



THE SURGICAL ASSISTANT

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2012 Houston Meeting

February 2012 marked the launch of ASA independent educational meetings. Innovation was key and several ASA members registered for the first-ever practicum focusing on the da Vinci surgical robotic system. Twenty attendees enjoyed a full-on eight hour lab at the Surgical Innovation Center located at Memorial Hermann Hospital, Texas Medical Center.

On Friday night, Bob Kamm, the Texas lobbyist who spearheaded the Texas Surgical Assistant Licensure bill recounted the history of the legislative effort and addressed some future considerations. A reception with live music gave everyone a chance to sit back and enjoy an interim with friends.

On Saturday, topics presented included traveling and professionalism as well as clinical topics led by several surgeons.

ASA is grateful to American Surgical Assistants for their support of the organization and the profession.



Joe Agris, MD; Vanessa Hannemann, ASA Government Affairs Manager and Bob Kamm, ASA Texas Lobbyist



Svitlana Vasylyeva, CST



The band was fantastic and facilitated by Barrett Phillips.



Dennis Stover, CST, CSA, ASA president and Ibrahim Omeis, MD



EARN UP TO 17 CONTINUING EDUCATION CREDITS AT THE 2012 CHICAGO MEETING OCTOBER 19-20

SPONSORED BY THE ASSOCIATION OF SURGICAL ASSISTANTS
OAKBROOK MARRIOTT
ALL CSTS, CSFAS, CSAS AND SA-CS ARE INVITED TO ATTEND.

FRIDAY, OCTOBER 19, 2012

7:30 am-4 pm	Stryker Hands-on Neuro/Spine Drill Systems (Elmhurst Hospital; limited to 20 registrants. Separate agenda includes breakfast and lunch. Details are posted on the ASA, AST and ISAA websites. Must be registered for the ASA meeting. No cancellations after September 1, 2012.)	8 CE CREDITS
6-7:20 pm	Keynote Address Michael M Terry, MD (invited) Team Physician, Chicago Blackhawks	1.5 CE CREDITS
7:30-8:30 PM	Reception Oakbrook Marriott	

SATURDAY, OCTOBER 20, 2012

8:30 AM	Welcome Dennis Stover, CST, CSA, ASA President and Ronnell Showell, RSA, ISAA President	7.5 CE CREDITS
9-9:50 AM	Lab Values Dennis Stover, CST, CSA	
10-10:50 AM	Clinical Topic	
11-11:50 AM	Surgical Complications of Obstetric and Gynecology William Woods, MD	
Noon-12:50 PM	Lunch (provided)	
1-2:30 PM	Illinois Legislative Outlook Margaret Vaughn, ISAA Treasurer	
2:50-3:50 PM	Billing and Reimbursement Town Hall Meeting Luis Aragon, CSA	
3-3:50 PM	Clinical Topic	
4-4:50 PM	Clinical Topic	

Attendance is limited to 175. Confirmation will be emailed at least 20 days prior to the meeting, and Onsite registration will be available on a space-available basis. All cancellations must be received in writing by September 20, 2012. Accommodations: Oakbrook Marriott, 1401 W 2nd St, Oakbrook, Illinois 60523, 630-573-8555. Rates: \$99/night plus tax, single or double occupancy. Reservation deadline: September 27, 2012. (Limited availability).

ASA CHICAGO MEETING FEES

(includes Friday reception and keynote, Saturday ed sessions and lunch).

ASA/ISAA Member: \$250
Nonmember: \$350

FRIDAY, OCTOBER 19 STRYKER HANDS-ON WORKSHOP

ASA/ISAA member: \$350
Nonmember: \$400



REGISTER ONLINE AT WWW.SURGICALASSISTANT.ORG

MEET LAUREANO CHILEUITT, MD, SA-C



Ed. Note: ASA, in partnership with the Florida Association of Surgical Assistants—Certified (FLASAC) is collaborating on a legislative effort in the state of Florida to enact licensure for surgical assistants. (Refer to related articles in this issue.) As part of this information, ASA interviewed Laureano Chileuitt, MD, president of the Florida Association of Surgical Assistants Certified (FLASAC).

ASA: Please share how you came to the US and your background in medicine?

I graduated from the School of Medicine, Pontificia Universidad Javeriana, Bogota, Colombia, in 1978 and subsequently continued to pursue my specialty, neurosurgery, at the Pontificia Universidad Javeriana, Neurological Institute of Colombia, Bogotá, Colombia.

For the following 25 years, I practiced successfully and held various roles including chief of neurosurgery at the Clinic Saint Bibiana and Reina Sofia in Bogota. I was actively serving in the military and achieved the rank of major in the Colombian army.

In addition, I later participated in scientific research and training neurosurgeons at the University of California, San Francisco in neuromicrosurgery.

I left Colombia and came to the US to escape the violence involved with the drug trafficking associated with the guerrillas. Formerly, my professional life was very active and involved in many activities.

However, things changed radically when I came to the US. My chances of advancing were more limited because medical licensure was more complicated. I was 50 years old, and a medical residency was impossible. I had to work and a good opportunity was to find employment as a surgical assistant. Since coming to the United States, I have been employed as a house physician and surgical assistant specializing in neurosurgery as part of the staff at Memorial Regional Center until 2011.

I served Vice President of the Colombian Association

of Medicine and as President of the Colombian Association of Neurosurgery. I was a member of Unite and Force Colombia. In the US, I became a member of the Lions Club and America's Community Centers.

Currently, I am active in Colombian associations in the US and am the founder and president of FLASAC.

In 2011, the US Congress recognized me as a leader in the Florida Hispanic community.

ASA: How did you become involved in FLASAC?

It was established to advance surgical assistant legislation with a goal that all operating room personnel who served as surgical assistants may practice as assistants at surgery. FLASAC is a 501 C (3) nonprofit organization.

ASA: What do you feel are important characteristics for practitioners representing all three credentials to have for promoting legislation?

All three credentials are important in their own right—CSFAs, CSAs and SA-Cs. All must be included in the legislation. We need representatives from all three credentials to be involved and support our legislative efforts to obtain licensure.

ASA: What were the reasons that you first began to become legislatively involved?

I am convinced that a profession that works together, achieves better results. It is necessary to have a law that unifies all the credentialed practitioners who perform the same role.

The only solution is a law that provides licensure to appropriately credentialed surgical assistants.

ASA: How can other Florida surgical assistants provide assistance?

The plan is to do the best job for the Florida patients with our skills and knowledge by working together with all practitioners to achieve the licensure of surgical assistants in Florida. We must be unified in our purpose to seek this legislative recognition.

I particularly want to express my gratitude to my FLASAC team: Nikiana Gigante-Arenas, vice president; Luis Rolon, secretary; Carolos Pardo, treasurer; and board members: Victor Gonzalez, Marcos Levy, Andres Velez, Enrique Barcenas, Nayib Francis, Otto Jimenez, Humberto Ocampo and Juan Berdugo.

PROPOSED FLORIDA SURGICAL ASSISTING LICENSURE LEGISLATION

TITLE: Surgical First Assistants

VERSION: General February 09, 2012 Garcia; Flores

Florida Senate – 2012 COMMITTEE AMENDMENT Bill No. SB 1594

The Committee on Health Regulation (Garcia) recommended the following:

Senate Amendment (with title amendment)

A bill to be entitled An act relating to surgical first assistants; creating s. 458.3478, F.S.; providing definitions; requiring that all surgical first assistants be licensed, with certain exceptions; providing an effective date; prohibiting the Board of Medicine from limiting employment of licensed surgical first assistants; specifying requirements for licensure and licensure renewal; providing grounds for disciplinary action; providing for transfer of management of certain violations to the appropriate practice board; providing rule-making authority; specifying use of fees; amending s. 627.419, F.S.; allowing for payment of surgical assisting services under certain conditions; providing an effective date.

Section 1. Section 458.3478, Florida Statutes, is created to read:

(1) DEFINITIONS.-As used in this section, the term:

- (a) "Direct supervision" requires the physical presence of a supervising surgeon on the premises so that the surgeon is immediately available as needed. For purposes of this section, a surgeon is liable for any tasks performed under his or her supervision.
- (b) "Licensed surgical first assistant" means a surgical first assistant who meets the qualifications for licensure under this section.
- (c) "Surgeon" means a physician licensed under this chapter or ch. 459, a podiatrist licensed under ch. 461, or a dentist licensed under ch. 466, who has completed appropriate training in surgery and is listed as the primary surgeon in the operative record.
- (d) "Surgical first assistant" means a person who is listed in the operative record as the first assistant. Surgical

first assistants perform duties delegated by a surgeon under his or her direct supervision which aid the surgeon in safely performing pre-operative, intra-operative, and post-operative tasks. Such duties may include, but are not limited to, positioning the patient, placing retractors, assisting with wound closure, and applying wound dressings.

(2) PERFORMANCE OF SURGICAL FIRST ASSISTANTS.

- (a) Only licensed surgical first assistants shall practice as surgical first assistants in this state, except that other licensed health care practitioners and students may practice as surgical first assistants if they have been appropriately trained and any delegated duties fall within their scope of practice. Persons who were employed as surgical first assistants as of July 1, 2012, shall be exempt from the provisions of this section.
- (b) The board may not limit by rule the employment arrangement of a licensed surgical first assistant.

(3) SURGICAL FIRST ASSISTANT LICENSURE.-

- (a) Any person desiring to be licensed as a surgical first assistant who is not currently licensed in another state shall apply to the department on forms furnished by the department. The department shall license each applicant who the board certifies:
 1. Is at least 18 years of age.
 2. Currently holds one of the following certifications:
 - a. Certified Surgical First Assistant from the National Board of Surgical Technology and Surgical Assisting.
 - b. Certified Surgical Assistant from the National Surgical Assistant Association.
 - c. Surgical Assistant-Certified from the American Board of Surgical Assistants.

3. Has completed the application form and remitted an application fee not to exceed \$ 150 as set by the board. An application for licensure must include a statement of any previous revocation or denial of licensure or certification.

4. Meets any other criteria set by law or the board.

(b) A licensed surgical first assistant's licensure does not authorize him or her to practice medicine or professional nursing.

(4) RENEWAL OF LICENSURE.-

(a) Surgical first assistant licensure must be renewed biennially.

(b) The department shall renew a license upon receipt of a renewal application, a fee not to exceed \$1 5 0 set by the board, and either proof of completion of at least 40 hours of continuing education approved by the board or proof of current certification from a certifying organization in subsection (3)(a)2.

(5) GROUNDS FOR DISCIPLINARY ACTION.-

(a) The board may impose any of the penalties authorized under ss. 456.072 , 458.331 , 459.015 , 461.013 , or 466.028 upon a licensed surgical first assistant if he or she violates the provisions of chs. 456, 458, 459, 461, or 466 . The licensed surgical first assistant may only be cited for violations of and issued penalties relating to the practice act of his or her supervising surgeon or surgeons. The board may transfer management of any violation of chs. 459, 461, or 466 to the Board of Osteopathic Medicine, Board of Podiatric Medicine, and Board of Dentistry, respectively.

(b) Any person who has not been licensed by the department as a licensed surgical first assistant and who in any way indicates or implies that he or she is a licensed surgical first assistant commits a felony of the third degree, punishable as provided in ss. 775.082, 775.083, or 775.084 .

(6) RULES.-

The board may adopt rules to administer this section. The Board of Osteopathic Medicine, Board of Podiatric Medicine, and Board of Dentistry may adopt rules relating to discipline of licensed surgical first assistants for violations of the appropriate practice acts.

(7) FEES.-

The fees collected by the board under this section shall be used for the licensure and regulation of

licensed surgical first assistants in accordance with this section.

Section 2. Subsection (6) of section 627.419, Florida Statutes, is amended to read:

627.419 Construction of policies.-

(6) Notwithstanding any other provision of law, when any health insurance policy, health care services plan, or other contract provides for payment for surgical first assisting benefits or services, the policy, plan, or contract is to be construed as providing for payment to a physician assistant, a licensed surgical first assistant, or a registered nurse first assistant or employers of a physician assistant , a licensed surgical first assistant, or registered nurse first assistant who performs such services that are within the scope of a physician assistant's , a licensed surgical first assistant's, or a registered nurse first assistant's professional license. The provisions of this subsection apply only if reimbursement for an assisting physician, licensed under chapter 458 or chapter 459, or an assisting podiatrist, licensed under chapter 461, would be covered and a physician assistant , licensed surgical first assistant, or a registered nurse first assistant who performs such services is used as a substitute.

Section 3. This act shall take effect July 1, 2012.

FLORIDA LEGISLATION OVERVIEW

SB 1594 is the result of extensive negotiations with staff to the both the Senate bill sponsor and Senate Health Committee. The bill is unique in that it recognizes private certification as the basis for licensure by the Board of Medicine. The bill provides that holders of the CSFA credential issued by the NBSTSA, the CSA credential issued by NSAA, and the SA-C credential issued by ABSA are eligible to be licensed as surgical first assistants. The bill also broadly identifies a scope of practice, and provides for parity reimbursement of licensed surgical first assistants by health insurance policies, health care services plan or other contract that provides for payment for surgical first assisting benefits or services. Other provisions address direct supervision of surgical first assistants by the surgeon, a grandfather clause for those practicing as surgical first assistants prior to the effective date, and rulemaking and disciplinary authority.

THE LEGISLATIVE TRAJECTORY

OF FLORIDA'S SURGICAL ASSISTANT LICENSURE BILL

CATHY SPARKMAN,
ASA GOVERNMENT AFFAIRS

No, SB 1594, and its companion bill HB 1311, did not explode on the launch pad, nor did it crash into the sea in pieces. The Surgical Assistant Licensure Act experienced an exciting first launch; and though it did not achieve maximum orbit and touchdown, it paved the way for a future and hopefully successful mission in 2013. Originally drafted by ABSA member Laureano Chileuitt, SA-C, president of the Florida Association of Surgical Assistants-Certified (FLASC), the Surgical Assistant Licensure Act had been filed with the Florida legislature for a few years, without significant movement. Sometimes the bill failed for lack of a sponsor in each house; other times the legislature was focused on other pressing matters. However, in 2012, the bill gained momentum due both to Dr. Chileuitt's persistence and the assistance of the ASA lobbyist, Pete Buigas.

Senate Bill 1594 was sponsored by Sen. Rene Garcia (R, Miami-Dade County), chair of the Senate Health Regulation Committee, and its counterpart in the House, HB 1311, was sponsored by Rep. Jose Diaz (R-Miami), a member of the House Health Care Appropriations Committee and the House and Human Services Access Subcommittee. Both legislators were enthusiastic supports of the initiative, but both recognized the uphill climb a professional regulatory proposal would have in the legislature. Pete Buigas met with the leadership and promoted the

proposal to influential legislators. It was immediately apparent that the bill would need some reworking. The bill was changed to a lean, focused licensure proposal that recognized all three surgical assistants credentials as the basis for professional regulation. An action plan was developed that would involve and invest surgical technologists of all certifications in the mission.

However, before the advocacy strategy could be launched, staff of the Senate Health Committee contacted ASA and its lobbyist with a request to respond to inquiries about the bill, and presented a 62-point questionnaire. The questions ranged from a complete legislative history of the legislation to identification of the "applicant group(s)," affected consumer groups, demonstration of need for regulation, existing consumer protections, description of the profession and its skills, knowledge, abilities, independence and accountability, and economic impact of the legislation. Within 24 hours, the answers to the questionnaire were assembled, prepared and forwarded to the senate staff. Also, the staff negotiated numerous substantive sections of the bill itself with ASA and its lobbyists. This process, though arduous and stressful due to time constraints, yielded positive results: the Senate Health Committee staff signed off on the bill language and the completed questionnaire.

Next challenge: the political process. Nearly 3,000 bills were presented in the Florida House and Senate, and the efforts of our lobbyists switched to obtaining a committee hearing slot and a positive

report. Because Sen. Garcia was the chair of the Senate Health Committee, it was determined to begin the process in his committee. Discussions with committee members ensued, and progress towards a hearing was made. However, at the same time, discussions were underway with the leadership of the house, and it became apparent that there would be considerable, and insurmountable, opposition to any new professional regulatory proposals. It was determined to leave the bill in the Senate Committee rather than push the bill over to the house to meet certain defeat. Rather, the strategy became a two-year effort to socialize the bill and underscore its necessity and timeliness in the era of healthcare reform and return to the legislature in 2013. Pete Buigas, ASA's lobbyist, commented, "As with most major pieces of legislation, success only comes with persistence. This year we were unable to get our legislation passed. However, many valuable lessons were learned along the way that will strengthen our position in the upcoming legislative session. We have been able to identify all of the parties, both in opposition, as well as in support of the legislation; the legislative roadblocks in the committees (in both chambers); and some of the legislators willing to champion our cause. The next steps are to analyze the information and knowledge gained during this past session so that concerns can be addressed early with individual legislators; strategically plan around any and all potential pitfalls; and spend significant time educating the legislative leaders on the importance of our cause."

Like any project worth pursuing, achieving licensure and commensurate recognition of surgical assistants requires planning, commitment, persistence and execution. The goal in 2013 is to successfully launch this initiative and carry it forward to new frontiers.

Full-time Surgical Assistant Instructor

Meridian Institute of Surgical Assisting offers quality career education in an atmosphere of personalized attention. We focus on the specialized skills and knowledge needed for today's marketplace by providing courses that apply to skill performance and career management development.

Meridian Institute of Surgical Assisting selects only industry-experienced individuals to join our faculty. Consequently, our students are educated by distinguished professionals, who have practical knowledge in their particular fields. Our faculty members' formal education and field-proven experience assure students that they will study in a skills-tested environment and benefit in an atmosphere that is modeled on their chosen career.

PROFESSIONAL RESPONSIBILITIES

Instructors are responsible for utilizing their expertise to deliver education services to students through:

- Preparing online course plans and materials
- Delivering online courses
- Monitoring progress/attendance
- Advising students
- Recording grades and submitting reports
- Lab instruction

EDUCATIONAL AND PROFESSIONAL CRITERIA

The successful surgical assisting instructor must have an associate degree.

Experience Needed: Four years of work experience required (provide appropriate documentation). The successful candidate must have been employed three of the last five years as a surgical first assistant. CSFA or CSA credential required. Teaching or post-secondary education experience required. Knowledge of accreditation process preferred.

This is a full time position that requires day and evening availability.



Resumes will be accepted by standard mail or email.
No phone calls or agency calls please.

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Dean of Academics
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Nashville TN, 37218
roy.zacharias@meridian-institute.edu

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ASA proudly recognizes American Surgical Assistants as a corporate sponsor.

American Surgical Assistants, Inc. is a healthcare professional services staffing firm with special emphasis on surgical assistant services and a nationwide leader in the field. ASA is certified by the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) and was the first surgical assistant staffing company to receive this certification. American Surgical Assistants is located in Houston, Texas. For additional information, visit www.asainc.us.

UPCOMING
ASA EVENTS

ASA Illinois Meeting
October 19-20, 2012

da Vinci Hands-on
November 2012

ASA Florida Meeting
Spring 2013