At the upcoming ASA meeting in New Orleans, active ASA members will have the opportunity to elect candidates for the offices of President, Vice President, Treasurer and two Director positions. Candidates who declared their candidacy by February 1, 2013, are profiled in this issue of The Surgical Assistant. Active members who missed the February 1 deadline and are interested in declaring their candidacy may run from the floor during the first business meeting on May 23, 2013, in New Orleans.

To be eligible, candidates must have been an active member of ASA for one year; hold one of the three surgical assisting credentials, CSFA, CSA or SA-C, and provide completed Curriculum Vitae and Consent to Serve forms. (These are available on the ASA website, www.surgicalassistant.org. Click on About ASA and scroll down to the appropriate links under Interested in Serving?)

Candidates running from the floor must present their completed forms to the ASA Credentials booth for their review and approval before the first business meeting on May 23, 2013, in New Orleans. The Credentials Committee Booth will be open on Wednesday, May 22, from 2-4 pm. It will be located in the main registration area.
Candidate Statements

CANDIDATES FOR PRESIDENT (ELECT ONE)

DENNIS STOVER, CST, CSA
Meridian Institute of Surgical Assisting, Nashville, Tennessee

Election Statement
The ASA has become the premier voice and representative body for the surgical assisting community. The association exists, according to our mission statement, “to represent a broad coalition of surgical assistant practitioners, who share several common goals, including optimizing surgical patient care, promoting the recognition of all surgical assistants, advancing legislative strategies and providing relevant continuing education experiences.” Nothing could better serve this association and the patient than to follow our mission, help to promote our presence in the surgical community, and boost our credibility and validation. As President of the ASA for the past two years, it has been my distinct privilege to help lead this organization to a pinnacle that just a few years ago would have seemed impossible.

I want to continue to help the ASA connect effectively with the diverse range of surgical assistants and, through them, our communities of interest. By facilitating dynamic and effective communications and activities we can build on our own unique capacity, and at the same time help inform both assistants’ own personal roles and development, and the wider ASA activities. I helped to develop the ASA’s founding goals that focus on education and legislation. Well-facilitated ASA networks create a more challenging, more developmental environment to improve our impact. It’s reciprocal: the better the ASA can collaborate and inform, the better the association will sustain its overall relevance. We have been working diligently on this over the past two years. Representation is important. It informs both credibility and focus of both activities and resources, but it must be purposeful: we need to know that we will have an ASA that is worth being part of, and that values all of our constituent contributions.

Since the ASA formation meeting in November 2009, the ASA has experienced tremendous change and growth. I believe it is now close to releasing the full potential originally intended. During my term as President, we have seen ASA membership increase from 250 to over 1,000 members. We have hosted many top-tier educational events. Legislation has been active in several states. For the first time, ASA has been able to contribute its own dollars toward this legislation. There are still important strategic, organizational, financial and process issues to tackle before the association can completely fulfill the statement, “Never doubt that a group of thoughtful, committed assistants can change the world. Indeed, it is the only thing that ever has.” I would welcome the opportunity to continue to help make it happen.

During my term as President, ASA has become a powerful force for change — a source of ideas and innovation. Its sense of purpose commands us to not only “embolden awareness, enlarge the SA community, refine standards, improve our position and extend our legislative efforts”, but also to bring together a commonwealth of surgical assistants working toward the same goals and ideals. I believe we share a common set of values which commit us to rising to the challenges of today’s changing healthcare environment, through activities which help to gain and boost our position in the operating room. I have enjoyed the challenges and the opportunity to serve as your President for the last two years. I do believe that together we can move the ASA forward and continue to be the premier voice for the SA community.
GREG SALMON, CSFA
Meridian Institute of Surgical Assisting, Nashville, Tennessee

Election Statement
It has been an honor and a privilege to serve as ASA Treasurer during these past two years. Since the very first elections were held, I have had the pleasure to see an organization that many of us had long awaited, finally come to fruition. I have had the pleasure of seeing the ideas from our members and members on the Board be realized. I have had the opportunity to witness what can be accomplished when dedicated individuals come together and work toward common goals and aspirations. In the last two years, we have grown our membership, exceeding everyone’s expectations. It has been gratifying to see the commitment of our members in making the ASA something to be proud of and knowing that as a member, your voice will be heard!

As your Treasurer, I have had the opportunity to serve you on this Board. I have helped to implement educational and policy decisions that have strengthened our organization while ensuring that we have remained fiscally responsible. ASA is beginning to make its own way financially, which will begin to open the door for improved educational events and will also allow us to pursue legislation to strengthen and protect our profession.

Our profession is quite different than other professions and includes a diverse group of individuals. We come from all over the country and are often faced with difficult challenges, as we pursue our dream. As the Treasurer for the ASA, I believe that we have begun to identify and develop ways to help reduce the challenges that we meet on a daily basis. We have updated the job description, and are currently developing Standards of Practice which will provide surgical assistants across the nation with the tools that will support and give added direction to the profession.

ASA has provided educational opportunities geared to the surgical assistant, that were almost non-existent two years ago. We have offered robotics and cadaver labs as well as a very successful educational cruise that provided exceptional opportunities for networking. It is imperative that we continue to develop new, cutting-edge opportunities to provide continuing education for our members.

The past two years have given me the opportunity to directly impact our profession as a Board member. After two years of hard work, our journey is just beginning to stand firmly on a solid foundation. I have the experience and first-hand knowledge that will allow me to continue to provide the direction and promote strength and opportunities for every member. I ask for your vote to continue to lead our organization while making the best informed decisions for each and every member.
CANDIDATES FOR BOARD OF DIRECTORS (ELECT TWO)

Fred Fisher, CSFA, CSA
Chicagoland Surgical Assisting
Naperville, Illinois

Election Statement
I would like to take this opportunity to introduce myself to any member who may not be aware of me — my name is Fred Fisher. I am running for the ASA Board of Directors. I have been an active participating member in AST for the past 21 years and one of the founding members of the Association of Surgical Assistants. I have participated in many surgical assistant forums and served as a frequent speaker. I have owned a surgical assistant company for the past 14 years. My long-term ownership has given me insights regarding the challenges, obstacles and frustrations of many important issues we are facing today, including legislative recognition, contracts, billing, privileges, employees — and the list goes on.

I actively participated in the enactment of legislation in the State of Illinois. Recently, I serves as Vice President of the Illinois Surgical Assistant Association) and am still an active member today. I was the Secretary/Treasurer of the political action committee. This experience provided me with valuable insights in the operations of government agencies on the state government level.

In the rapidly changing healthcare system, we face many challenges as well as great opportunities. As surgical assistants, we need to seize these opportunities and become actively involved in the professional organization. Each individual in the ASA organization has valuable input as well as knowledge that would greatly benefit our organization. If I have the opportunity to be elected as a member of the Board of Directors, I will do my best to listen to all practitioner members.

Shannon Smith, CST, CSFA
Tallahassee Community College
Tallahassee, Florida

Election Statement
My name is Shannon Smith, and I am a surgical assistant certified by the NBSTSA.

I am currently the program chair for the Amy Lynette Bailey Surgical Technology Program at Tallahassee Community College. In addition, I am an adjunct instructor for the Surgical Assisting program at Gulf Coast Community College. Prior to moving to Tallahassee, Florida, I was the Assistant of Surgical Services at Gulf Coast Community College where I taught Surgical Assisting and Surgical Technology.

I am a founding member of ASA and was appointed to the Education Committee in 2011. I have served as a Board of Director for the Florida State Assembly of the Association of Surgical Technologists (2010-2012). In 2011, I served as a delegate for the Florida State Assembly at the national conference. In addition to being a CSFA, I am a Certified Surgical Technologist and hold a Bachelor’s Degree in Health Science.

I became a surgical technologist in 1989 and went on to become a surgical assistant in 1995. Over the years, I have truly been blessed with the opportunity to make a difference in patients’ lives. Looking back, it’s amazing to see how our profession has grown, but we have much left to do.

According to the American College of Surgeons’ News Release March 24, 2009, the shortage of surgeons especially in rural areas could become critical over the next 10 years. This will increase the need for surgical assistants which makes proper education and legislation vital for our profession. I am actively involved in the legislative efforts in the State of Florida.

I believe my experience and education will be a tremendous asset to our great organization. These are our
formative years, a crucial time for our organization, and we need dedicated, competent, well-informed leadership.

As a member of the Board of Directors, I pledge to commit myself to the advancement of our organization with the level of dedication, passion, and professionalism that our members so rightly deserve.

I began my career in the operating room because of my desire to make a difference. It is with this same desire that I ask for your consideration for this position.

JODIE WOODS, CST, CSFA
St Alphonsus Regional Medical Center, Boise, Idaho

Election Statement
My name is Jodie Woods, and I am a surgical first assistant working in Boise, Idaho. I am running for Board of Director position.

I was certified as a surgical technologist in 1992 and, after working in that field for many years, I wanted to further my career and get my CSFA. I received my certification from the NBSTSA and have carried this title with great pride. After becoming a CSFA, I have specialized in Orthopaedics.

I have been active in our profession for many years. I was an item writer for the Orthopaedic specialty exam. I also sat two terms on the NBSTSA Exam Review Committee and finished my last term in 2012. Since that time I have continued to remain involved by attending and participating in item writing meetings.

I would like to be a member of the ASA Board, because I believe I bring many years of experience and a desire to see our national organization grow to achieve greatness. We are all incredibly proud of our profession, and we would like to see our organization continue to grow and expand. I would like to be an integral part of this in the future.

Thank you so much for considering me for this position.

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The Surgical Assistant
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Surgical assistants and surgical technologists took to the Capitol in Richmond, Virginia, to lobby for the passage of SB 858, which provides for the licensure of surgical assistants and certification of surgical technologists in the state. Led by Sandi Luthie, CST, Virginia Commonwealth State Assembly president, committed activists — CSFAs, CSAs, CSTs, educators and students — carried the message of surgical patient safety and surgical team competency to members of the Senate Education and Health Subcommittee on Health Professions.

On Wednesday, January 23, 12 hardy constituents from all over the state gathered at AST/ASA’s lobbyists’ offices for a quick session of advocacy training and strategizing. The group then moved up to the Capitol to meet with Senators Carrico, Garrett, Lucas, McWaters and Northam and seek support and a positive referral of the bill from the

Dacosta) to Charlottesville (Sandra Luthie, CST, and Mary Flynn, CST), to Lynchburg (Sandra Henderson, CST) and all the way west to Danville (Kim Joyce, Jennifer Turner and Felicia Thompson). They included military-trained surgical technologists from the Naval Medical Center, Portsmouth; educators and students from Miller-Motte Technical College, Lynchburg; National College, Danville; and Sentara College of Health Sciences, Chesapeake; and surgical technologist practitioners and surgical assistants. Constituents of every subcommittee member had a voice. These advocates had more than the power of their will and persuasion. Virginia grassroots members had “plowed the ground” before this Day at the Capitol. They had collected hundreds of signatures and letters from physicians, surgeons, programs and schools, nurses, hospital administration, medical colleagues, educators and patients. Three-inch portfolios of these letters and petitions of support were assembled for delivery to the Senators.

The General Assembly Building, which houses all Senate offices, was teeming with constituents and lobbyists of every persuasion. The 2013 legislative session is a short one, lasting only 46 days, so political action is the order of the day. Nevertheless, AST and ASA members navigated the crowds and prevailed on staffers and legislative
aides to arrange meetings with every subcommittee member’s office. Some discussions transpired in the Senator’s office; others were in staff and conference rooms, in the hallways, and outside the elevators. AST/ASA’s committed advocates would not take “no” — or even “later” — for an answer. They were focused, supportive, and resolute. When Senator Carrico’s answered Sandi Luthie’s opening question, “Do you know what a surgical technologist is?” with “Aren’t they the surgeon’s right hand person?” the group erupted in applause. Senator Lucas’s legislative aide was shocked to hear the breadth and complexity of the functions of the surgical assistant. The staff at Senator Northam’s office (the only physician on the subcommittee) related that the Senator is keenly interested in the bill and will be front and center at the subcommittee hearing scheduled for the next day. Staff in all subcommittee members’ offices related that the senators were looking to Dr. Northam for guidance.

The group hit its stride in front of the office of Senator McWaters, chair of the subcommittee. At the first visit, the chief of staff asked everyone to return in an hour, because the Senator’s schedule was fully booked. The group circled back, and politely waited for the Senator to conclude his current meeting (which they could observe through an open door in his office). As the Senator was leaving for the convening session, the group engaged him in the hallway. The get-together lasted nearly 15 minutes, with everyone standing and discussing the bill, its import, its detractors, and its progress through the Joint Commission on Health Care in the preceding months. Senator McWaters expressed his reservations about new regulations, and his interest in investigating and evaluating the issue closely; and he urged the group “not to give up” if they were initially unsuccessful. Sandi Luthie boldly but respectfully replied, “Sir, for you and your family, I sincerely hope that nothing adverse happens in surgery while we continue to pursue this important patient safety legislation.” The encounter was impactful, and memorable. It had repercussions that were revealed during the subcommittee hearing the following day.

The day at the Capitol was a success, even though many of the meetings were with staff and legislative aides.

PREPARATION WAS CRITICAL TO THE CAPITOL CAPSTONE DAY

Earlier efforts included mock surgeries to introduce legislators to the critical importance that surgical assistants and surgical technologists perform in patient safety.

Kudos to Sandi Luthie; Frances Dargan; Mary Flynn; Tina Putman, CST; Karen Sherback, CST, FAST; Sue Stallings, CST, RN, CNOR; Kevin Browne, CST; Suzanne Cunniff, CST, CSFA; Linda Starks, CST; Jake Jacobs, CSA; Theresa Cooper, CSFA, CSA; Mary Armstrong, CSFA, CSA; and Dwight Deadmon, CSA, who helped lead the mock surgeries around Virginia and the Capitol.

As part of the Virginia legislative strategy, preparatory grassroots efforts targeted surgeons, nurses, surgical assistants and surgical technologists. Fifty signatures from doctors, 40 signatures from surgical assistants, 75 signatures from surgical technologists and 50 signatures from nurses drove home the message of patient safety and effectively demonstrated the broad support for this legislation. Petitions and letters were solicited by Robbert Campbell, CST; Kevin Edwards, CSA; Mary Armstrong; Theresa Cooper; Jake Jacobs; Mary Flynn and Suzanne Cunniff demonstrated that physicians, nurses, surgical assistants and surgical technologists were joined in support of this bill.

Approximately, two dozen personalized letters were sent by surgeons who live in the targeted districts to legislators and special thanks to Kevin Edwards, for the outstanding letter from the physician he works with.

Mary Flynn; Frances Dargan and Sandi Luthie obtained letters from a wide variety of surgeons from different specialties. Ginny Rawls, CST; Sue Stallings and Christina Barley, CST, wrote letters on behalf of their programs and inspired their students to write. Linda Starks and Dedra Parrish sent letters on behalf of their programs. The final, official summary of letters, which was presented to the Joint Commission members, showed that the Joint Commission received 60 letters in support of surgical technology certification and surgical assistant licensure, while the Commission only received one letter in opposition.
The message was getting across, and members were sensing some momentum. The bill had never been given a Committee hearing, and the Virginia Joint Commission on Health Care had not ruled negatively on the proposition of certification and licensure, referring it back to the legislature. However, the sentiment at the Capitol was that the opponents of HB 858, chiefly the Virginia Hospital Association, would trump the efforts of AST and ASA Virginia advocates.

The Senate Subcommittee on Health Professions hearing convened the next day. The small hearing room was packed with supporters and opponents of the bills scheduled for testimony, discussion and vote. The subcommittee limited testimony on SB 858 to three proponents: Michele Satterlund, lobbyist, Sandi Luthie, and Frances Dargan, CST, CSFA. Jake Jacobs returned to Richmond after finishing assisting on surgeries that morning to stand in reserve and support the testifiers. His presence was not overlooked.

The subcommittee members were overtly engaged in SB 858, due largely to the efforts of Virginia grassroots in the days and weeks prior to the hearing. And, shortly in advance of the hearing, the subcommittee members were furnished detailed information to rebut the opponents’ assertions that regulation of surgical assistants and surgical technologists would result in increased costs not only for the State of Virginia but also for its hospitals and health care facilities. Frances Dargan and Sandi Luthie spoke to the need for objectively competent members of the surgical team for the protection of surgical patients, reduction of preventable medical errors and surgical site infections, and demonstrable cost savings from fewer readmissions and “never events.” However, the most compelling remarks came from the subcommittee members themselves. Senator Carrico asked representatives of the hospital association whether they had any factual basis for claiming that the licensure and certification bill would increase costs. The answer was “no.” Senators McWaters and Northam spoke eloquently about the importance of a competent and qualified surgical team, and posed the rhetorical question why the hospital association was so opposed to a proposal to reduce surgical errors. At the conclusion of the hearing on SB 858, the committee declined to vote “aye” on the bill, but, significantly, directed representatives of the hospital association and VA-AST, on behalf of the surgical technologists and surgical assistants, to enter into discussions to address and hopefully resolve this issue.

The Senate Health Licensing Subcommittee clearly stated that the lack of regulation in the operating room is a problem that requires a solution. The Subcommittee also made clear that it is coming closer and closer to adopting the solution proposed by Senate Bill 858. As the Subcommittee said: the time for progress on surgical assistant and surgical technologist regulation is now.

Success in political affairs is often incremental. The resolution of SB 858 can certainly be called a victory: The Virginia Hospital Association must come to the table to engage in discussions about licensing surgical assistants and certifying surgical technologists in the interest of surgical patient safety. The Virginia grassroots activists who worked, planned, prepared, advocated, testified and wouldn’t give up carried the day.
For most of us, social media has become the equivalent to what once was an office’s water cooler. We log on to Facebook or Twitter or Pinterest or Instagram to see what’s going on and what people have been up to. Most of us have these apps downloaded to our mobile or tablet and can access our accounts pretty much anywhere 24/7. And because we’re connected at all times, social media serves as a connector, a news source, an educator and, sometimes, a distractor.

It’s quite amazing how we forget about social etiquette just because we’re using an electronic device to do our communicating. Rules followed when conversing in person are quickly forgotten as we blast off our posts on social media without taking time to analyze what we are saying or the consequences of our words. The old nursery rhyme of “Sticks and stones will break my bones but words will never hurt me” is unfortunately false and never more prevalent than in social media. Words can hurt and have unintended consequences and social media etiquette is just as important as face-to-face etiquette, especially when you are posting to a professional site or organization such as the Association of Surgical Assistants. The following are a few suggestions to keep in mind when submitting a post or responding to someone else’s post.

• Pause before hitting submit. Just like the saying “Think before you act,” pause before hitting submit. After composing your post or response, but BEFORE posting ask yourself if you would be comfortable saying it face-to-face to people within this community. If your answer is no or you hesitate after reading it, then re-craft a post that would be better suited for that specific community.

• The appropriateness of posts. Ask yourself if what you’re about to post is appropriate for this social portal or if the content would best be communicated in another form. Some topics are best suited for discussion forums where users can post their information and/or comments and concerns and continue lengthy discussions. Sites such as Facebook are geared more toward a social atmosphere and lengthy posts are interrupted with a Continue Reading link to read the entire post. On discussion boards, such as the ones ASA and AST host on its respective websites, a user can post paragraphs of texts without being interrupted.

• Emotional dumping ground? All users need to ask themselves whether their posts are reflective of an emotional rant and, if so, does it belong on this site? There’s a difference between sharing one’s differences and venting one’s anger or frustration especially when directed at a specific person or group. Users need to stop and think about whether their post or response is a reactive communication or a well-thought out post that will contribute beneficially to the conversation.

• Consider your tone. One of the hardest things to decipher on electronic and social media is the tone of someone’s posting. Even with the help from emoticons and abbreviations such as lol, it’s hard to know just where a user is coming from.
Sarcasm is hard to detect and may come across as snippy or rude.

- **Sharing.** With the ease of social media, it’s easy to quickly post to threads, but we all need to consider if what we have to say is really worth sharing with others in the community, especially when it comes to professional sites. Will others benefit from your post? Is your post too vague or uses too many abbreviations that others won’t understand? And, perhaps most importantly, will others care about what you post? We all think what we have to say is important, but sometimes we post just to feel important. Social media is a great tool at letting everyone voice their opinion, but sometimes the best option is to stay silent and comment when it really matters.

- **Impressions.** Even online, impressions do matter. Be careful when sharing something about a certain person or company. Even with privacy settings, there is a chance that a current or future boss could find out about your negative comments and affect your working relationship. Stay clear of bashing bandwagons so your name and username can’t be traced back to any ill-advised comments posted on social media. Act the way you would like to be treated. Calling people out can create hurtful tidal waves that can come back to haunt you. Avoid starting or spreading negative comments that could damage someone’s reputation or even yours.

- **Public versus private.** Know what really needs to be announced to the entire group and what needs to stay behind closed doors. If you have something you want to privately say to someone, use the messaging feature that allows you to talk directly to that person and not the entire audience. Facebook and Twitter both feature a messaging system that allows individuals to talk to other individuals without disclosing information to a group of people. However, be mindful of whom you’re talking to and if you don’t want any details spread, it’s probably best not to put it out there.

- **Comments follow you.** Social media are public. Due to the social nature of social media, a lot of people feel as if they can say anything and just be themselves, including off-the-cuff remarks. When in doubt, don’t post anything you might regret. Deleting posts doesn’t always solve the problem. Remember that posts, comments, likes and dislikes are forever.

**References**


**WHAT TO KEEP IN MIND…**

Facebook has updated its privacy settings a few times so users need to check and see where their settings stand. Sometimes users aren’t aware that everyone can see their personal information. Facebook allows you to see how your personal page looks as another person or the public and is a good tool to see how your privacy settings are set up. When on public pages, such as ASA’s Facebook page, others can click on your handle that will take them to your page. If you don’t want everyone to know that you attended a wild Mardi Gras party, restrain from putting those pictures up as your profile picture or cover picture. Also, check your “tagged” settings as well because generally the public can see photos or posts you’re tagged in if you or the original poster don’t have privacy controls set on tags.

Twitter is known for its 144-character posts. Facebook, on the other hand, doesn’t limit the length of your posts, but will hide parts of longer postings in order to keep the newsfeed flowing. When this happens, a Continue Reading option appears and readers have to click on that option to read the rest of your post. If you write a post longer than three sentences, you take a chance at having some of your post redirected, and thus, not having your post read at all. Not everyone will click on the Continue Reading option so if you want to make sure your post is read, make it short and sweet or take it to the Discussion Board.

And, again, if you don’t want the whole world to know something, keep it to yourself and don’t post it online.
Cabin Charges (2 people/cabin)

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

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

Registration deadline

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

Questions

kludwig@surgicalassistant.org or mfrey@ast.org

Carnival Magic Departs Galveston.

PROPOSED AGENDA

Embarkation Day

Group welcome and reception

Day One at Sea (6 CEs)

9–9:50 am History of Surgical Assisting
10–10:50 am Ethical Considerations
11–11:50 am Ansell Healthcare
Noon–1 pm Lunch
1–1:50 pm International Missions
2–2:50 pm The Surgical Traveler
3–3:50 pm Evidence Preservation

Day Two at Sea (6 CEs)

9–9:50 am Business Principles for the Surgical Assistant (Part 1)
10–10:50 am Business Principles for the Surgical Assistant (Part 2)
11–11:50 am Emergency C-Section
Noon–1 pm Lunch
1–1:50 pm Knowing Your Patient Preoperatively
2–2:50 pm Robotics
3–3:50 pm Lab Values

Day 3 at Sea (6 CEs)

9–9:50 am Medical Malpractice Issues–1
10–10:50 am Medical Malpractice issues–2
11–11:50 am Recalled Implants
Noon–1:50 pm Lunch
1–1:50 pm Tissue Recovery
2–2:50 pm Disaster Related Trauma
3–3:50 pm The State of SFA Profession

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Curious about SA billing companies?

Need to know how to write a contract?

What’s happening with new SA Standards of Practice?

Meet an outstanding surgeon contributing to cutting-edge robotic surgery

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MAY 23-25.

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