CORE CURRICULUM FOR SURGICAL ASSISTING
Third Edition

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Introduction

In 1990, AST began the process of examining the role of surgical assisting that many individuals within the profession were entering. In response to the growth of the profession AST contributed to the formalization and standardization of the education of the surgical assistant by forming a committee that eventually forwarded recommendations for an advanced-level curriculum. Consequently, the first edition of the *Core Curriculum for Surgical Assisting* (CCSA) was published with the second edition published in 2006. In 2013 the Association of Surgical Assistants (ASA) undertook the lead role in revising the CCSA to publish the third edition.

A review of some of the primary thought processes that underlie the organization of the third edition are as follows:

- The foundational concepts for surgical assisting must be surgical anatomy and physiology and surgical pathology.
- The surgical assistant must understand the medical status of the patient including the pathological process that is necessitating the surgery and overall general condition of the surgical patient that can affect the course of surgery and the patient outcomes.
- The surgical assistant must have a thorough appreciation of what the surgeon is planning to accomplish and the hazards associated with the plan.

Therefore the surgical assistant should be knowledgeable about the:

- patient’s history and physical condition
- results of diagnostic images and preoperative tests
- anesthetic principles including local anesthetics and postoperative pain management
- positioning of the patient to provide optimum wound exposure while providing for patient safety
- draping of the operative site according to the incision and to maintain a sterile field
- surgical anatomy
- manipulation of tissue
- methods for closure of the planes of the body
- emergency conditions that may arise and how best to respond

Above all, the surgical assistant is fulfilling a role that requires the individual to be able to “speak the language” of the surgeon and see the surgical procedure through the eyes of the surgeon in order to provide advanced surgical skills with the goal of consistently delivering quality surgical patient care.

A key assumption of the CCSA is that students enrolled in a surgical assistant program would already have completed academics devoted to studying introductory operating room knowledge. However, as with any educational endeavor the success of a core curriculum relies upon the ability to realize that one of the constants of education is that it is ever changing, and a core curriculum relies on the fact that it is a ‘living-breathing’ document that requires updating in order to recognize the changes that occur in the dynamic profession of surgical assisting.
Therefore, it is important to recognize that surgical assistant education is offering a quality program that is based upon the most current edition of the CCSA. Obviously, each sponsoring institution will need to determine how the program content is to be organized into individual courses, the sequencing of the courses, credit hours to be assigned to courses, and the optimal way to offer the courses according to the needs of its students and community.

As mentioned, surgical assisting education is favorable as far as the ability for institutions to adopt educational models that meet the school’s needs as well as the needs of the student. Currently, there are three models of education that meet the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting (all of which can be delivered through a campus setting or methods of distance education):

- Surgical assistant program in which individuals accepted into the program have previously completed an entry-level surgical technology program.
- 1 + 1 model in which the individual completes an entry-level surgical technology program and immediately moves into an entry-level surgical assistant program.
- Surgical assistant program in which individuals accepted into the program have not previously completed introductory surgical technology training.

Programs that accept individuals who have not previously completed entry-level surgical technology training should rely upon the current edition of the Core Curriculum for Surgical Technology that is published by AST as an aid in providing the introductory operating room knowledge to the student. The following is the Table of Contents from the Core Curriculum for Surgical Technology.
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I. SURGICAL ASSISTANT SCIENCES
SURGICAL ANATOMY

**Objectives:** The learner will:

1. Correlate surgical anatomy to surgery of the various body systems.
2. Compare and contrast normal anatomy to the pathophysiology as it relates to surgical procedures.
3. Demonstrate an understanding of evaluating diagnostic images as related to surgical anatomy.

**Content:**

I. Thoracic cavity
   A. Thorax
      1. Surface anatomy of thoracic wall
      2. Thoracic wall
         a) Skeleton
         b) Joints
         c) Muscles
         d) Nerves
         e) Vasculature
            (1) Arterial
            (2) Venous
            (3) Lymphatic
      3. Relevant pathophysiology
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      2. Pleurae and lungs
         a) Surface anatomy
         b) Vasculature
            (1) Arterial
            (2) Venous
            (3) Lymphatic
         c) Nerves
      3. Diaphragm
         a) Vessels
         b) Nerves
         c) Apertures
         d) Physiology of breathing
      4. Pulmonary circulation
      5. Heart
         a) Surface anatomy
            (1) Pericardium
         b) Vasculature
            (1) Arterial

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**Concept of Advanced Surgical Anatomy**

When studying anatomy, the emphasis must be based on regional anatomy with surgical anatomy as the critical component, as opposed to the entry-level approach of systemic anatomy. Surgical anatomy is the critical factor with an emphasis on advanced anatomical knowledge that is applied towards the surgical diagnosis and procedure.
(2) Venous
(3) Great vessels
c) Nerves
   (1) Innervation of the heart
   (2) Conducting system of the heart
6. Relevant pathophysiology
7. Diagnostic images

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      2. Lobule
      3. Lactiferous ducts
      4. Nipple
   B. Vasculature
      1. Arterial
      2. Venous
      3. Lymphatic
   C. Nerves
   D. Relevant pathophysiology
   E. Diagnostic images

III. Abdominal cavity
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      2. Abdominal
   B. Stomach
      1. Surface anatomy
      2. Vasculature
         a) Arterial
         b) Venous
         c) Lymphatic
      3. Nerves
   C. Small intestine
      1. Vasculature
         a) Arterial
         b) Venous
         c) Lymphatic
      2. Nerves
   D. Colon
      1. Vasculature
         a) Arterial
         b) Venous
         c) Lymphatic
      2. Nerves
   E. Pancreas
      1. Surface anatomy
2. Vasculature  
   a) Arterial  
   b) Venous  
   c) Lymphatic  
3. Nerves  
F. Liver  
   1. Surface anatomy  
   2. Vasculature  
      a) Arterial  
      b) Venous  
      c) Lymphatic  
G. Gallbladder  
   1. Surface anatomy  
   2. Vasculature  
      a) Arterial  
      b) Venous  
      c) Lymphatic  
H. Spleen  
   1. Surface anatomy  
   2. Vasculature  
      a) Arterial  
      b) Venous  
      c) Lymphatic  
I. Genitourinary  
   1. Kidneys  
      a) Surface anatomy  
      b) Vasculature  
         (1) Arterial  
         (2) Venous  
         (3) Lymphatic  
   2. Ureters  
      a) Surface anatomy  
   3. Bladder  
      a) Surface anatomy  
   4. Urethra  
      a) Male  
         (1) Surface anatomy  
      b) Female  
         (2) Surface anatomy  
J. Adrenal glands (suprarenal glands)  
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   2. Internal surface anatomy
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      (2) Venous
      (3) Lymphatic
   b) Nerves
3. Female perineum
   a) Vasculature
      (1) Arterial
      (2) Venous
      (3) Lymphatic
   b) Nerves

F. Rectum
1. Vasculature
   a) Arterial
   b) Venous
   c) Lymphatic
2. Nerves
3. Anal canal

G. Relevant pathophysiology

H. Diagnostic images

V. Head

A. Facial anatomy
   1. Muscles
   2. Vasculature
      a) Arterial
      b) Venous
   3. Nerves

B. Scalp
   1. Layers
   2. Vasculature
      a) Arterial
      b) Venous
   3. Nerves

C. Cranium
   1. Meninges
   2. Cranial nerves
      a) Olfactory (I)
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   3. Oculomotor (III)
   4. Trochlear (IV)
   5. Trigeminal (V)
   6. Abducent (VI)
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J. Relevant pathophysiology
K. Diagnostic images

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B. Fascia
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   2. Deep cervical
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F. Relevant pathophysiology
G. Diagnostic images

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   2. Deep neck muscles
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   4. Intrinsic (deep)
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E. Diagnostic images

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   3. Lymphatic
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   2. Joints
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      b) Acromioclavicular
      c) Glenohumeral
      d) Elbow
      e) Proximal radioulnar
   3. Fascia
   4. Muscles
   5. Vasculature
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      b) Vein
      c) Lymphatic
   6. Nerves
D. Forearm
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   2. Muscles
   3. Vasculature
      a) Arterial
      b) Vein
      c) Lymphatic
   4. Nerves
   5. Joints
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      b) Intercarpal
      c) Carpometacarpal
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   1. Fascia
   2. Flexor tendons
   3. Muscles
   4. Vasculature
      a) Arterial
b) Venous
5. Nerves
6. Joints
   a) Metacarpophalangeal
   b) Interhalangeal
F. Relevant pathophysiology
G. Diagnostic images
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A. Gluteal region
   1. Ligaments
   2. Muscles
   3. Vasculature
      a) Arterial
      b) Venous
   4. Nerves
B. Lower limb
   1. Bones
      a) Femur
      b) Tibia
      c) Fibula
   2. Joints
      a) Hip
      b) Knee
      c) Tibiofibular
      d) Ankle
   3. Fascia
   4. Muscles
      a) Anterior thigh
      b) Medial thigh
      c) Posterior thigh
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   5. Compartments
      a) Anterior
      b) Lateral
      c) Posterior
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   7. Vasculature
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b) Venous
3. Nerves

D. Foot
1. Bones
2. Fascia
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4. Vasculature
   a) Arterial
   b) Venous
   c) Lymphatic
5. Nerves
6. Arches
7. Joints

E. Posture and gait
F. Relevant pathophysiology
G. Diagnostic images
Objectives: The learner will:
1. Analyze perioperative principles of patient assessment and how they relate to anesthesia.
2. Consider the goals of anesthesia as it relates to the perioperative patient in the surgical setting.
3. Assess the risks and adverse effects of anesthesia, conscious sedation, local anesthetic agents, and pain management in the surgical setting.
4. Demonstrate an understanding of anesthesia, conscious sedation, local anesthetic agents, and pain management as it relates to the perioperative patient.
5. Understand the principles of local injection techniques.
6. Examine the application of topical anesthetic agents.

Content:
I. Role of the Surgical Assistant
   A. Airway management and patient monitoring
      1. Facemask ventilation
      2. Blood pressure monitoring
      3. Oxygenation monitoring
      4. Temperature monitoring
      5. Electrocardiography monitoring
      6. Neuromuscular blockade monitoring
      7. Central nervous system monitoring
   B. Regional anesthesia
      1. Spinal
      2. Epidural
      3. Peripheral nerve blocks
   C. Postanesthesia pain management
      1. Injection of local anesthetic
      2. Application of pain control devices
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         d) Physiologic effects
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         a) Strengths
b) Dosages
c) Duration
d) Physiologic effects
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   a) Strengths
   b) Dosages
   c) Duration
   d) Physiologic effects
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   2. Encircling techniques

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      2. Methods of administration/routes
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      4. Duration
      5. Physiologic effects

IV. Adverse effects of local and topical anesthetics
   A. Allergic reactions
      1. Local
      2. Systemic
   B. Toxicity
   C. Seizures
   D. Peripheral effects
   E. Cardiac instability
ELECTROLYTES, FLUID AND SHOCK

Objectives: The learner will:
1. Summarize the physiological composition of body water and solutes.
2. Interpret the physiological acid-base balance of the body.
3. Analyze the principles of extracellular fluid distribution between plasma and interstitial lymphatic volumes.
4. Assess the clinical signs of hypovolemic, septic, hemorrhagic and cardiogenic shock.

Content:
I. Body water and solute composition
   A. Body water
      1. Total body water composition
      2. Compartments
      3. Disorders of water balance
   B. Solute composition
      1. Sodium
      2. Potassium
      3. Calcium
      4. Magnesium
   C. Intracellular levels
      1. Measurement of intracellular fluids with potassium
      2. Osmolality

II. Acid-base balance
   A. Proton
   B. Buffer controlling protein concentration (bicarbonate)
   C. Clinical interpretation of arterial blood gas

III. Extracellular fluid
   A. Distribution between plasma and interstitial lymphatic volumes
   B. Control of fluid across the capillary

IV. Shock
   A. Septic
   B. Cardiogenic
   C. Hemorrhagic
   D. Hypovolemic
SURGICAL INFECTIONS AND CHOICE OF ANTIBIOTICS

Objectives: The learner will:
1. Analyze the causes of surgical site infections (SSI).
2. Assess the clinical signs of specific SSIs.
3. Evaluate the methods for the prevention of SSIs.
4. Summarize the specific uses of antibiotics.

Content:
I. Types of SSI
   A. Superficial
   B. Deep
   C. Cavity
   D. Organ
   E. Superinfection
II. Causes and risk factors of SSI
   A. Age
   B. Weight
   C. Co-morbid conditions
   D. Existing infection
   E. Tobacco products
   F. Drug use
   G. Alcohol use
   H. Chemotherapy/radiation treatment
III. Antimicrobial use
   A. General principles
   B. Antibiotic resistance
      1. Acquired
      2. Intrinsic
      3. Patient antibiotic resistance
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      1. Sterile technique
      2. Tissue handling techniques
   D. Patient education
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      2. Postoperative education
   E. Antimicrobial prevention of SSIs
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      2. Topical antibiotics
         a) Irrigation
      3. Antimicrobial agents
         a) Aminoglycosides
         b) Cephalosporins
         c) Macrolides
         d) Penicillins
         e) Tetracyclines
f) Oxazolidinone
g) Quinolones
h) Sulfonamides
i) Combination agents
   1) Coly-mycin S Otic
   2) Cortisporin ophthalmic suspension
   3) Neosporin G.U. irrigant
j) Individual agents
   1) Aztreonam
   2) Chloramphenicol
   3) Clindamycin
   4) Imipenem
   5) Metronidazole
   6) Polymixin B sulfate
   7) Vancomycin

IV. Surgical wound classifications
   A. 1: Clean
   B. 2: Clean-contaminated
   C. 3: Contaminated
   D. 4: Dirty/infected

V. Common pathogens causing SSIs
   A. Bacteria
      1. Acinetobacter species
      2. Bacteroides fragilis
      3. Clostridium species
      4. Enterococcus species
      5. Escherichia coli
      6. Klebsiella species
      7. Morganella morganii
      8. Proteus species
      9. Pseudomonas species
     10. Serratia species
     11. Staphylococcus aureus
        a) Methicillin-resistant S. aureus (MRSA)
     12. Staphylococcus coagulase negative
   B. Fungi
      1. Candida species
         a) C. albicans
         b) C. glabrata
         c) C. krusei
         d) C. lusitaniae
   C. Viruses
      1. Cytomegalovirus
      2. Hepatitis
         a) HBV
         b) HCV
VI. Specific SSIs
   A. Necrotizing soft tissue infections
      1. Necrotizing fasciitis
   B. Soft tissue infections
      1. Subcutaneous abscess
      2. Cellulitis
   C. Intra-abdominal infections
      1. Intra-abdominal abscess
      2. Retroperitoneal abscess
   D. Prosthetic infections
      1. Vascular grafts
      2. Cardiac valves
      3. Pacemakers
      4. Total joint prostheses

VII. Common pathogens causing non-surgical infections
   A. Bacteria
      1. Clostridium species
      2. Enterococcus species
      3. Mycobacterium tuberculosis
      4. Pseudomonas species
      5. Staphylococcus species
      6. Streptococcus species
   B. Viruses
      1. Epstein-Barr
      2. Enteroviruses
      3. Coxsackievirus
      4. Paramyxoviruses
HEMATOLOGIC PRINCIPLES OF SURGERY

Objectives: The learner will:
1. Demonstrate an understanding of the principles of hemostasis and coagulation.
2. Analyze disorders of hemostasis and coagulation.
3. Analyze congenital hemostasis disorders.
4. Demonstrate an understanding of disseminated intravascular coagulation.
5. Review clinical indications and uses of blood components.

Content:
I. Hemostasis
   A. Mechanical
   B. Chemical
   C. Thermal
II. Coagulation
   A. Blood clotting cascade
III. Disorders of hemostasis and coagulation
   A. Blood disorder tests
   B. Pathophysiology
      1. Acquired hemostasis disorders
         a) Vitamin K deficiency
         b) Anticoagulant drugs
         c) Hepatic failure
         d) Renal failure
         e) Thrombocytopenia
         f) Hypothermia
         g) Thrombocytopathy
      2. Congenital hemostasis disorders
         a) Hemophilia
         b) von Willebrand’s disease
         c) Disseminated intravascular coagulation
IV. Blood replacement interventions
   A. Preoperative planning
   B. Patient education
   C. Indications
      1. Diseases processes
      2. Effects of certain medications
      3. Surgical intervention
      4. Trauma
   D. Autologous blood
      1. Indications
      2. Contraindications
         a) Fever
         b) Infection
         c) Concurrent use of medications
         d) Hemostatic agents
e) Antibiotics
f) Presence of cancer
g) Exposure of blood to amniotic fluid
h) Exposure of blood to gastrointestinal contents

V. Techniques
A. Preoperative
   1. Collection
   2. Processing
   3. Storage
   4. Transfusion
B. Intraoperative
   1. Collection
   2. Processing
   3. Storage
   4. Transfusion
C. Postoperative
   1. Collection
   2. Processing
   3. Storage
   4. Transfusion

VI. Donated blood products
A. Indications
B. Contraindications
C. American Association of Blood Banks (AABB) standards
   1. Screening
   2. Type and cross-matching
D. Reactions
   1. Allergic
   2. Hemolytic transfusion reaction
   3. Infection
E. Homologous blood
   1. Whole blood
   2. Component therapy
      a) Red cells
      b) Platelets
      c) Plasma
      d) Fractionated plasma
      e) Cryoprecipitate

VII. Non-blood replacement therapy
A. Crystalloids
   1. Salts
   2. Sugars
   3. Tonicities
      a) Hypertonic
         (1) 5% dextrose in normal saline
         (2) 1.8% sodium chloride
(3) 3.0% sodium chloride  
(4) 7.0% sodium chloride  
(5) 7.5% sodium chloride  
(6) 10% sodium chloride 

b) Isotonic 
   (1) 0.9% normal saline  
   (2) Lactated Ringer’s solution  
   (3) Ringer’s solution  
   (4) 5% dextrose in water 

c) Hypotonic 
   (1) 0.45% sodium chloride  
   (2) 0.25% sodium chloride 

VIII. Colloid plasma expanders 
   A. Plasma proteins 
   B. Oncotic pressure 
   C. Types of colloid plasma expanders 
      1. Albumin 
      2. Dextran 
      3. Hydroxyethyl starch (hetastarch) 
      4. Pentastarch 
      5. Polygeline 
      6. Succinylated gelatin
WOUND HEALING

Objectives: The learner will:
1. Evaluate the anatomy involved in wound healing and suturing.
2. Analyze the phases and techniques involved in wound closure, healing, and complications.
3. Demonstrate the techniques involved in surgical knot tying and suturing.
4. Demonstrate knowledge of wound drains and dressing applications.

Content:
I. Anatomy of the skin
   A. Epidermis
      1. Anatomy
         a) Epithelial cells
         b) No blood vessels
         c) Layers (outer to inner)
            (1) Stratum corneum
            (2) Stratum lucidum
               (a) Palms of hands
               (b) Soles of feet
            (3) Stratum granulosum
            (4) Stratum spinosum
            (5) Stratum basale (germinativum)
   B. Dermis (corium)
      1. Anatomy
         a) Elastic connective tissue
         b) Blood supply
         c) Nerves
         d) Layers (outer to inner)
            (1) Stratum pappilare
            (2) Stratum reticulare
      2. Accessory structures
         a) Hair
         b) Nails
         c) Oil producing glands
            (1) Sebaceous
            (2) Meibomian
         d) Sudoriferous glands
            (1) Eccrine
            (2) Apocrine
            (3) Ceruminous
            (4) Ciliary
            (5) Mammary
   C. Hypodermis (subcutaneous)
      1. Anatomy
         a) Loose connective tissue
         b) Blood supply

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c) Nerves/nerve endings
d) Layer
   (1) Adipose

II. Tissue injury and response
   A. Types of wounds
      1. Surgical
         a) Incisional
         b) Excisional
      2. Traumatic
         a) Closed
         b) Open
            (1) Simple
            (2) Complicated
            (3) Clean
            (4) Contaminated
      3. Chronic
   B. Inflammatory process
      1. Acute inflammation
         a) Characteristics
         b) Vascular response
         c) Cellular response
         d) Chemical mediators
         e) Exudates
         f) Systemic response
         g) Resolution
      2. Chronic inflammation
         a) Characteristics
         b) Resolution
      3. Granulomatous inflammation
         a) Characteristics
         b) Resolution
   C. Blood clotting process
      1. Vasoconstriction
      2. Platelet activation/aggregation
      3. Thrombus formation
      4. Dissolution of the clot

III. Wound healing
   A. First intention
      1. Phases
         a) Lag (inflammatory response)
         b) Proliferation
         c) Maturation (differentiation)
   B. Second intention (granulation)
   C. Third intention (delayed primary closure)
   D. Scars
      1. Cicatrix
2. Keloid
3. Proud flesh

E. Factors affecting wound healing
1. Age
2. Co-morbid conditions
   a) Endocrine
   b) Metabolic
   c) Hematologic
   d) Ischemic
   e) Hemorrhagic
   f) Malignancy
   g) Radiation exposure
   h) Immunocompromise
3. Current medications
4. Hydration status
5. Nutritional status
6. Presence of foreign body
7. Infection
8. Surgical technique
   a) Tissue handling
   b) Hemostasis
   c) Suture choice
   d) Suturing technique
9. Complications
   a) Dehiscence
   b) Evisceration
   c) Fistula development
   d) Hemorrhage
   e) Herniation
   f) Infection
   g) Sinus tract development
10. Wound drain
    a) Types of wound drains
    b) Type of drain needed according to surgical wound

IV. Surgical knot tying
   A. Knot security
   B. Types of ties
      1. Free tie
      2. Reel
      3. Suture ligature
   C. Knot selection
      1. One-handed
         a) Right-handed
         b) Left-handed
      2. Two-handed
         a) Basic knot
b) Square knot

c) Surgeon’s knot

3. Instrument tie

V. Wound closure
   A. Determination of method
   B. Choice of suture
   C. Suturing techniques
      1. Continuous
      2. Interrupted
      3. Buried
      4. Purse string
      5. Subcuticular
      6. Retention
      7. Traction
   D. Stapling techniques
      1. Skin
      2. Lumens

VI. Wound dressings
   A. Types of dressings
   B. Choice of dressing according to surgical procedure

VII. Rigid/immobilization
   A. Splinting techniques
   B. Casting techniques
II. PERIOPERATIVE MANAGEMENT OF THE SURGICAL PATIENT
PRINCIPLES OF PREOPERATIVE EVALUATION OF THE SURGICAL PATIENT

Objectives: The learner will:
1. Evaluate preoperative evaluation methods.
2. Demonstrate an understanding of the role of the surgical assistant in preparing and evaluating preoperative checklists.
3. Assess potential intraoperative instability factors.

Content:
1. Preoperative assessment of the patient
   A. Systems approach to evaluation
      1. Decision making
      2. Evaluating need for surgery
      3. Patient considerations
         a) Age
         b) Obesity
         c) Nutritional status
   B. Preoperative checklists
      1. Medication review
      2. Antibiotic prophylaxis
      3. Mechanical bowel cleansing
      4. Preoperative fasting
         a) NPO past midnight
   C. Potential causes of instability
      1. Blood loss
      2. Anaphylaxis
      3. Latex allergy
      4. Malignant hyperthermia
PERIOPERATIVE SKILLS OF THE SURGICAL ASSISTANT

Objectives: The learner will
1. Summarize the indications, considerations and complications of urinary catheterization.
2. Describe the fundamental principles of patient positioning.
3. Interpret the physiological effects of surgical positioning.
4. Demonstrate skills in positioning the patient for various surgical specialties utilizing positioning devices and maintaining patient stability.
5. Identify circumstances and complications associated with tourniquet use.
6. Describe the application of various types of tourniquets.
7. Identify the proper draping technique for each surgical specialty.
8. Apply knowledge in the selection and use of surgical instruments, and demonstrate proficiency in tissue dissection and handling.
9. Identify potential patient safety issues of instrument usage.
10. Demonstrate selection and use of specialized equipment.
11. Determine and demonstrate method(s) for achieving optimal operative site exposure according to the surgical procedure.
12. Explain the rationales for determining the surgical prep solution and patient skin preparation for the various surgical procedures.
13. Demonstrate the types of surgical skin preparations.
14. Apply knowledge of patient skin assessment as it relates to the various surgical populations.

Content:
I. Urinary catheterization
   A. Indications
   B. Patient considerations
   C. Resolve complications
      1. Obstruction
      2. No urine return
      3. Catheter defects
      4. Contraindications
      5. Blood fluid return
      6. Inserted into wrong orifice
      7. Fluid leakage around catheter
II. Positioning the surgical patient
   A. Advanced principles
      1. Body alignment
      2. Surgical access
      3. Anesthesia access
      4. Invasive line access
      5. Adequate padding/protective devices
      6. General considerations
         a) Surgeon’s orders
         b) Team communications
c) Application of safety straps
d) Protect catheters and IV lines
e) Prevent pooling of prep solutions
f) Evaluate surgical position prior to draping
g) Prevent body parts touching metal parts on OR table

B. Effects of positioning on body systems
   1. Respiratory
   2. Circulatory
   3. Neurologic
   4. Integumentary

C. Review patient considerations

D. Role of surgical assistant in patient positioning
   1. Patient assessment to determine OR table
      a) Electrical
      b) Wilson frame
      c) Jackson
      d) Fracture
   2. Patient assessment to determine stabilization devices
      a) Donut
      b) Pinion
      c) Padded
      d) Gel pads
      e) Footboard
      f) Hip holders
      g) Kidney elevator
      h) Shoulder braces
      i) Bean bag/vacpac
      j) Foam wedges/bolsters
   3. Communicate equipment and positioning needs to surgical team
      a) Surgeon’s preferences
   4. Coordinate positioning procedure
      a) Supine
         (1) Trendelenburg
         (2) Reverse Trendelenburg
         (3) Lithotomy
         (4) Fowler’s
      b) Prone
         (1) Kraske
      c) Lateral
         (1) Kidney

III. Application of pneumatic tourniquet
   A. Tourniquet use
      1. Indications
      2. Contraindications
   B. Patient evaluation
      1. Preoperatively
2. Postoperatively

C. Role of surgical assistant
   1. Connections
   2. Skin protection
   3. Test equipment
   4. Pressure setting
   5. Selection of cuff
   6. Exsanguination of limb

D. Complications
   1. Skin
   2. Vascular
   3. Muscular
   4. Neurologic

IV. Drapes and draping procedures
   A. Factors that affect choice of drapes
      1. Patient
      2. Use of laser
      3. Use of robot
      4. Type of procedure
   B. Draping techniques
      1. Hip
      2. Shoulder
      3. Head/neck
      4. Laparotomy
      5. Chest/breast
      6. Upper extremity
      7. Lower extremity
   C. Role of the surgical assistant
      1. Communication with team
         a) Surgeon’s preferences
         b) Draping needs
      2. Coordinate draping procedure
      3. Coordinate identifying breaks in sterile technique

V. Usage of surgical instrumentation
   A. Communication with team
      1. Surgeon’s preferences
      2. Confirm needed instrumentation
   B. Usage of instruments
      1. Handling
      2. Application
         a) Match instrument to type of tissue/vessel
      3. Body mechanics
   C. Errors in usage
      1. Improper handling
      2. Improper selection
      3. Improper application
4. Inadequate visualization

VI. Tissue dissection
   A. Blunt
   B. Sharp
   C. Thermal

VII. Special equipment
   A. Role of the surgical assistant
      1. Communication with team
         a) Surgeon’s preference
         b) Verify equipment availability
            (1) Notify surgeon of issues
            (2) Communicate solution(s) to surgeon
      2. Verify location of equipment in the OR
   B. Maintain knowledge of technology
   C. Robotics
      1. Surgical assistant’s role

VIII. Operative site exposure
   A. Application of suction
      1. Factors effecting choice of suction tip
      2. Use in visualization of surgical site
   B. Use of sponges in exposure
      1. Factors affecting choice of sponges
         a) Tissue delicacy
         b) Amount of fluid
         c) Size of surgical wound
      2. Use of dry sponge
         a) Traction
         b) Maximum absorption
      3. Use of wet sponge
         a) Protection
         b) Absorption
      4. Other uses
         a) Packing
         b) Dissection
         c) Sponge stick
         d) Padding of retractors
   C. Digital retraction
      1. Indications
      2. Manipulation of tissue
   D. Instrument retraction
      1. Factors affecting choice of retractor(s)
         a) Consistency of tissue
         b) Structures to be retracted
         c) Depth and size of surgical wound
         d) Type of procedure
            (1) Scheduled
(2) Emergency
E. Other methods of visualization
1. Loops/tapes
   a) Application
   b) Complications
2. Traction sutures
   a) Application
   b) Complications
3. Irrigation
4. Headlights
5. Lighted retractors
   a) Application
6. Lighted suction tips
   a) Application
7. Endoscopic equipment
   a) Application
IX. Patient skin preparation
   A. Skin preparation procedural considerations
      1. Communication with team
         a) Surgeon’s preference
         b) Patient factors
            (1) Allergies
            (2) Cancer
            (3) Preoperative skin assessment
               (a) Burns
               (b) Rashes
               (c) Blisters
               (d) Wounds
               (e) Dermatitis
               (f) Hematoma
         c) Special population considerations
      2. Selection of preparation solutions based on patient evaluation
      3. Skin preparation principles
         a) Timing
         b) Extent/boundaries
         c) Procedural sequence
            (1) Scrub and paint
            (2) Paint only
         d) Role of surgical assistant
            (1) Coordinate actions of team
      4. Post-operative skin assessment
X. Management of acute trauma
   A. Pre-hospital care of the trauma patient
      1. Role of EMS
      2. Glasgow coma scale
      3. Guidelines for triage
4. Emergency medical procedures in the field
5. Transportation methods of trauma patients

B. Assessment of the trauma patient at hospital
   1. Vitals
   2. Patient prioritization
   3. Preparation for surgery
   4. Diagnostic/laboratory tests
   5. Communication with EMS prior to arrival of patient at hospital

C. Role of the surgical assistant
   1. Coordinating care with surgeon
   2. Preoperative assessment
   3. Surgical procedure
      a) Wound management

D. On-call specialist

E. Continuing education/training
III. SURGICAL PROCEDURES
Definition: Surgical procedures should be taught following the content outlined below the objectives.

Objectives: The learner will:
1. Correlate the relevant advanced surgical anatomy to the surgical procedure.
2. Correlate the relevant pathophysiology to the surgical procedure.
3. Analyze the specific patient care factors the surgical assistant should coordinate with the surgical team.
4. Discuss the intraoperative role and duties of the surgical assistant according to the procedure being performed.
5. Discuss the postoperative care of the surgical wound.

Content:
I. Regional anatomy
II. Pathophysiology
III. Diagnostic interventions
IV. Preoperative patient preparation
   A. Anesthesia
   B. Positioning the patient
   C. Draping the patient
V. Surgical procedure
   A. Role of surgical assistant during steps of procedure
VI. Postoperative wound management
   A. Role of surgical assistant

Co-Related Procedures Concept
There are surgical procedures that are similar as far as procedural steps and role of the surgical assistant. This is referred to as the “Co-related Procedures Concept”. 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 go above and beyond CCSA requirements and teach small bowel resection. The purpose of the Co-related Procedures Concept is to avoid repetition in the classroom.

Content:
I. Appendectomy
   A. Open
   B. Laparoscopic
II. Breast procedures
   A. Breast biopsy with needle localization
   B. Modified radical mastectomy with axillary node dissection
III. Esophageal procedures
   A. Laparoscopic Nissen fundoplication
   B. Esophagectomy
      1. Minimally invasive
2. Transhiatal

IV. Cholecystectomy with cholangiogram
   A. Open
   B. Laparoscopic

V. Gastric and bowel resection procedures
   A. Gastrectomy
      1. With gastrostomy
      2. Without gastrostomy
   B. Roux-en-Y gastric bypass
   C. Choledochoduodenostomy
   D. Colon resection
      1. With colostomy
      2. Without colostomy
   E. Abdominoperineal resection
   F. Gastrointestinal complications

VI. Herniorrhaphy: Open and laparoscopic
   A. Incisional
   B. Umbilical
   C. Inguinal
   D. Femoral

VII. Liver procedures
   A. Liver resection
   B. Liver transplant
   C. Hepatobiliary complications

VIII. Splenectomy
   A. Open
   B. Laparoscopic

IX. Pancreaticoduodenectomy (Whipple Procedure)

X. Anal
   A. Hemorrhoidectomy
   B. Anal fissure
SURGICAL PROCEDURES - DIDACTIC

OBSTETRIC AND GYNECOLOGIC

Content:
I. Cervical
   A. Cervical cerclage (Shirodkar’s procedure)
II. Uterine, ovarian and fallopian tubes
   A. Laparoscopy
   B. Uterine
      1. C-section
      2. Endometrial ablation
      3. Hysterectomy
         a) Laparoscopic
         b) Robotic assisted
         c) Total abdominal with BSO
         d) Vaginal: LAVH
      4. Myomectomy
   C. Fallopian tubes
      1. Ectopic pregnancy
      2. Tubal ligation
         a) Laparoscopic
         b) Mini-laparotomy
III. External genitalia
   A. Perineal laceration
   B. Vulvectomy
IV. Pelvic
   A. Anterior and posterior repair (colporrhaphy)
   B. Marshall-Marchetti-Kranz (MMK)
   C. Total pelvic exenteration
   D. Wertheim procedure (radical hysterectomy)
V. Fetal surgery
   A. Intrauterine procedures
SURGICAL PROCEDURES - DIDACTIC

GENITOURINARY

Content:
I. Kidney, adrenal gland, ureter & bladder
   A. Adrenal gland
      1. Adrenalectomy
      2. Wilms’ tumor excision
   B. Kidney
      1. Nephrolithotomy
      2. Nephrectomy
         a) Open
         b) Laparoscopic
      3. Kidney transplant
      4. Renal complications
   C. Ureter
      1. Ureteroscopy
      2. Pyelolithotomy
      3. Ureterostomy
      4. Radical cystectomy
      5. Urinary complications
   D. Bladder
      1. Cystoscopy
      2. Cystectomy with creation ileal conduit
      3. Suspension (TVT/sling)
II. Prostate
    A. TURP
    B. Prostatectomy
III. Penile
    A. Epispadias repair
    B. Hyospadias repair
IV. Testicular
    A. Hydrocelectomy
    B. Orchiopexy
    C. Orchiectomy
    D. Vasovasostomy
SURGICAL PROCEDURES - DIDACTIC

OPHTHALMIC

Content:
   I. Dacryocystorhinostomy
   II. Enucleation
   III. Repair of orbital fractures
   IV. Keratoplasty
   V. Scleral buckle
   VI. Trabeculectomy
   VII. Vitrectomy
Content:

I. Ear
   A. Mastoidectomy
   B. Tympanoplasty

II. Nose
   A. Endoscopic sinus surgery (FESS)
      1. With computer assistance
      2. Without computer assistance
   B. Caldwell-Luc
   C. Septorhinoplasty
   D. Sphenoidectomy
      1. Endoscopic

III. Oral cavity and throat
   A. Laryngectomy
   B. Parotidectomy
   C. Radical neck dissection
      1. Glossectomy
      2. Mandibulectomy
   D. Tracheotomy and tracheostomy
      1. Scheduled
      2. Emergency
   E. Uvulopalatopharyngoplasty

IV. Otorhinolaryngology complications

V. Face
   A. Facial nerve decompression
Content:
I. Shoulder
   A. Repair of rotator cuff
   B. Bankart procedure
      1. Open
      2. Arthroscopic
   C. Arthroscopy
   D. Total arthroplasty
II. Radius
    A. Repair of Colles’ fracture
       1. ORIF
       2. External fixator
III. Hip
    A. ORIF
    B. Congenital dislocation
    C. Total arthroplasty
       1. Minimally invasive
       2. Open
IV. Femur and tibia
    A. Femoral neck fracture
    B. Tibial plateau fracture
V. Knee
    A. Arthroscopy
       1. Diagnostic
       2. Anterior cruciate ligament repair
    B. Above-the-knee amputation
    C. Total arthroplasty
       1. Minimally invasive
       2. Open
VI. Ankle and foot
    A. Triple arthrodesis
    B. Repair Achilles tendon rupture
Content:

I. Head and face
   A. Blepharoplasty
   B. Cheiloplasty/palatoplasty
   C. Maxillary fractures
      1. LeFort I
      2. LeFort II
      3. LeFort III
   D. Rhytidectomy

II. Breast
   A. Mammaplasty
      1. Augmentation
      2. TRAM
   B. Mastopexy

III. Abdomen
   A. Abdominoplasty

IV. Skin grafts
   A. Split thickness graft

V. Reattach amputated thumb

VI. Gender reassignment
Content:

I. Carpal tunnel release
   A. Open

II. Laminectomy
    A. Cervical
    B. Lumbar

III. Craniotomy
    A. Aneurysm repair
    B. Cranioplasty

IV. Rhizotomy

V. Spinal fixation

VI. Stereotactic procedure

VII. Transphenoidal hypophysectomy

VIII. Ulnar nerve transposition

IX. Ventriculoperitoneal shunt placement

X. Neurosurgery complications
Content:

I. Thoracic
   A. Mediastinoscopy
   B. Thoracotomy
      1. Lobectomy
      2. Pneumonectomy
      3. Pectus excavatum
      4. Decortication of the lung
      5. Video-assisted thoracic surgery (VATS)

II. Adult cardiac procedures
   A. Aortic aneurysm repair
   B. Aortic valve repair
   C. Coronary artery bypass with graft (CABG)
      1. With cardiopulmonary bypass pump
      2. Minimally invasive direct – CABG (MID-CABG)
      3. Off-pump
   D. Heart-lung transplant
   E. Pacemaker incision
   F. Pericardiectomy
   G. Ventricular assist device (VAD) insertion

III. Pediatric cardiac procedures
   A. Closure of patent ductus arteriosus
   B. Repair of coarctation of the aorta
   C. Tetralogy of Fallot repair
Content:

I. Abdominal aortic aneurysm with graft insertion

II. Angioplasty
   A. Percutaneous transluminal angioplasty (PTA)
      1. Endograft placement
      2. Endostent insertion

III. Bypass surgery
   A. Arteriovenous fistula and shunt
   B. Femoropopliteal bypass

IV. Carotid endarterectomy

V. Vein ligation and stripping
IV. CLINICAL REQUIREMENTS
SURGICAL ASSISTANT CLINICAL REQUIREMENTS

The student must complete 140 documented surgical procedures in the role of the surgical assistant. A minimum of 20 cases must be performed in General Surgery with the remaining cases divided between a minimum of two of the specialties areas below. A minimum of 20 cases must be completed in each of the two specialties selected.

Specialty Areas

1. Cardiovascular
2. Peripheral Vascular
3. Thoracic
4. Orthopedic
5. Neurosurgery
6. Ob-Gyn
7. Urology
8. Plastic
9. General
10. Endosurgery
11. Ophthalmology
12. Otorhinolaryngology
13. Oral/Maxillofacial
14. Pediatrics
15. Oncology
SURGICAL ASSISTANT ROLE

To fulfill the role of the surgical assistant, the student must perform skills with proficiency in each area below during any given surgical intervention in order to count the case as one of the 140 documented procedures. The criteria provide skill examples that are illustrative, but not prescribed.

1. Demonstrate the ability to apply advanced knowledge of normal and pathological surgical anatomy and physiology.

2. Demonstrate the ability to communicate the surgeon’s preferences and specific patient’s needs to surgical team such as suture needs, specialty supplies and instrumentation, and equipment.

3. Demonstrate the ability to provide preoperative skills such as assessing patient information, history, preoperative tests (EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results, positioning, and draping.

4. Demonstrate the ability to provide intraoperative skills such as visualization, trocar insertion, injection of local anesthetics, hemostasis, tissue handling, placement and securing of wound drains, and closure of body planes.

5. Demonstrate the ability to provide postoperative skills in patient care such as dressing application, patient transfer and transport, transfer of care, and monitoring for immediate complications.
V. THE SURGICAL ASSISTANT
THE SURGICAL ASSISTANT

Objectives: The learner will
1. Evaluate the role definition.
2. Analyze ethical and moral responsibilities relevant to the surgical assistant.
3. Interpret legal responsibilities relevant to the surgical assistant.
4. Demonstrate listening and communication skills.
5. Apply interpersonal skills at the workplace.
6. Identify methods of stress management.

Content:
I. Role definition
   A. American College of Surgeons description of role
   B. ASA job description

II. Ethical and moral responsibilities
   A. Elements of ethical decision making
      1. Personal values
      2. Ethical principles
      3. Accountability
      4. Responsibility
      5. Religious and cultural beliefs
      6. Morality
   B. Surgical conscience

III. Legal responsibilities
   A. Legal terminology
      1. Statutory law
      2. Common law
   B. Liability
      1. Corporate
      2. Personal
   C. Torts
      1. Intentional
         a) Assault
         b) Battery
         c) Defamation
         d) Invasion of privacy
      2. Establishing negligence
         (unintentional)
         a) Standard/duty of care
         b) Dereliction/failure to meet standard of care
         c) Foreseeability of harm existed

ACS Description of Role
As defined by the American College of Surgeons, the Surgical First Assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. This role will vary considerably with the surgical operation specialty area, and type of facility. Clinical skills performed under supervision of the surgeon may include the following: positioning the patient, preparing the skin, providing visualization of the operative site, utilizing appropriate techniques to assist with hemostasis, participating in volume replacement or auto transfusion techniques as appropriate, utilizing appropriate techniques to assist with closure of body planes, close body planes, selecting and applying appropriate wound dressings, securing drainage system to tissue and most importantly apply advanced knowledge of surgical anatomy during the preoperative, intraoperative, and postoperative phases of surgery.
d) Omission or commission of an act
   e) Actual damages/injury occurred

D. Informed consent
   1. Patient’s right to know
   2. Preparation
   3. Verification
   4. Legality
   5. Role of the surgical assistant

E. Professional standards of conduct
   1. Federal law
   2. State laws
      a) State regulations regarding practice limitations
   3. Federal agencies
   4. Healthcare facility policies
   5. Legal precedent
   6. Professional credentialing
      a) Voluntary
      b) State law

F. Basic rights
   1. AHA’s The Patient Care Partnership
   2. Caregiver’s rights

G. OR incidents specific to role of the surgical assistant
   1. Patient misidentification
   2. Incorrect procedure
   3. Burns
   4. Abandonment
   5. Incorrect positioning of the patient
   6. Improper handling of surgical specimen
   7. Improper drug administration
   8. Defective equipment and supplies
   9. Major break in aseptic technique
   10. Documentation errors
   11. Exceeding authority
   12. Breach of confidentiality

H. Listening and communication skills
   1. Interpersonal skills
   2. Relationships with other team members
      a) Surgeon
         (1) Situations specific to surgical assistant’s role
            (a) Aggressiveness vs. interference with surgeon
            (b) Resolving difference of opinion with surgeon
      b) Anesthesia personnel
      c) Circulator
      d) Surgical technologist
VI. ALL-HAZARDS PREPARATION
ALL-HAZARDS PREPARATION

Objectives: The learner will
1. Demonstrate an understanding of disaster planning.
2. Demonstrate an understanding of putting the plan into action in preparation for a disaster.
3. Assess the federal, state and local agencies that are involved in disaster planning and preparation.
4. Analyze the legal issues involved in disasters as it relates to surgical assistants.
5. Assess the physical and mental stresses that can occur as a caregiver both during disaster and post-disaster.
6. Describe the role(s) of the surgical assistant during a disaster.

Content:
I. Hazards
   A. Bioterrorism
   B. Chemical
   C. Natural
   D. Radiation
II. Personal disaster plan
   A. Family
      1. Contacts
      2. Go bags
      3. Designated meeting places
      4. Protocol from local emergency organizations
III. Federal, state and local agencies
   A. Federal Emergency Management Agency (FEMA)
   B. Hospital Incident Command System (HICS)
   C. Local Emergency Management Agency (LEMA)
   D. National Incident Management System (NIMS)
   E. National Response Framework (NRF)
   F. National Disaster Medical System (NDMS)
IV. Emergency Operations Plan (EOP)
   A. Comprehensive Emergency Management (CEM) plan
   B. Comprehensive Emergency Management (CEM) components
      1. Mitigation
      2. Preparedness
      3. Response
V. Role of the surgical assistant
   A. First responder in the field
      1. Triage

Teaching All-Hazards Preparation
This is meant to be a review of all-hazards preparation with a focus on the various roles the surgical assistant can perform during different types of disaster situations. For a comprehensive outline of all-hazards preparation refer to the Core Curriculum for Surgical Technology.
2. Mass casualty – patient care
3. Transportation of patients
B. Healthcare facility
APPENDIX A

ASA Job Description

JOB DESCRIPTION: SURGICAL ASSISTANT
(Note: This is a recommended guideline to follow in creation of a facility-specific job description and not a job description in and of itself.)

The Standards and Guidelines for the Accreditation of Educational Programs in Surgical Assisting have been approved by the Association of Surgical Assistants (ASA), American College of Surgeons (ACS), Accreditation Review Committee on Education in Surgical Technology (ARC/STSA), 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 under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations.

EDUCATION
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.

The Association of Surgical Assistants recommends that surgical assistants graduate from surgical assisting programs accredited by CAAHEP through ARC/STSA, which is a collaborative effort of AST, ACS, and SASA. CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA). In addition, surgical assisting programs may be offered through independently operated facilities or educational institutions and are accredited by agencies recognized by the United States Department of Education (USDE), The Joint Commission, or a state agency acceptable to CAAHEP and the ARC/STSA. The ARC/STSA is also a member of the Association of Specialized and Professional Accreditors (ASPA).

Surgical assisting programs offer various educational pathways. Students may earn a certificate, an advanced technical diploma, or an associate degree depending on the program attended. Definitive curriculum is dependent on program attended. Standard courses covered are:
General Overview of Courses Include:

- Principles of Surgical Assisting
- General Biology
- Microbiology
- Surgical Assisting Internships
- Anatomy & Physiology
- Surgical Pathophysiology
- Wound Closure and Wound Management

CREDENTIALS

Certification is conferred by the National Board of Surgical Technology and Surgical Assisting (NBSTSA), National Surgical Assistant Association (NSAA), and American Board of Surgical Assistants (ABSA). Initial certification as a Certified Surgical First Assistant (CSFA), Certified Surgical Assistant (CSA), and Surgical Assistant-Certified (SA-C) is based upon satisfactory performance on the national certifying examination from each organization’s credentialing body, following completion of an accredited program in surgical assisting or another pathway acceptable to the NBSTSA, NSAA and ABSA. CSFAs 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. CSAs maintain their certification by earning 50 continuing education units every two years or successfully retaking the certification examination at the conclusion of the two-year period. SA-Cs maintain their certification by earning 80 recertification points and 400 clinical surgical cases or 1500 clinical surgical hours every two years or by retaking the recertification examination at the conclusion of the two-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. The NSAA and the ABSA provide national certifying examinations and credentialing within the structure of each of the organizations.

THE ASSOCIATION OF SURGICAL ASSISTANTS

The Association of Surgical Assistants represents surgical assistants who carry the title of Certified Surgical First Assistant (CSFA), Certified Surgical Assistant (CSA), and Surgical Assistant-Certified (SA-C).

ASA was founded in 1996 and its current partner organization, 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 periOperative Registered Nurses (AORN). ASA and AST represent the interests of over 5,000 surgical assistants.

ASA also works with ARC/STSA 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 Surgical First Assistant credential as a condition of employment. ASA is a membership organization.
ASA Mission Statement
“The Association of Surgical Assistants represents a broad coalition of surgical assistant practitioners, who shares several common goals including optimizing surgical patient care, promoting the recognition of all surgical assistants, advancing legislative strategies and providing relevant continuing education experiences.”

ROLE OF THE SURGICAL ASSISTANT
The surgical assistant is responsible for assisting the surgeon under direct and indirect supervision throughout preoperative, intraoperative, and post-operative duties and procedures at all times.

1. Preoperative
The surgical assistant facilitates the safe positioning of the patient according to the surgeon's preference, patient's anatomical and physiological limits, and surgical procedure to be performed. A preoperative introduction visit may be done to assess the surgical site to better aid in positioning. Assists circulator and anesthesia provider in preparation of the patient to include but not limited to: Foley catheter placement, tourniquet application, placement of intravenous catheters, cricoid pressure application, and other procedures as needed.

2. Intraoperative
The surgical assistant performs specific tasks according to individual surgeon preference utilizing appropriate techniques including, but not limited to: incision and layered closure of surgical sites, providing exposure, achieving hemostasis by means of injection, manual, and topical methods, and application of appropriate energy sources, manipulation and dissection/removal of tissues, aides in implanting, securing, and/or removal of devices and drains, and applying appropriate dressing material specific to procedure.

3. Postoperative
The surgical assistant applies any other specific dressing material such as splints or casts, assesses skin integrity, assists in transfer of the patient, and follows the patient to recovery if needed or directed by surgeon.

4. Specialty Procedures
The surgical assistant who has appropriate training also performs under surgeon supervision other procedures including but not limited to: vein and graft harvesting, and graft and implant preparation.

5. Additional Duties
The surgical assistant performs additional duties as delegated by the surgeon in cooperation with state and local policy.
APPENDIX B

References
