temperature range.
- F. The surgical assistant shall be familiar with common positions related to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:
  - (1) Fracture tables
  - (2) Head stabilizers
  - (3) Body stabilizers
  - (4) C-arm extensions
  - (5) Any other equipment needed
- G. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning which will include assessment of the skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.

## **2. Providing visualization of the operative site by the following:**

- A. Appropriate placement and securing of retractors with or without padding
- B. Packing with sponges
- C. Digital manipulation of tissue
- D. Suctioning, irrigating, or sponging

- E. Manipulation of suture materials (eg, loops, tags, running sutures)
- F. Proper use of body mechanics to prevent obstruction of the surgeon's view

## **3. Utilizing appropriate techniques to assist with hemostasis**

- A. Permanent
  - (1) Clamping and/or cauterizing vessels or tissue
  - (2) Tying and/or ligating clamped vessels or tissue
  - (3) Applying hemostatic clips
  - (4) Placing local hemostatic agents
- B. Temporary
  - (1) Applying tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of side effects of extended use
  - (2) Applying vessel loops
  - (3) Applying noncrushing clamps
  - (4) Applying direct digital pressure

## **4. Participating in volume replacement or autotransfusion techniques as appropriate**

## **5. Utilizing appropriate techniques to assist with closure of body planes**

- A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material
- B. Utilizing subcuticular closure technique with or without adhesive skin closure strips
- C. Closing skin with method indicated by surgeon (suture, staples, etc)
- D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon

## **6. Selecting and applying appropriate wound dressings, including the following:**

- A. Liquid or spray occlusive materials
- B. Absorbent material affixed with tape or circumferential wrapping.
- C. Immobilizing dressing (soft or rigid)

## **7. Providing assistance in securing drainage systems to tissue**

the NBSTSA. CFAs maintain their certification by earning 75 hours of approved continuing education in a four-year period or by successfully retaking the certifying examination at the conclusion of the four-year period.

The NBSTSA's certification program is accredited by the National Commission for Certifying Agencies (NCCA), the accreditation division of the National Organization for Competency Assurance (NOCA) and is in compliance with NCCA's *Standards for the Accreditation of Certification Programs*. NCCA standards and accreditation services are referenced requirements in state and federal legislation pertaining to personnel certification. NOCA is accredited by the American National Standards Institute (ANSI) as a developer of American National Standards. ANSI accreditation provides third-party validation that NOCA's standards development process ensures openness and due process.

The American College of Surgeons strongly supports adequate education and training of all surgical assistants, supports the accreditation of all surgical assisting educational programs, and supports examination for certification of all graduates of accredited surgical assistant educational programs.

### Professional Organizations

The professional organizations for surgical assistants are the Association of Surgical Assistants (ASA) along with its partner organization, the Association of Surgical Technologists. AST was formed in 1969 with the support of the American College of Surgeons, American Medical Association (AMA), American Hospital Association (AHA), and Association of peri-Operative Registered Nurses (AORN). ASA and AST represent the interests of over 5,000 surgical assistants.

ASA's and AST's primary purposes are to ensure that surgical assistants have the knowledge and skills to administer patient care of the highest quality and are the principal providers, in conjunction with more than 40 state organizations, of continuing education for surgical assistants. AST also works with ARC-ST and NBSTSA to set standards for education and certification and represents the profession at state and national levels to ensure that all surgical assistants attain the Certified First Assistant credential as a condition of employment.

# from the chair

Happy New Year Fellow  
Certified First Assistants!

I hope you all had a wonderful holiday season however you may have celebrated. With 2008 behind us, we begin 2009 with some new and exciting changes. Some of these changes came as a surprise but as with everything, change is good and challenges keep everything in perspective.

As many of you  
Christina Jordan, CST, CFA may already know,

Ben Price has left the organization as the Director of Government Affairs. Over the years I know many of you have worked closely with Ben to organize your state and for some of you to pass legislation. I know from experience it was wonderful working with Ben, and he will be missed. Although Ben is gone we have a Director of Government Affairs, Cathy Sparkman, JD. She comes to us with experience and enthusiasm to pick up where Ben left off. You can reach Cathy at 303-325-2504 or by email, [catherine.sparkman@ast.org](mailto:catherine.sparkman@ast.org).

In addition, a new government affairs coordinator has joined the organization. Graham Shepard is eager to hear from you, and he may be contacted at 303-325-2540 or by email, [graham.shepard@ast.org](mailto:graham.shepard@ast.org).

Now that we are in January, we all need to be thinking about Las Vegas in May for the ASA 11th Annual Meeting. We have a tremendous line up of speakers. There are a lot of great topics to be discussed that pertain to what we do every day. This is an opportunity for all of us to learn about new procedures, network with other individuals in our profession, as well as ask questions about legislation and learn what we can do in our own states. It goes without saying that every year these meetings get more and more informative all the way around, and the committee works hard to provide the most educational information that best pertains to surgical assisting. This meeting is about surgical first assisting, what you do on a daily basis, so register early

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# SURGICAL ASSISTING LEGISLATIVE RECAP

Catherine Sparkman, JD, AST Director of Government Affairs

*Surgical assistants enjoy professional regulation in three states: Kentucky, Illinois, and Texas. Though the regulatory schemes are variously titled, all three state statutes establish parameters for a surgical assistant's practice, provide for the delegatory and supervisory authority of the surgeon, and create an oversight regulatory board which establishes threshold qualifications, scope of practice, minimum and continuing education requirements and professional discipline.*

## Kentucky

Kentucky Revised Statutes, Sections 311.864 to 311.890, require governmental certification for anyone practicing as a surgical assistant in the state and creates title protection for a "Kentucky Certified Surgical Assistant" for those certified under the statute. The act creates an Advisory Commission for Surgical Assistants, comprised of three practicing surgical assistants, two physicians, and one perioperative registered nurse with a minimum of five years of clinical experience. This board is empowered to establish requirements for a surgical assistant to practice, including a certifying examination, minimum education and training, education and continuing education, and the surgical assistant's scope of practice. The board is empowered to conduct investigations and disciplinary proceedings.

Kentucky state certification as a surgical assistant requires proof of graduation from a program approved by CAAHEP, a certification issued by the National Surgical Assistants Association (NSAA) or

LCC-ST (now the National Board of Surgical Technology and Surgical Assisting (NBSTSA), 800 hours of documented work experience under the direct supervision of a licensed physician. The law recognizes portability of a surgical assistant's certification or registration in another state if the foreign state's requirements are at least as stringent as those of Kentucky. Finally, the board is empowered to exercise discipline over Certified Surgical Assistants. Revocation, suspension or restriction of certification may be imposed for several causes, including conviction of a felony or misdemeanor involving moral turpitude, drug or alcohol addiction, mental instability, providing false information, breach of confidential information, fraud, gross incompetence, or exceeding scope of practice for which the surgical assistant was credentialed.

## Texas Surgical Assistant Licensure Act

Texas law has recognized licensure of surgical assistants since 2001, when the state legislature amended the Texas Occupations Code by

establishing regulation of surgical assistants under the Texas Board of Medicine. The law establishes an advisory committee to the Board of Medicine that is comprised of six members including a practicing surgical assistant, a physician experienced in supervising surgical assistants and at least one experienced perioperative registered nurse. The advisory committee has no rulemaking authority. The medical board is empowered to establish qualifications for surgical assistants practicing in Texas, requirements for the licensing examination, minimum education and training, and develop an approved program for mandatory continuing education. The regulations provide for a consumer complaint process and investigatory powers by the board, confidentiality of investigation proceedings, whistleblower protection, and disciplinary authority.

An applicant for a surgical assistant's license must pass the licensing examination, hold an associate's degree from a program equivalent to nursing or physician assistant programs, possess certification by a national certifying organization recognized by the board, and demonstrate completion of full-time work experience consisting of at least 2,000 hours as an assistant in surgical procedures under the direct supervision of a licensed physician. A waiver of the licensing examination is available if the applicant can demonstrate that the national private certification examination is equivalent to the board's licensing examination. The regulations establish title protection for surgical assistants and prohibit unlicensed persons from using that designation.

The regulations define the scope of practice of a surgical assistant in section 206.251 and authorize a surgical assistant to practice in any place authorized by a delegating licensed physician, including a clinic, hospital, ambulatory surgical center, or other institutional setting.

The regulations establish a disciplinary process for licensed surgical assistants for violation of law, fraud or misrepresentation, or demonstrated lack of fitness. Administrative remedies include revocation, suspension, public reprimand, and rehabilitation.

Licensure requirements in Texas are subject to several notable exceptions, including those surgical assistants who are employed by the federal government, a licensed health care worker acting within the scope of that person's license (eg, nurse, physician, physician's assistant), or acting under the delegatory authority of a licensed physician. This latter exemption appears to make the licensure requirements voluntary, and in Texas only a small percentage of practicing surgical assistants are in fact licensed. The regulations survived a sunset review in 2004.

## Illinois

The Illinois Registered Surgical Assistant and Registered Surgical Technologist Title Protection Act, 225 ILCS 130, sets parameters and guidelines for those practitioners who seek to hold the title of registered surgical assistant. The act specifically provides that it is a title protection and not a licensure act; however, those who register under the act are subject to the disciplinary authority of the Illinois Department of Professional Regulation. Some

sections of the act in fact refer to licensure, but because the act does not make registration a condition of practice, it must be construed to relate only to those seeking to use the title "surgical assistant."

A "registered surgical assistant" is defined in the act as a person who is certified by the NSAA as a Certified Surgical Assistant, the Liaison Council on Certification for the Surgical Technologist as a Certified First Assistant, or the American Board of Surgical Assistants (ABSA) as a Surgical Assistant-Certified, who performs duties under direct supervision of an operating physician, licensed podiatrist, or licensed dentist, and who provides services only in a licensed hospital, ambulatory treatment center, or office of a physician licensed to practice medicine. The surgical assistant must apply for a certificate of registration with the department and complete the application within three years of inception.

To obtain registration as a surgical assistant, an applicant must be 21 years of age, completed a medical education program approved by the department or graduated from a United States military program emphasizing surgical assisting, successfully completed a national certifying examination approved by the department, and is currently certified by the NSAA, the NBSTSA or ABSA.

The registration act does not apply to licensed physicians, employees of the United States Government, a student engaging in the practice of surgical assisting as part of a program of study at a school approved by the department, medical students and residents.

The act gives the department investigatory and disciplinary authority over surgical assisting registrants. Grounds for disciplinary action, including criminal and civil penalties and fines up to \$5,000 include conviction of a felony or misdemeanor related to practice as a surgical assistant, engaging in dishonorable, unethical or unprofessional conduct, false statements or filing of false records, fraud, intoxication, addiction, physical illness which impairs a surgical assistant's ability to practice the profession, gross malpractice resulting in permanent injury or death of a patient, or immoral conduct in the commission of an act related to the registrant's practice (including sexual abuse, sexual misconduct, or sexual exploitation). The department has the authority to enter cease and desist orders, through the attorney general, issue fines and punishment for contempt of any order. The department has the authority to limit the scope, nature or extent of the surgical assistant's practice. The act provides for extensive procedural safeguards related to both investigations and hearings. However, the department may temporarily suspend the registration of a surgical assistant if supported by evidence that continuation of practice would constitute an imminent danger to the public. The act is scheduled to be repealed on January 1, 2014.

## Other legislative initiatives

In 2007 and 2008, several states have addressed licensure of surgical technologists, including Missouri, Arizona, Florida, and Connecticut. Although none was successful, initiatives are being considered in these and other states for 2009.

# DEVELOPING A STATE SURGICAL ASSISTING ORGANIZATION

Bill Bresnihan, CST, CFA, FAST

While the interests and needs of surgical technologists are similar to those of surgical assistants, there often seems to be controversy within AST state assemblies, regarding issues that are frequently considered key to the future of surgical assisting. Most often these issues center upon the allocation of a state assembly's goals and resources. A growing trend is that independent state surgical assistant associations are forming to focus efforts specifically upon the issues facing the surgical assistant within a specific area or region. These surgical assistant associations are proving to be successful in their efforts, and all have done so in partnership with ASA and the AST.

## Getting Started

The first requirement is a core group of motivated surgical assistants, who share the need for a more targeted agenda. Frequently the key reason for forming these associations is to focus on legislative issues in a state or region.

Determine the number of potential members in your state or area (ASA can help with statistics). If the number of surgical assistants in your state is low, then including neighboring states to increase your group's numbers may be an option.

When considering your potential members, you must also decide on whether to let members of other surgical assisting associations participate in your organization.

## The Details

State associations are typically formed as nonprofit corporations. Most states offer information about the creation of nonprofit corporations on their websites. Simply, search your state's division of corporations' department. A name for your group must be created and then researched on the state's list of existing business names to ensure that your proposed name is not in use.

Download an application for a nonprofit corporation and fill in the required information. You must decide upon the group's address (a PO Box is usually acceptable), and identify who will be officers of the new corporation. You will also need to include the required fee for filing and articles of incorporation. Articles of incorporation simply state the organizational structure, name and details of the corporation.

Soon after the state approves your application, you must apply to the federal government (IRS) for a nonprofit corporate tax ID number. The applications are available online at [www.irs.gov](http://www.irs.gov). While on this

website, search, download and complete the application for a 501C6 tax exemption, but do not file this until the tax ID number is granted and all steps below are completed.

A new bank account with the name and tax ID number of the group must be created. These accounts should have several members' signatures on file as authorized account users, and all checks written should require two officers' signatures to minimize the possibility of any fraudulent use.

A Board of Directors must be created to organize and guide the efforts of your group, and bylaws should be written and approved by the Board. Simply refer to the AST State Assembly Guidelines for details.

Assign key tasks to the Board of Directors. They must create a mission statement, determine membership criteria and dues, apply to AST for recognition as a continuing education provider, create a website, obtain potential member data from AST, determine the feasibility of getting resources from NSAA or ABSA to solicit membership and then plan educational events to raise money and promote your new group.

Once the momentum builds, your new group will establish credibility and then have the ability to employ lobbyists to affect legislative change to benefit surgical assistants in your area. Never underestimate the power of a small group of motivated individuals. Several states have already been successful, and I hope that yours is the next. Please contact Graham Shepard, [graham.shepard@ast.org](mailto:graham.shepard@ast.org) if you have additional questions.

# ASA 11<sup>TH</sup> ANNUAL MEETING AGENDA

The agenda for the ASA Annual Meeting is improving every year. This year, we are proud to announce that Jorge Lazareff, MD, a nationally recognized neurosurgeon will provide the ASA keynote presentation and address Neural Tube Defects and Other Congenital Diseases.

The meeting begins on the afternoon of Monday, May 25 at 1 pm and continues on Tuesday. Again, a choice of two hands-on workshops scheduled for Tuesday afternoon will be available. In addition to clinical topics, we hope that attendees will bring their practice-related concerns and share experiences during the opportunities provided during the panel presentation. An agenda is printed below. Any changes will be posted online and published in the *Journal* and on the website. Including the hands-on workshops, a total of 13 CE credits will be earned.

The cost for members is \$275; the cost for nonmembers is \$350.

Registration is now available online at [www.ast.org](http://www.ast.org). Click on the conference logo. A copy of the conference registration guide was mailed with the January *Journal*.

And be sure to note that many of the conference presentations are being sponsored by ASA and mark those as not to be missed!

## MONDAY, MAY 25

1–2:50 PM

*Neural Tube Defects and Other Congenital Diseases of the Central Nervous System*

JORGE LAZAREFF, MD

This presentation explores the pathology, etiology, symptoms and treatment strategies for congenital diseases of the brain.

3–3:50 PM

*Bloodless Transfusion Free Cardiac Surgery*

ROBERT WIENCEK, MD, FACS

This session discusses the benefits of bloodless surgery and techniques.

4–4:50 PM

*History of Laparoscopic Surgery, Instrumentation and Technology*

ADRIAN ORTEGA, MD, FACS, FASCRS

This session describes the history, state of the art, and future of minimally invasive surgery.

## TUESDAY, MAY 26

8–9 AM

*Surgical Assistants and the Law*  
Legislative Update

9–10 AM

*ASA—A Look at the Future of the Organization*

ASA Advisory Committee Panel Presentation

10–Noon

*Robotics in the O.R.—DaVinci*  
CHRISTINA JORDAN, CST, CFA

Noon–1 PM

*Lunch (provided)*

1–6 PM

*Hands-on Workshop (Synthes)*

Choose one:

- Treatment of Femoral Fractures Using IM Nails
- Staged Treatment of Distal Tibia Fractures

FROM THE CHAIR,  
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and remember you don't have to register for the AST conference to attend the ASA conference, which is great if you can only get a few days off from work. This 1½ day conference will be well worth your while. I hope to see you all there.

This issue of the *ASA Newsletter* offers a variety of helpful tips for establishing surgical assistants in your state. You will find practical information on organizing your state, legislation updates and the new CFA job description. You will also finally be able to put a face to our names with the continuing "Meet the Committee" section. Please have a look and introduce yourself to us at the meeting. Let us know your cares and concerns. We are all open to any questions you might have, and if we don't have an answer right away, we have the resources to get an answer for you. This committee is made up of your peers who work hard to learn and share what they know about the issues and excitement that this profession has to offer. So please take the time to contact us should you have questions or concerns.

Let's start 2009 with strong enthusiasm about our profession. There are many states with legislative efforts going on. Show your support with words of encouragement. Take these issues of the *ASA Newsletter* and use the information provided to start organizing your state!



**Association of Surgical Technologists**

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## MEET THE ASA ADVISORY COMMITTEE

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Bill Bresnihan,  
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