



THE SURGICAL ASSISTANT

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Inside:

Association of Surgical Assistants (ASA) Annual Report	1
Avoiding the Potholes in Travel Assignments	6
2015 ASA Proposed Bylaws Amendments	8
ASA 2015 Slate of Candidates	11

ASSOCIATION OF SURGICAL ASSISTANTS (ASA) ANNUAL REPORT



Dennis Stover, CST, CSA,
FAST, ASA President

Dennis Stover, CST, CSA, FAST, President

IT IS MY PLEASURE TO REPORT TO YOU that the state of the Association of Surgical Assistants is strong and thriving. Over the past year, our membership has continued to flourish. Membership currently stands at 1,169. Much has been done within ASA to reshape itself, transcending towards building an independent organization to representing the interest of all individuals practicing as surgical assistants regardless of which certification they maintain. ASA is focused on representation and support for the profession of surgical assisting.



I would like to inform you of some ASA accomplishments and achievements since my last report to you.

MEMBERSHIP

Our membership has continued to grow and we are focused on new and innovative ways to increase the number. The student base within ASA continues to grow as well. An area of focus moving forward will be student member retention. We conducted the very first CSFA prep workshop at our recent conference in Phoenix.

FINANCES

2014 was a good year financially for ASA. We ended the recent fiscal year with over \$30,000 in the black. We are on track to end on a positive financial note for 2015.

LEGISLATION

ASA is planning on introducing legislation in Tennessee and Arkansas in the coming year and has introduced legislation in Nebraska. ASA is monitoring legislative activities in Colorado and supporting it in Illinois. Worth noting here is that ASA has funded our own legislative initiatives at this point.

EDUCATION

ASA has published a new core curriculum.

Our education committee continues to work on standards of practice to meet critical mass issues for the practicing surgical assistant. We have published the first SOPs for local injection and trocar insertion. We will continue to identify areas in the SA profession that must be addressed through RSOPs.

ASAS is partnering with the NBSTSA to develop a comprehensive study guide for the CSFA exam

OTHER ENDEAVORS

For the first time, the United States Bureau of Labor Statistics (BLS) is working with ASA to develop a separate definition of the surgical assistant that is anticipated to be published next year. This definition will be a template for facility employers to complete and return. The discussions with the Bureau of Labor Statistics have been very positive, and it looks promising that the national results would be published in a future Occupational Outlook Handbook. Median pay, information regarding the median pay, work environment, job outlook, employment outlook and required education for the surgical assistant practice would be available. Currently, information regarding the surgical assistant has been melded into the surgical technologist definition.

The Board of Directors for the Association of Surgical Assistants appointed surgical assistants and surgical assistant representatives from the Accreditation Review Council on Surgical Technology and Surgical Assisting (ARC/STSA) and the National Board of Surgical Technology and Surgical Assisting (NBSTSA) to update and revise the *Core Curriculum for Surgical Assisting*. This important educational publication ensures that all surgical assisting students study and master the same benchmark information. The Core Curriculum has also been employed in legislative discussions and provides legislative bodies with the details of the surgical assistant role. ASA member dues funded this effort.

ASA, in conjunction with the NSAA, has started a registry for all CSFAs and CSAs. The title will be National registry for Surgical Assistants (NRSA).

ASA has signed a management agreement with AST.

NETWORKING FOR UNITY

ASA has reached out to the NSAA to come to the table and discuss issues of commonality where we can be of mutual benefit to each other and the profession. There have been several meetings between the executive boards for both organizations. The end result of this was a historic agreement to partner together where there are issues of mutual concern. We have formed a joint committee on education, insurance reimbursement and one to develop a national registry.

STRATEGIC PLAN

I have included the original ASA Strategic plan developed in 2011 and revised in 2013. I am extremely proud and excited to say that we have accomplished over 95% of the plan goals. I have highlighted in red those areas of accomplishment. In a short few years, the ASA has achieved success well beyond what was originally anticipated during my short tenure as ASA President.

STRATEGIC PLAN

FOR THE ASSOCIATION OF SURGICAL ASSISTANTS (2010-2011)

Mission

The Association of Surgical Assistants (ASA) represents 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

Context and Current Status

The ASA Board, with the support of the AST Board, has begun the process of establishing a separate organization for several reasons based on roles and responsibilities, educational needs and legislative priorities.

1. The role and responsibilities of the surgical technologist and surgical assistant are separate and clearly defined. The former is charged with the responsibilities of the sterile field, and the latter assists the surgeon directly with invasive responsibilities during the intraoperative phase.
2. Practitioners of these roles experience different educational models. It has been evident that surgical assistants are more inclined to seek higher-level hands-on opportunities.
3. Surgical technologists and surgical assistants have distinct legislative agendas. Surgical technologists have been seeking legislative recognition of the credential and certification as a condition of employment. Surgical assistants have a much longer road ahead of them to gain the right to practice, and as such, must start prioritizing their legislative efforts, since the ultimate goal is modification of Medicare reimbursement policies.

4. Surgical assistants may bill independently and are increasingly interested in the issue of reimbursement.

Achieved Goals

- Dues structure established
- Malpractice insurance affiliation with CM&F
- Redesigned website
- Hands-on education opportunities
- Development of initial bylaws
- Election of interim board
- Maintenance of earned CE credits in separate database
- Quarterly publication of ASA News and publication of ASA Enews in intervening months
- Development of initial membership collateral
- Re-branding of ASA Study Guide

Stakeholders

Realistically, there are four credentialed groups that would benefit from membership in ASA—CSFAs, CSAs, SA-Cs and CSTs, who self identify as surgical assistants. PAs and RNFA's will not likely be joining in any significant numbers, and efforts to grow ASA active membership should be directed to the first three groups. Therefore, the relevant information of each of these credentialed practitioners should be evaluated individually. (*Note: target numbers are very conservative*).

Certified Surgical First Assistants

- Approximately 1,800 surgical assistants in the database

- 900 report serving as a surgical technologist; 600 report serving as a surgical assistant
- Most of former group are estimated to be hospital employed
- Respondents who reported working under both credentials are employed by physician/surgeon group or work as independent practitioners

Target: 400-800 CSFAs will perceive the greatest benefit in ASA membership

Certified Surgical Assistant

- Approximately 1,100 estimated certified surgical assistants
- Available information indicates majority works under surgical assistant title
- Nearly 550 are hospital employed; approximately 450 work for private surgical assistant companies or as independent practitioners
- Nearly 375 CSAs also hold the CST title
- Perceived competition with NSAA as membership organization

Target: 300-500 CSAs will receive information on benefits of ASA membership

Surgical Assistant–Certified

- Approximately 1,400 surgical assistants certified
- ABSA is only a credentialing body, not a membership organization
- 150 SACs carry CST credential
- There are currently seven accredited SA programs.

Certified Surgical Technologist

- 800 self-identified as surgical assistants
- Majority probably working in scrub role
- **Important focus for ASA associate memberships**

Strategic Goals

Short Term Goals

- **Definition of organizational benchmarks**
- **Election of Board of Directors**
- **Adoption of ASA Bylaws**
- **Establishment of national committees**

- **Discounted online CE booklet targeted for surgical assistants**
- **Additional hands-on workshops**
- **Development of membership marketing structure, collateral and campaign**
- **Identify corporate sponsorships for annual meeting and exhibits**
- **Design of additional membership benefits**

Long-term Goals

- **State Legislation mandating Certification**
- **State Legislation mandating insurance reimbursement**
- **Development of ASA independent annual conference**
- **Affiliate ACS organizational membership**
- **Establishment of surgical assistant state association structure**

Strategic Objectives

In order to meet the above short-term goals, the following objective goals will need to be developed. A one-year timeline has been determined for successful completion of all objectives. This plan will be reviewed in six months to ensure proper progress. Objectives are not listed in order of priority. Committee development would need to take immediate priority to reach many of these objectives.

Membership

1. Increase membership of ASA
 - There are multiple groups that have surgical assistants for their specialty area (NAOT, ortho tech group, and the eye groups to name two and there may be others).
 - May increase membership of ASA, if we have a better idea of who is out there doing the job and we may at least increase the numbers for lobbying.
 - Work with AST to identify other groups. Make contact with their leadership. Review education process needed to work in the surgical setting. Review number of practitioners.
 - **Contact with every accredited surgical assistant program requesting mandatory**

membership for their students will lay a good foundation for the future of the ASA.

- Continue to solicit membership thru the ASA forum and surgical assistant resource
- Our state assembly annual meetings should introduce ASA. Have a vendor table ready to pass out applications and information about this all inclusive organization.
- Consider a free membership to one representative from the AST state assemblies (CSFA) to be a liaison between their state assembly and the ASA to promote ASA business and encourage membership
- Develop a membership committee to further increase membership benefits.

Education

- Develop an education committee.
- Two offerings should be at conference and two should be during the calendar year.
- They should be held in various areas of the country to allow attendance by both members and nonmembers who would not otherwise attend because of logistical issues
- Develop strong and advanced level offerings at the annual conference to include preconference workshops
- The wound closure workshop offering at the AST conference is something that could be moved over to the ASA
- An ASA mini conference (weekend forum) should be reestablished.
- Identify individual to immediately begin to develop online CE offerings this should be tasked to the education committee.

Resource Needs

The following are areas that will involve needed resources. An expense estimation will have to be calculated out further. Priority will be assigned according to budget conditions.

- *The Surgical Technologists* Advertising
- Web Site Development and Maintenance
- Government Affairs

- Continuing Education (Conference, bi-annual educational offerings, etc.)
- Organizational Development (Board Travel, Additional marketing, Staff expenses etc.)

Progress Indicators

This plan will be reviewed every six months. The level of progress in attaining strategic objectives for this plan will be determined through a combination of three factors:

1. Comparison between the timeline expectations for strategic objectives listed in this plan, and what is actually achieved in those time frames. This comparison is not intended to be absolute. It is expected that there will be some time shifting in implementation of identified objectives, given the dependencies on organizational evolution, personnel resources, and changing requirements. Rather, the progress is better gauged by how closely implementation compares to the general trend outlined for the objective.
2. Measurement and observation how on the capacity and capabilities of organization infrastructure, compare to the utilization and performance of objectives at any particular time. Insufficient capacity or capabilities to meet current requirements is a potential indicator that progress needs to be greater.
3. Feedback from stakeholders. In the end, the organization needs to satisfy the needs of the stakeholders, and they should be the ones to determine how well their needs are being met.

AVOIDING THE POTHOLES IN TRAVEL ASSIGNMENTS

MARK POLSON, CSA

Earlier this year, I was attending the NSAA annual meeting in Lexington, Kentucky and was asked if I would be willing to write several articles on my experiences as a “traveler.”

Now, I don’t claim to be an expert on traveling. But I hope that by relating some of my experiences, I can help you avoid some of the “potholes” that I have hit along the way. So, I ask that all of you take what I am about to provide not as the only word, but just some fire-side tales by one who has spent a good deal of time on the road.

I am often asked, when I get to a new assignment, “Why do you travel?” Well, to tell you the truth, it was sort of ingrained in me as a child. I grew up an “army brat.” My father was a “Career Soldier,” and we moved around frequently. However, for me, the real reason is that where I am from, the cost of living is so high, that you really can’t afford to live there as a single person or on a single income. Now to give you just an example, in my hometown, a new 1,600 square foot townhouse, is selling for \$350,000. Where I am currently working, a new 1,952 square foot home is selling for \$214,000. So for me, the reason that I travel, is that I am often looking for a new home.

Regardless of why you travel, there are highs and lows in the life of a

traveler. If you are considering that you might like to explore the 50 states on someone else’s dime, then I hope that I can give you some helpful tips, some sound advice, and some funny, and sad stories.

When I first decided to travel, I had no idea where to start. Often, I had seen advertisements in the magazines left lying around the staff lounge and the thought of seeing states I had never imagined visiting had a certain appeal. So, I went home, got on my computer, and started to apply. Here is where it got a little crazy. First you start filling out a “quick” application, then you wait for a recruiter to call.

The recruiter is often someone who has never worked as a healthcare provider, and often does not understand the role of a surgical assistant as well as the difference between a CSFA and CSA. I often simply say, the difference is that of a Florida Orange and a Texas Orange—they are the same thing, they just come from different places.

Back in the day when I first starting traveling, it was pretty easy—a prospective traveler simply filled out an application, provided a resume and participated in a phone interview. If the process with the nurse manager was positive, the facility contacted the recruiter, and a position was

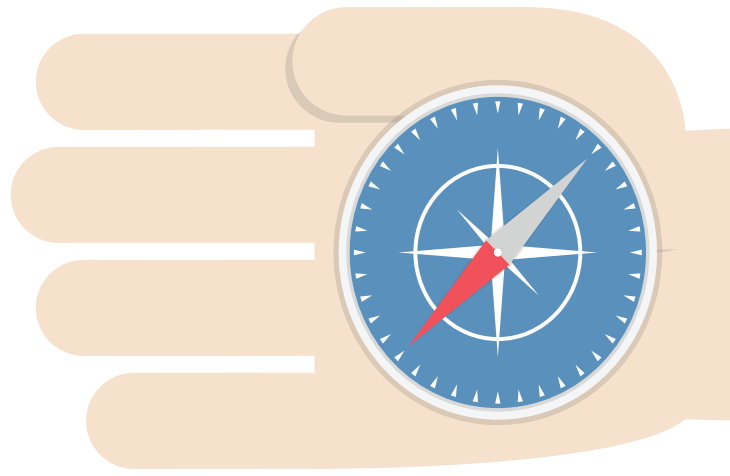
offered. Then, it was “easy peasy, lemon squeezy.”

Today, you need an updated curriculum vitae and then the process becomes more complicated. It is customary to provide at least three letters of reference, one from your current supervisor. “Ah, there’s the rub,” as Shakespeare would say. How do you ask your current boss for a letter of reference, so that you can look for another job? Simply, be honest, and explain that you are exploring your options to see if there is something better out there.

This sword can have a double edge, meaning, on one side, you can find out what your supervisor thinks of you; on the other, by letting management know that you are looking, they might give you reason to stay. Just remember to be honest, and candid with them.

This brings up a very important point, “Don’t burn any bridges!” I cannot stress this enough. There will be times when you must come back home, and if you left on good terms, you might be able to get some part-time or PRN work.

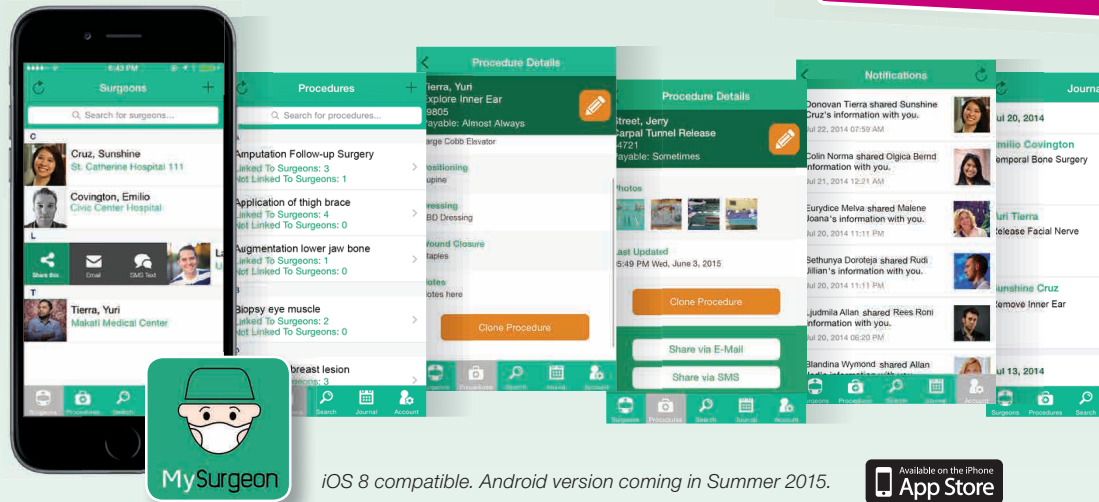
Now with the letters of reference, it is advisable to make sure your PPD is up to date. Have on hand current records from a recent physical, and documentation that verifies that you have both an MMR titer, and a Varicella titer. Once



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these documents are collected, scan a copy of your passport (if available), driver's license, and social security card. Staffing agencies require all personnel to complete an I-9 form which demonstrates that an individual is legally entitled to work in the US.

Ensuring that these documents are up to date and readily available, facilitates completing the numerous applications that you will encounter. Did I say numerous? What? Did you think you would fill out just one application and that agency would have an endless offer of assignments for you? No way. I have my resume posted on several job sites, and with several recruiters. And let me tell you, there are good companies to work for, just like there are bad ones. It is not easy to find out which one is which.

So, now you are somewhat ready, let the job hunt begin, and I do mean hunt, because you see, there are not that many jobs out there for a surgical assistant. If you are fortunate and find one, is a topic that will be covered in the next issue.

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- Enter procedure codes if known to check payability
- Export journal entries using the portal to create billing documents
- Picture gallery for Procedures tab for setup, instruments or even the old preference card
- Add, delete or link any procedures and surgeons
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2015 ASA PROPOSED BYLAWS AMENDMENTS

These proposed bylaws amendments will be considered during the first ASA business meeting in Nashville, October 2.

Article III. Membership

Section 2. Classification

A. Active Member

1. One who has either (1) passed the National Board of Surgical Technology and Surgical Assisting (NBSTSA) Certified Surgical First Assistant (CSFA) national certifying examination and maintains certification as defined by the NBSTSA; (2) passed the ~~National Surgical Assistants (NSAA)~~ National Commission for Certification of Surgical Assistants (NCCSA) Certified Surgical Assistant (CSA) national certifying examination and maintains certification as defined by the ~~NSAA~~ NCCSA; ~~(3) passed the American Board of Surgical Assistants (ABSA) Surgical Assistant – Certified (SA-C) national certifying examination and maintains certification as defined by the ABSA;~~ or ~~(4)~~ (3) any other surgical assistant credential acceptable to the ASA.

2. Active Members have voice and vote.

B. Associate Member

1. One who has passed the American Board of Surgical Assistants (ABSA) Surgical Assistant – Certified (SA-C) national certifying examination and maintains certification as defined by the ABSA. All current SA-C members of the ASA can retain their current active status.
- ~~1.~~ 2. One who has pass the national certifying examination in the field of surgical technology offered by the NBSTSA to become a Certified Surgical Technologist (CST).

- ~~2.~~ 3. One who has proof of either having completed or being currently enrolled as a student in a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited surgical assisting program or its equivalent.
- ~~3.~~ 4. One who can provide notarized documentation from his/her employer that she/he is employed as a surgical assistant.
- ~~4.~~ 5. One whose primary source of employment is teaching in a CAAHEP-accredited surgical assisting program or its equivalent.
- ~~5.~~ 6. Associate members have voice but no vote.

ARTICLE V. Nominations and Elections

Section 1. Nominations

- A. At least ninety days prior to the national meeting, the Credentials Committee shall present a list of candidates for each office to be filled at the annual meeting accompanied by a curriculum vitae and a written consent of the nominees to serve if elected. All nominees who meet the qualifications for office shall be placed on that list after their credentials have been verified by the Credentials Committee.
- B. A member holding an election position may not be nominated for another position for which the term would begin before expiration of the current position unless the member resigns from her/his current elective position.
- C. A member employed at national headquarters shall not be nominated for a national elected position.

Section 2.
Elections

- A. Elections shall be by electronic ballot available on the ASA website thirty days prior to the start of the ASA annual meeting. ~~or by live ballot at the annual meeting. Online voting will be closed by midnight the day before the final day of the ASA annual meeting.~~ Online voting will be closed at the end of the first business session. ASA will determine the date and hours of voting at the annual meeting.
- B. Election of officers shall be by a majority vote. In the event a second ballot is needed to establish a majority, the two candidates receiving the highest number of votes shall be placed on the second ballot.
- C. Elections of members of the Board of Directors shall be by plurality vote. In the case of a tie, a decision shall be by ballot of the tied candidates and plurality shall elect. In the event of a second tie, a decision shall be by lot.
- D. A Tellers Committee shall be appointed by the President with due regard to representation and geographic distribution.
- E. Before the polls open, the Credentials Committee, as defined in the ASA Policy Manual, shall provide the Tellers Committee with a list of all members eligible to vote.
- F. The President, Vice President, Treasurer, and two Board members shall be elected in odd-numbered years. The Secretary and three Board members shall be elected in even-numbered years.

ARTICLE VI
Officers

Section 1.

The officers of ASA shall be the following: President, Vice President, Secretary and Treasurer.

Section 2.
Eligibility of Officers

- A. A candidate shall have been an active member for one year immediately preceding nomination and, if elected, shall maintain that active status.
- B. A candidate for an officer position shall have served at least one term on the board of directors in the last six years.

Section 3.
Term of Office of Officers

- A. The President shall serve for a term of two years or until a successor has been elected. The Vice President shall serve for a term of two years or until a successor is elected.
- B. The Secretary and Treasurer shall serve for a term of two years or until their successors have been elected.
- C. All newly elected officers shall assume office at the close of the final business session at the annual meeting.
- D. No officer may serve more than two full terms in the same office.
- E. Any amount of time served that equals more than half a term shall be considered a full term of office.

Section 4. Duties of Officers

- A. The President or her/his designee shall be the official representative of ASA at all times and places.
- B. The officers shall perform the duties prescribed by the ASA Policy Manual and the parliamentary authority adopted by ASA.

Section 5. Vacancies of Officers

- A. A vacancy occurring in the office of President shall be automatically filled by the Vice President.
- B. A vacancy occurring in the office of Vice President shall be filled at the next annual ~~conference~~ meeting.
- C. In the event there is a vacancy in both the offices of President and Vice President, the office of President shall be filled by the Board of Directors from among the Board members, with the office of Vice President remaining vacant. Both offices shall then be elected at the next annual ~~conference~~ meeting.
- D. A vacancy in the office of Secretary or Treasurer between ~~conferences~~ annual meetings shall be filled for the unexpired term by the Board of Directors with an individual meeting the eligibility requirements for the office.

ARTICLE VIII
Board of Directors

Section 1.

The Board of Directors shall consist of the officers and five other elected members of the Board of Directors.

Section 2.

Eligibility of Board of Directors Members

- A. A candidate for the Board of Directors shall be an active member and, if elected, shall maintain that active status.
- B. A candidate for the Board of Directors shall have served on an ASA committee in the last four years or actively demonstrated personal engagement with ASA by attending three workshops or annual meetings.

Section 3.

Term of Office of Board of Directors Members

- A. Board of Directors members shall serve for a term of two years or until their successors have been elected.
- B. All newly elected Board of Directors shall assume office at the close of the final business session at the annual meeting.
- C. No Director may serve more than two full terms in the same office
- D. Any amount of time served that equals more than half a term shall be considered a full term of office.
- E. Any Director who misses more than two Board of Directors meetings may be asked to resign by the ASA Board of Directors.

Section 4.

Vacancies of Board of Directors Members

- A. Vacancies for Board of Directors members occurring between ~~conferences~~ annual meetings shall be filled for the unexpired term by the Board of Directors.

Section 5.

Duties of the Board of Directors

- A. Shall have the authority to transact business meetings of the membership.
- B. Shall formulate policies and procedures to be included in the ASA Policy Manual.
- C. Shall foster the growth and development of ASA.
- D. Shall have the authority to establish Board of Directors standing committees, the composition and duties of which shall be stated in the ASA Policy Manual.
- E. Shall review all committee reports and determine action to be taken.
- F. Shall submit a written report to the membership for all Board of Directors activities.
- G. Shall contract for the services of an Executive Director.

- H. Shall authorize the sale and exclusive use of the official insignia of ASA.

- I. Shall fulfill any other duties as specified in these policies.

ARTICLE XII Amendments

Section 1.

- A. The ASA Bylaws may be amended at the annual meeting by a two-thirds vote of the active members present and voting.
- B. All proposed amendments shall be submitted to the Bylaws Committee by the end of the preceding year and to all ASA members via the official publication at least ninety six days prior to the annual meeting at which they shall be voted upon.
- C. The Board of Directors and/or the Bylaws Committee may declare an extraordinary need and present a previously unpublished amendment for consideration at one business session, provided that such amendment shall be voted upon at a following business session and gain approval by a three- fourths affirmative vote of the active members present.

Section 2.

Amendments to the ASA Bylaws shall be reflected in state association bylaws.

ASA 2015 SLATE OF CANDIDATES

for President



Kathy Duffy, CSFA, CSA

for Vice President



Greg Salmon, CSFA, CSA

for Treasurer



Jodie Woods, CSFA

for Director (elect two)



Corey Hinton, CSFA



Shannon Smith, CST, CSFA



Christina Tuchsén, CSFA, LSA



Crystal Warner, CSA

The ASA Credentials Committee has verified the 2015 ASA Slate of Candidates for the open positions. More candidate information will be published in the next newsletter.

Join ASA—

the only professional surgical assisting organization that:

- ✓ Successfully applied to the National Uniform Code Committee (NUCC) for a new definition of surgical assistants in the taxonomy code.
- ✓ Completed first application phase to the BLS to add the surgical assistant to the Healthcare Practitioners and Technical Occupations.
- ✓ Provided major financial support in Florida and for **enacting legislation** in Virginia
- ✓ Offers an authoritative job description
- ✓ Sponsors billing and reimbursement education opportunities
- ✓ Researches and provides Recommended Standards of Practice
- ✓ Publishes the *Core Curriculum for Surgical Assisting*
- ✓ Sponsors advanced-level hands-on workshops, including robotics, cadaver labs, endovascular harvesting, and learning-at-sea cruises
- ✓ Offers discounts to take the CSFA examination
- ✓ Publishes information that's relevant in the quarterly *The Surgical Assistant*
- ✓ Sponsors an annual meeting that features nationally recognized surgeon speakers
- ✓ Hosts open Facebook site for surgical assistants
- ✓ Hosts an open Discussion Board
- ✓ Host an open online Jobs Board
- ✓ Offers ASA dues-paying members free opportunities to post Positions Wanted

Join ASA to advance your career in surgical assisting and advance our profession.

www.surgicalassistant.org

