

DECEMBER 2015

THE

VOLUME 47 NO 12

# SURGICAL

# TECHNOLOGIST

OFFICIAL JOURNAL OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS, INC.

# THE NATION'S

GLOBAL  
EXPANSION

POPULATION  
AGING

# CHANGING

LAW  
DISEASES  
RISING

PROVIDERS

# HEALTHCARE

UNITED  
STATES

INFLATION  
BABY BOOMERS  
LIFE SPAN

# SYSTEM

INSURANCE  
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<sup>1</sup> Stated in the 2008 CDC/Healthcare Infection Control Practices Advisory Committee (HICPAC) Guideline for Disinfection and Sterilization in Healthcare Facilities



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Teri Junge, CST, CSFA, MEd, FAST

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**SUBSCRIPTIONS** A one-year subscription is \$40 for nonmembers and \$55 (US funds) for foreign. Back issues are available for \$5 each (specify date of issue). Written requests for replacement issues will be honored up to 60 days after date of publication only. Please address all requests to the editor.

**JOURNAL DEADLINES** The deadline for editorial copy is 8 weeks prior to the cover date (eg, the deadline for the October issue is August 1).

**POSTMASTER** Send address corrections to The Surgical Technologist, 6 West Dry Creek Circle, Suite 200, Littleton, CO 80120-8031.

CE EXAMINATION:

**The Nation's Changing Healthcare System**

*KAREN CHAMBERS, CST*

In 2008, healthcare experts warned that the US would face a massive shortage of healthcare providers in the next three decades. Millions of seniors would not have proper healthcare.

**THE NATION'S CHANGING HEALTHCARE SYSTEM**

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**534** Never Give Up  
*ROY ZACHARIAS, CST, FAST*

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**GET SOCIAL WITH AST**



# Never Give Up

ROY ZACHARIAS, CST, FAST

## PRESIDENT'S MESSAGE



I have a friend who told me to “Never let go of hope.” Ultimately, what you have always wished for will eventually come true and when you look back and laugh at what has passed you will ask yourself, “How did I get through all of that?” This is a thought that came to mind when I attended the Oregon State Assembly workshop in Portland in October. If you take a look at the history of their legislative efforts over the past 15 years, you would have to laugh and ask how did they endure all the barriers and frustrations for such a long time. Their trek through the legislative quagmire to eventual success gives them the right to call themselves the “Tenacious Techs of OAST.” Right after their formation in October 2000, Deb Turner, CST, CSFA, began their efforts and never gave up. Her labors were immediately supported by many in the Oregon State Assembly. Over the years, the list grew longer and longer -- Tara Kruse, CST; Don Dreese, CST, CSFA; Melissa Garinger, CST; Carol Hogenkamp, CST; and Catherine Reid are just a few of the names that come to mind. I found a highly engaged membership that is actively involved in the profession.

Like Oregon, there are many states that are working and fighting the same battles. Winston Churchill's statement to “Never, never, never, never give up” should ring loudly in our ears. As you

work with AST's legislative staff, don't forget to brainstorm with the leadership of states that have been successful in their efforts as well as those that are still feeling the frustrations.

Take a look at some of the examples: New York fought the battle and won

surgical technology. We are in the process of identifying creative new ways to inform the public about the invisible person at the Mayo stand. I believe that our legislative efforts will be better supported if there is a more concentrated effort in the information

Like Oregon, there are many states that are working and fighting the same battles. Winston Churchill's statement to “Never, never, never, never give up” should ring loudly in our ears.

the votes only to have their governor refuse to sign the bill into law, twice. New York said we are not done yet, and a year after later passing the legislation through the legislature for the third time, the law now has a signature.

California saw their Senate and House pass legislation only to have it vetoed by the governor. I am sure that California with the help of Assembly Member Roger Hernandez will be hot on the trail to ensure the passage of successful legislation. Next year, we have the opportunity to make an additional impact in California since our national conference will be held in San Diego. Make your plans to attend and show our strength in numbers.

As we move into 2016, you will begin to see an active national push to educate the public about AST and

sharing process. This has been left up to individual state assemblies in the past, and they will continue to be the leaders in their state efforts but with a higher level of support. This will provide another opportunity to show the importance of having qualified, highly educated surgical technologists in the operating room. For years, AST has strongly supported the Certified Surgical Technologist credential, and we will continue to be that voice. I would like to call on our membership to be a convincing voice to those who are not members and share the understanding that we are a strong force in the operating room and in the legislative arena. Let's make 2016 a banner year for membership, marketing and legislation as we continue to keep our patient in the forefront of care.





# Midyear Report

HEATHER BURGGRAF, CST, AST SECRETARY

## Actions taken at the AST Board of Directors Midyear Meeting October 9-10, 2015 Littleton, Colorado

1. That the AST Board of Directors approve the midyear meeting agenda with the exception of The Treasurer's report. **Motion adopted.**
2. That the AST Board of Directors approve that there is no minimum increase in state assembly membership for eligibility for the state assembly leadership award application. **Motion adopted.**
3. That the AST Board of Directors approve the proposed amendment to revise the State Assembly Bylaws, Article VII, Section 4. **Motion failed.**
4. That the AST Board of Directors approve the proposed amendment to revise the State Assembly Bylaws, Article VI, Section 2. Officers. **Motion adopted.**
5. That the AST Board of Directors approve the editorial changes to the AST Professional Code of Conduct. **Motion adopted.**
6. That the AST Board of Directors approve the revisions to the AST CE Policies for the CST and CSFA with the exception of #6. **Motion adopted.**
7. That the AST Board of Directors approve the revised Position Statement on the Roles and Duties of the CST During Endoscopic Procedures. **Motion adopted.**
8. That the AST Board of Directors approve the Standards of Practices for Environmental Practices in the OR. **Motion adopted.**
9. That the AST Board of Directors approve the new Standards of Practice for Use of Mobile Information Technology in the Operating Room. **Motion adopted.**
10. That the AST Board of Directors approve the 2016 Operating Budget and Treasurer's Report. **Motion adopted.**
11. That the AST Board of Directors approve the 2016 Capital Expenditures Budget for IT-related items. **Motion adopted.**



## GET CONNECTED

Staying connected with AST and your fellow peers in surgical technology has never been easier. Join in on ongoing conversations or send us a private message on our Facebook page. Follow us on Twitter and Instagram. Take a break and peruse our Pinterest page, especially our humor section, with content pulled specially for you, the tech!

It's never been so easier to stay in the know and embrace the power of the surgical technology community!



# AST News and Current Events

AT A GLANCE

*Happy Holidays!*

The AST Board of Directors wishes everyone a wonderful holiday season!

*From left: Director Kevin Craycraft, Director Peggy Varnado, Director Kathy Patnaude, Director Sue Jeffery, Director Sandra Farley, Treasurer Mollye Banks, Vice President Holly Falcon, Secretary Heather Burggraf, President Roy Zacharias and Director Nicole Claussen. (Not pictured, Director Sam Waites)*



## CONFERENCE

### 2016 CONFERENCE REGISTRATION INFORMATION – LIMITED TIME MEMBERS ONLY DISCOUNT OFFERED!



Registration for the AST 2016 Annual National Conference will be available online February 1, 2016. A conference registration guide will be mailed with the January journal and includes information that details the keynote speaker, featured speakers and education sessions.



For the 2016 Conference, AST will be offering AST members a \$75 discount that **is only available to online registrants**. This discount will save each member \$75 from the standard \$350 registration fee. The deadline for this discount is March 15—no extensions will be offered and it applies



only to member online registrations.

Below are the conference registration rates and dates:

**AST Member**

|                                  |       |
|----------------------------------|-------|
| Early Bird (online only to 3/15) | \$275 |
| Advance (to 4/15)                | \$350 |
| Onsite (after 4/15)              | \$390 |

**Nonmember**

|                     |       |
|---------------------|-------|
| Advance (to 4/15)   | \$480 |
| Onsite (after 4/15) | \$520 |

**AST Student Member**

|                     |       |
|---------------------|-------|
| Advance (to 4/15)   | \$99  |
| Onsite (after 4/15) | \$139 |

**Student Nonmember**

|                     |       |
|---------------------|-------|
| Advance (to 4/15)   | \$144 |
| Onsite (after 4/15) | \$184 |

**AST Retired/Disabled Member \***

\$175

Group Registrations – convenient registration is available online.

## 14 PHYSICIAN SPEAKERS WILL PRESENT IN SAN DIEGO

AST is delighted to announce that 14 physician speakers will be presenting during the AST National Conference. Topics range from MRI-guided neurosurgery, transplants, neurovascular procedures, burn care, minimally invasive surgery, craniofacial techniques, prostate cancer and trauma care are among a few examples.

These physicians are nationally recognized as experts in their specialties and participants will have an opportunity to learn the latest strategies and techniques in their respective fields.

## CONFERENCE OPENING NIGHT PARTY

California Dreaming Luau – Get ready and grab your flip flops, Hawaiian print shirts, Ocean Pacific boardies and shades – the party is on beginning on Thursday night at 8 pm.

## SCHOLARSHIPS

### STUDENT SCHOLARSHIP AND EDUCATOR AWARD APPLICATIONS REDESIGNED FOR WEB-BASED ENVIRONMENT



The Foundation for Surgical Technology Committee has long wanted to streamline the process of students and educators applying for scholarships and awards. The student, instructor and preceptor are separate web-based applications. Please visit the Members Only page and click on Student link to access the application.

## 2015 SCHOLARSHIP APPLICATION CHANGES

On the newly designed student scholarship application, there were several changes made to reduce the number of separate forms required to be submitted. All the student, instructor and preceptor information is filed under the program's code.

First, transcripts are no longer required.

The student's instructor will provide the grade point average in the surgical technology program.

Second, instead of a separate fee schedule, the annual tuition and cost information will also be provided by the instructor on the application.

If a student wishes to submit a letter of support, he/she should email it to [scholarships@ast.org](mailto:scholarships@ast.org) with the student's name and Foundation Scholarship Application in the subject line.



### BRAD MONTGOMERY – KEYNOTE SPEAKER CONNECTING HAPPINESS AT WORK TO SUCCESS

The science is clear: happy people perform better than their unhappy peers.

Learn the hows and whys of happiness as it relates to your life and your job. You'll learn some of the science behind happiness; but even better, you'll learn some surprisingly simple techniques to incorporate immediately at work and at home that will make you — and your organization — happier.

Common sense tells us that happiness is good; it turns out that science backs it up. And lucky you, happiness is a strategy that we can breakdown into skills that you can start using today. You'll leave with specific techniques you can incorporate today to make yourself happier (and more successful at work) today.

Brad is presenting on Thursday morning, June 2.

## How It Works

The student initiates the application and completes the required information. It is essential that the student know the school's program code. Once the student section has completed his/her portion, he or she submits it and will receive a confirmation. **No changes can be made once the student has submitted the application.**

Next, the instructor will go to the page <http://www.ast.org/forms/studentfoundation/inst.aspx>; enter their user name and click on the program code. All student applications for that program will be listed. The instructor completes the instructor portion of the student applications and clicks the submit button. The instructor will receive a confirmation. **No changes can be made once the instructor has submitted the application.**

If the student has entered the clinical portion of the program, the clinical preceptor will go to the page: <http://www.ast.org/forms/studentfoundation/preceptor.aspx>; enter the user name and click on the program code. All student applications for the program are listed. The clinical preceptor completes the preceptor portion and hits the submit button. The preceptor will receive a confirmation. **No changes can be made once the preceptor has submitted the application.**

The Foundation Committee will receive a notification when each student, instructor and preceptor have completed their respective portions.

*User names were included in the last issue of Instructors News. If you have questions, please email [publications@ast.org](mailto:publications@ast.org).*

## INSTRUCTOR AWARDS – DIDACTIC AND CLINICAL EDUCATOR AWARDS

The Foundation again simplified these applications and moved them into a web-based environment. The applications are linked under Educators on the AST website. If any nominee wishes to have letters of support added to their file, please email them to [scholarships@ast.org](mailto:scholarships@ast.org) with the applicant's name and Instructor Award in the subject line.

## MEDICAL MISSION AWARD DEADLINE

AST members who have volunteered for medical mission trips in 2015 may be eligible to receive assistance for the expenses incurred through the medical mission award offered by the Foundation for Surgical Technology.

The deadline to apply for consideration is December 31, 2015. The application is available on the AST website under Members.

## FRIENDS AND COLLEAGUES LOST IN 2015

AST is making a renewed effort to learn about the passing of members and colleagues in the calendar year. Please send any information to [publications@ast.org](mailto:publications@ast.org) if you are aware of a member who has passed.

### James “Red” Duke, MD

Red Duke was a surgeon and professor at the University of Texas Science Center and Memorial Hermann Hospital in Houston. He passed away in August, at the age of 86.

The renowned trauma surgeon was best known for treating Texas Governor John Connally in Dallas the day President John F Kennedy was assassinated.

Duke was considered a true pioneer in the medical community – a visionary in trauma care, a dedicated doctor, a superb educator and a larger-than-life figure. He appeared on syndicated television; his cowboy-hat persona inspired a fictional TV series.

### Dawn Marie Zollman, CST

Dawn Marie Zollman was employed by St Mary's Hospital, in Rochester, Minnesota from 1980 until her passing. She received her degree as a surgical technologist in 1979. She became an AST member in 1980, the same year she passed her certification examination. She remained a continuing member until her passing in August.

She continually reached out to others and constructed six homes for Habitat for Humanity and made numerous trips to the Dominican Republic and Oklahoma.



# SPRING 2016 ASA MEETING AND WORKSHOP

MARCH 4-5, 2016

KEYNOTE ADDRESS

## Professionalism and Social Networking in the Medical Community

Luke Newton, MD

Associate Professor, University of Texas  
Health Science Center, San Antonio



### Embassy Suites Hotel

3600 Paradise Road, Las Vegas, NV 89169

\$115/King Suite/per night plus taxes

## ➤ We're Committed To Advancing Your Education.

### The ARC STSA 2016 Scholarship Program Multiple Scholarships—Up to \$1,000 each

The Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (**ARC STSA**) is pleased to announce the launch of our **2016 Scholarship Program** in service to the Surgical Technology and Surgical Assisting student and educator communities.

Annually, since 2005, the **ARC STSA** Board of Directors has awarded multiple scholarships of up to **\$1,000** in at least two separate categories, Student Scholarship and Educator Scholarship. In 2016, the **ARC STSA** will award a total of up to **\$5,000** in combined scholarships.

➤ All eligible applicants are strongly encouraged to apply before the **February 26th deadline**. For eligibility requirements and to apply visit **arcstsa.org** today!

Scholarship recipients will be announced at the 2016 AST National Conference in San Diego, CA and will be posted on our website, [arcstsa.org](http://arcstsa.org), by July 8, 2016.



# Where Do You Belong?

SHERRIDAN POFFENROTH, CST, CRCST

## STATE ASSEMBLY

Where do you belong? Is there a place here for you? In an association boasting more than 37,000 members, it might feel easy to feel lost in the crowd. But, there is a place for each of you. Whether you are a student, a new CST or a seasoned scrub, the Association of Surgical Technologists wants each of you.

As a student, you have various opportunities at your school, within your state and at the national level. Join or create a club. Some schools have first aid or CPR clubs. Others have posted memberships within allied health or wellness clubs. These clubs allow you to network with other allied health students and work together on community service and humanitarian projects to promote surgical technology. Invite other programs to tour your lab, and include your dean and school president.

Extend these same efforts within your state assembly. As a member of AST, you are automatically a member of your state's assembly. Are you willing to volunteer at your state's next workshop? In the past, states have had students introduce speakers, stuff folders, be the day's photographer, provide directions to parking and the workshop, assist at the registration table and sell items at the raffle tables. If the workshop is being held at your school, helping with behind the scenes or assistance with technical duties is truly appreciated.

There are even places for students at the national level. The AST Student Assembly was established in 2005 and its current membership is more than 7,000. Each year at AST's national conference, students have a day for themselves where they focus on networking, learning and electing each year's officers. The comradery established here is often the beginning of lifelong friendships.

Are you a recent graduate or new Certified Surgical Technologist? There is a place for you, too. Your state assembly needs you. No matter how new or how long you have been a member of AST, your input is vital at the state level and you

can start by volunteering at a workshop. Do you have a surgical specialty or procedure that you enjoy? What about presenting as a speaker? Presentations from other CSTs are sometimes overlooked when searching for guests, however, your passion and expertise would be appreciated.

Perhaps you are ready to embark in a leadership position. Each state assembly has standing committees: government and public affairs, parliamentary procedures or education and professional standards. Membership, fundraising and student committees also may be available in some states. After one year of active membership within AST, you are eligible to run for a Board position. The four officers and five board members make up each state's elected leadership. Elections are held annually and terms are for two years. You may hold a position for a total of two terms.

Then there are the seasoned CSTs. You are our backbone. Have you ever ventured to national conference? Have you represented your state by serving as delegate? As a delegate, you get a close up view of the organizational process of AST. You can also share your experience and be a guest speaker at your local high school, community college job fair or state assembly workshop. Explain who CSTs are and share a new career with those just starting out or share your favorite surgery with your colleagues. Perhaps you would rather share your proficiency through journal writing. *The Surgical Technologist* is always looking for continuing education articles. Your knowledge is golden.

You might think, but I am not a student and I have served on the state board, so what's next? The natural progression would be to volunteer for appointment to a national committee. There are committees and subcommittees requiring appointments from across the country. Here you can assist with bylaws, education and leadership.

However long you have been a member, whether as a student, new CST or veteran, each of you has a place and is a critical part of AST. So where do you belong? Right here!





# Advance Your Knowledge, Update Your Skills and Earn CEs

## LAST CHANCE **FREE CE** OPPORTUNITIES FOR 2015!

Log onto [www.ast.org](http://www.ast.org) and click on the “Earn CE” menu to access the library of CEs. Click on the numbers and take the tests for free: #300 – Gangrene: Recognizing and treating cellular necrosis – 2 CEs; #307 – Maintaining Confidentiality: HIPAA Compliance – 1 CE. Credits are awarded after passing the tests.

Whenever. Wherever. AST is making continuing education more accessible—more convenient—and even FREE. Now you can look, listen and learn from our quality education presentations that have been archived from national conferences and advanced specialty forums. Specialty topics range from orthopedics, OB/GYN, general and neurosurgery. You will actually see the medical professionals and slides as they were presenting their information. Each presentation is coded by specialty.

Topics include Intrauterine Repair for Spina Bifida, Pelvic and Acetabular Surgery, Infertility, Drug Abuse During Pregnancy, ACL Surgery, Issues in Patient Care, Advances in Spine Surgery, Epithelial Ovarian Cancer, and Preventing Preterm Delivery. Any or all are free to watch and study.

Whenever you're ready, take the examination—there is absolutely no charge. If you pass, you will be offered the opportunity to purchase the accompanying CE credit and register it with AST at a very affordable price.

LOG ON TO THE AST  
CONTINUING EDUCATION  
RESOURCE CENTER TODAY AT: [www.ast.org](http://www.ast.org).

# Learning Doesn't End – Refresh Your Knowledge

## Reinforce Your Skills with the AST Skin Prep Book, \$17.99

Student studying a coronary angioplasty? Tech on call facing an unfamiliar procedure? First-time learners or veteran practitioners – the Skin Prep book provides a comprehensive reference on more than 30 skin prep procedures organized by body area.

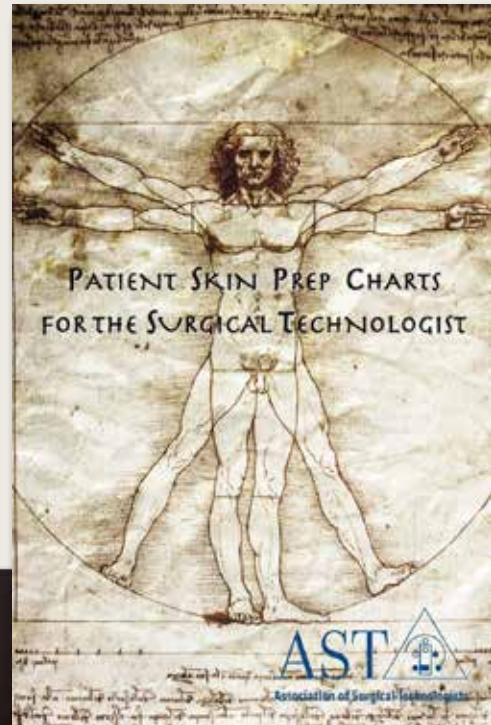
Pick up new strategies and refresh forgotten skills with the Special Considerations section that focuses on factors which apply to many types of skin prep.

For ease of reference, skin preps that require attention to specific parameters are presented separately.

Simple graphic illustrations enhance learning.

The consistent format facilitates active, engaged learning and fact retention.

To order online, visit [www.ast.org](http://www.ast.org)  
or by phone: 800-637-7433.



## ARC STSA Workshops In Conjunction with the 2016 Instructors Forum

Friday February 12 2016 · Houston Texas  
DoubleTree by Hilton Houston Downtown

- 7:30am: Registration
- 8am–3pm: **Accreditation Fundamentals for Educators (AFE)**  
ARC STSA Board of Directors **6CEs**
- Noon–1pm: Lunch (*on own*)
- 3pm–5pm: **Site Visitors Training (SVT)**  
*Advanced\**  
ARC STSA Board of Directors **2CEs**

**SVT Workshop Prerequisites:**

\*Must have attended Beginning Site Visitor Training and completed at least one site visit in the last twelve months prior to attending Advanced Site Visitor Training.

**• IF registration and hotel info:**

Please visit: <http://tinyurl.com/ASTAFE2016>

The AFE workshop fulfills the 1/1/09 ARC STSA policy that requires all new program directors to attend an AFE workshop within one year of their appointment.

**ARC STSA Registration Fees**

- AFE \$100
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In Surgical Technology And Surgical Assisting







2016 19TH ANNUAL

# INSTRUCTORS FORUM

FEBRUARY 12–13, 2016

SPONSORED BY AST, ARC/STSA AND NBSTSA

DOUBLETREE BY HILTON HOUSTON DOWNTOWN  
HOUSTON, TEXAS

## FRIDAY, FEBRUARY 12, 2016

|              |  |       |
|--------------|--|-------|
| 10 am–5 pm   | AST Registration   |       |
| 8 am–3 pm    | Accreditation Fundamentals for Educators (AFE) <i>Separate registration at www.arcstsa.org</i>   | 4 CEs |
| 3–5 pm       | ARC/STSA Site Visitor's Training (SVT) <i>Separate registration at www.arcstsa.org</i><br>Prerequisite: Status as current site visitor or AFE attendance and CAAHEP Site Visitor online training | 4 CEs |
| 5:15–5:30 pm | Welcome! <i>AST, ASA, ARC/STSA, NBSTSA</i>   |       |
| 5:30–7:20 pm | Laugh for the Health of It <i>Cea Cohen-Elliott</i>  | 2 CEs |
| 7:30–8:30 pm | Reception  |       |

## SATURDAY, FEBRUARY 13, 2016

|               |  |       |
|---------------|--|-------|
| 7 am–6 pm     | Registration   |       |
| 7 am–5 pm     | Exhibits   |       |
| 8–9:50 am     | Promoting Teamwork Through Multidisciplinary Scenarios: Teaching in the 21st Century<br><i>Don Traverse, CST, FAST; Rebecca Hall, CST, CSA, FAST</i> | 2 CEs |
| 10–11:50 am   | Efficiency in the OR to Ensure Patient Safety and Cost Savings <i>David Bartczak, CST, OPA-C, LSA, OTC</i>   | 2 CEs |
| Noon–12:50 pm | Lunch  |       |

Please choose one class section from each time period:

| Time      | Track One  | Track Two   | Track Three  | Track Four  |
|-----------|--|---|--|---|
| 1–1:50 pm | <input type="checkbox"/> <b>Optimizing Retention</b><br>Brenda Korich, CST<br>Sherry Seaton, RN, CNOR  | <input type="checkbox"/> <b>Hot Topics for the Program Director or New Faculty Member</b><br>Libby McNaron, CST, CSFA, RN, CNOR, FAST | <input type="checkbox"/> <b>Developing an Evaluation Form for Clinical Performance</b><br>Carolyn Ragsdale, CST  | <input type="checkbox"/> <b>AST Updates</b><br>Kevin B Frey, CST  |
| 2–2:50 pm | <input type="checkbox"/> <b>ADA – Essential Functions Required of Students for Admission &amp; Progression in Surgical Technology</b><br>Kathy Patnaude, CST, FAST | <input type="checkbox"/> <b>Promoting Critical Thinking</b><br>Richard Fruscione, CST   | <input type="checkbox"/> <b>Using Videography During Mock Surgery to Provide Early Intervention</b><br>Mona Bourbonnais, CST, FAST, Angie Wachter, CST | <input type="checkbox"/> <b>NBSTSA Update</b>   |
| 3–3:50 pm | <input type="checkbox"/> <b>Transitioning from Certificate to AAS Program: Strategies &amp; Discussion</b><br>Tom Lescarbeau, CST, CSFA                            | <input type="checkbox"/> <b>Diversity in the Surgical Technology Program</b><br>Gemma Fournier, CST, RN, FAST                         | <input type="checkbox"/> <b>The Clinical Preceptor</b><br>Debra Mays, CST  | <input type="checkbox"/> <b>NBSTSA Update</b>   |
| 4–4:50 pm | <input type="checkbox"/> <b>The CST, the Student &amp; Medical Missions</b><br>Joseph Charleman, CST, CSFA, CRCST, LPN   | <input type="checkbox"/> <b>Meeting the Mark on Retention</b><br>Crystal Warner, CST, CSA   | <input type="checkbox"/> <b>Effective Teaching Strategies for 2016</b><br>Amanda Minor, CST  | <input type="checkbox"/> <b>Successfully Completing the ARC/STSA Annual Report</b><br>(2-hour presentation)<br>ARC/STSA |
| 5–5:50 pm | <input type="checkbox"/> <b>Integrative Learning: Helping Students Connect Across the Curricula</b><br>Michelle Gay, CST   | <input type="checkbox"/> <b>eLearning: Keeping It Real</b><br>Libby McRae, CST  | <input type="checkbox"/> <b>Mentoring Work Ethics to Diverse Student Populations</b><br>Grant Wilson, CST, FAST  |   |

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**Attendance** is limited to 200. **Confirmation** will be emailed prior to the forum, and onsite registration will be available on a space-available basis. All **cancellations** must be received in writing by January 30, 2016. **Accommodations:** Doubletree by Hilton Houston Downtown, 400 Dallas Street, Houston, TX 77002, Phone: 713-759-0202; Fax: 713-759-1166 **Rates:** \$169 per night, single or double occupancy plus 17% tax. **Hotel reservation deadline:** January 21, 2016, or until room block is full. **Separate registration** is required for Accreditation Fundamentals for Educators (AFE Workshop) and Site Visitor Training. Register at [www.arcstsa.org](http://www.arcstsa.org).



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POPULATION LIFE SPAN

HEALTHCARE

INFLATION

GLOBAL EXPANSION  
INSURANCE

AGING

BABY BOOMERS

RISING DISEASES PROVIDERS

CHANGING  
UNITED STATES  
LAW

COSTS

# The Nation's Changing Healthcare System

KAREN CHAMBERS, CST

In 2008, healthcare experts warned that within the next three decades the United States would face a massive shortage of healthcare providers, which would leave millions of seniors without proper healthcare. According to the US Census Bureau, 40.3 million Americans are older than the age of 65, an estimated 13% of the country's population. The number of Americans at that age and older is predicted to rise from 19 million to 54 million by the year 2020, increasing the percentage of senior citizens from 13% to 20%.<sup>13</sup>

## A GLOBAL CONCERN

The United States is not the only country to face this problem. The world's population also is quickly aging. Factors such as humanity's aging and an increased average life span, factor into a global population expansion of 1.5 billion by 2050, 16% of the world's population.<sup>13</sup> With a decline in fertility and improvements in longevity, the older population is and will continue to make up a larger share of the total population. On average in the US, people are living 20 years longer than in previous decades.<sup>18</sup> On the global scale, "life expectancy at birth now exceeds 83 years in Japan, the current leader, and is at least 81 years in other developed nations."<sup>13</sup> In regards to fertility, the number of children in an average household in a developed nation dropped from an average of six in 1950 to two or three in 2005, further accentuating the rise in the older population at a much faster rate than any other age group.<sup>13</sup>

## LEARNING OBJECTIVES

- ▲ Evaluate the need for a change in the US healthcare system
- ▲ Review the effects Baby Boomers will have on healthcare for years to come
- ▲ Analyze the numbers of the US and global populations
- ▲ Read about the shortage of providers in the healthcare workforce
- ▲ Learn about the impacts an aging population will have on surgical technologists





## GLOBALLY BY THE NUMBERS

- Throughout the world today, there are more people aged 65 and older than the entire populations of Russia, Japan, France, Germany and Australia combined.
- By 2030, 55 countries are expected to see their citizens who are 65 and older represent at least 20 percent of the total population.
- By 2040, the global population is projected to number 1.3 billion older adults—accounting for 14 percent of the total.
- By 2050, the UN estimates that the proportion of the world's population age 65 and older will more than double from 7.6 percent to 16.2 percent.
- From 1950 to 2050, the world population will have increased by a factor of 3.6; those 60 and older will have increased by a factor of 10, and those 80 and over by a factor of 27.
- By 2050, Europe will be the world's oldest region with the elder population increasing from 40 million to 219 million.
- By 2050, China and India will see its elders increase by 30%.
- Japan will see its percentage increase from 27 percent to 44 percent in 2050.
- And by 2050, more than 70 countries representing about one third of the world's population will surpass Japan's present 27 percent of the population.<sup>14</sup>

## THE EFFECTS OF BABY BOOMERS

The Baby Boomer Generation (people born between 1946 and 1964) were already having an adverse effect on the US healthcare system by 2010. The US Census Bureau projects that by 2050 there will be approximately 19 million people older than 85 in the US.<sup>3</sup> The continual expansion of older adults will place an even heavier demand on the use of public health, medical and social services, a trend that experts predict will continue for years to come. Along with the heavier demands, the needs of older adults differ from the younger population, which will place pressure on the caregiving system. Since older adults are more likely to suffer from chronic conditions and noncommunicable diseases such as hypertension, heart disease, arthritis, diabetes, obesity, cancer and osteoporosis, elderly care providers will need to expand their knowledge base to address multiple concerns. The CDC estimates that 80 percent of Americans age 65 and older have at least one chronic disease, with as many as 50 percent being affected from at least one serious condition that requires regular attention.<sup>3</sup>

## A SHORTAGE OF CARE IN A GROWING FIELD

A report released in 2013 discusses several key causes that will exacerbate an already stressed healthcare workforce. Aging health providers, a lack of new professionals entering the workforce, inadequate training for those who remain in the healthcare sector and a growing trend of noncommunicable diseases will all affect how the future healthcare system functions.<sup>3</sup>

A paper published in the *Journal of the American Geriatrics Society*, found that in 2012 there were only 7,356 certified geriatricians in the US, most of those residing in urban areas.<sup>3</sup> States that are retirement meccas, such as Arizona and Florida, will most likely find themselves facing extreme shortages in geriatric care providers in the coming years. It is predicted that come 2030, Texas will need at least 2,906 certified geriatric physicians just to match the needs of 5.1 million seniors living there.<sup>3</sup>

The way healthcare is currently delivered presents limitations for dealing with elderly patients. Some healthcare providers already have realized that a return to “good old-fashioned hands-on care”<sup>3</sup> will be necessary to treat an aging population. Geriatric patients need wellness providers who can address multiple conditions and concerns all at once. No longer will a fractured patient-care system, one in which a patient sees multiple specialists, suffice.<sup>3</sup>

Diagnosing geriatric patients is only one part of the equation in providing quality care. Older patients need more than just a diagnosis. They need help with mobility, movement, cognition and communication. Some health centers have begun to focus on the whole geriatric patient and provide teams that are comprised of physicians, nurses, social workers, palliative care specialists and volunteers to help ensure all needs of an older patient are met when they come in for an appointment or services.

### AN AGING POPULATION AND THE SURGICAL TECHNOLOGIST

There is no doubt that the aging of the US population will result in a significant rise in demands for surgical services. Not only will surgeons need to develop strategies to manage an increased workload, but they will require well-trained Certified Surgical Technologists to assist and be knowledgeable regarding robotic and laparoscopic surgeries while delivering optimal patient care.

As a result of this increase in population, there will be a definitive increase in the utilization of surgical services that will outpace the rate of the overall population growth. It is predicted that there may be an increase of as much as 47% growth in the near future to fulfill the demand for surgical services to care for an aging population.<sup>2</sup> And, these increases will not be distributed uniformly across surgical services. Services that provide a high amount of care to patients age 65 and older (ie, ophthalmology, cardiothoracic, orthopedic) will experience more growth in workload than those fields caring for a younger patient.

Of all the surgical specialties, it is predicted that ophthalmology will have the most increase in procedures with a 47% rise by 2020. Cataract surgeries dominate the workload of this speciality with 55% of cases, a trend that is forecasted to continue. For cardiothoracic teams, who generally care for older patients, it is expected that in the next two decades the growth in their surgical procedures will rise 42%.<sup>2</sup>

### A HISTORY OF US POLICIES

Health insurance policies were sold to individuals during the Civil War to provide coverage from rail and steamboat accidents. The first group health insurance plan was sold in

the mid-1800s, with employer-based group plans following suit years later.<sup>5</sup> In the 1930s, Blue Cross and Blue Shield started out as a nonprofit organization that negotiated with physicians and hospitals to provide services at a reduced rate. Medicare and Medicaid coverage were enacted in 1965.<sup>10</sup> The law ensured healthcare coverage to American residents who met the following criteria: 65 years or older, blind, disabled or low-income children who did not have parental financial support.<sup>10</sup>

Since then, Medicare and Medicaid have undergone many changes. Coverage has been expanded to individuals with long-term disabilities, pregnant women and infants living below the poverty level. Reimbursement changes have included moving to a diagnosis-based reimbursement rather than cost-based payment.<sup>7,10</sup> In March 2010, the

With a decline in fertility and improvements in longevity, the older population is and will continue to make up a larger share of the total population.

Patient Protection and Affordable Care Act, also known as Obamacare, was signed into law. It's the most significant overhaul of the US healthcare system since the passage of Medicare and Medicaid. Its main goals are to increase the quality and affordability for all Americans.

The trustees of the Medicare program predict the dissemination of the program within eight years in a decade where national healthcare costs will double. In the next decade, baby boomers will enter retirement in increasing numbers, and have to navigate within the world of costly medical services. As patients live longer, the use of healthcare services also rises.<sup>1</sup> Doctors are increasingly performing surgeries to treat patients at older ages, and newer, more expensive equipment is constantly being introduced in the medical market. An article in the *Journal of the American Medical Association* (JAMA), reported that healthcare costs soared during 2000-2011 due to an increase in the price of drugs, medical devices, hospital care and research. The cost of health insurance has risen 54 percent during the last 10 years.<sup>15</sup> Although Obamacare and its reforms are supposed to decrease healthcare costs to the individual taxpayer, it's too soon to see substantial results or whether or not the reforms will stand over time.<sup>11</sup>

# Supporting Best Practices – What Organizations Can Do

As the US continues to look for solutions to tackle an ever-growing problem, organizations can take their own steps to ensure quality patient care is met. Care centers and hospitals may wish to review their own guidelines for providing care to elderly patients.

## MEASURING WHAT WORKS

Benchmarking can be defined as the process for finding, adapting and applying the best healthcare practices available. The purpose of benchmarking is to assure quality. The process can be used to develop a new system or service or to improve an old one. Benchmarking can be performed internally, externally or competitively.

According to the article *Applying Benchmarking in Health*, there are seven steps in a general approach to benchmarking.

- Assemble a team.  
The team can consist of insiders or outsiders and can be made up of those that show interest in the situation, the level of expertise of the given situation, availability, etc.
- The team should define the problem or what needs to be addressed.
- The team should define what they are looking to accomplish, and what will it take to make the research a success.
- The team should identify the process of interest such as internal, external or competition.
- Gather information through reports, research, surveys, conferences, visits to other organizations, journals, etc.
- The team should meet to discuss the information gathered and decide which elements are the most appropriate for the given situation.
- The team should put together a quality improvement plan or strategy based on the finding.



When considering a process to change or improve quality, organizations need to consider the costs to the individual. “Studies that investigate the effects of financial incentives on resource allocation, utilization of services, access to care, and ultimately, the quality of care and health outcomes of older people are particularly needed.”<sup>1</sup>

They also need to address that a major problem within the elderly population is limited health literacy. Limited health literacy has become a barrier to optimizing health outcomes. Through research, healthcare agencies can promote informed decision making and communicate with the elderly whom typically have limited health literacy about the complicated clinical regimens.

“The changing long-term care marketplace, changing financial incentives, and increasing concerns about access, quality, and cost of care contribute to the need for the data to answer the many priority research and policy questions that affect older people.”<sup>1</sup>

Research must be done on the costs, expenditures and quality of care. In addition the research should be able to link together patients, providers and characteristics of the market to better analyze all the factors. Two ways of developing this research is through the National Medical Expenditure Survey (NMES) and the Medical Expenditure Panel Survey (MEPS). These surveys are nationally known and represent a sample of people in the community and are used to study data such as insurance coverage, access to care, expenditures, uses and outcomes.

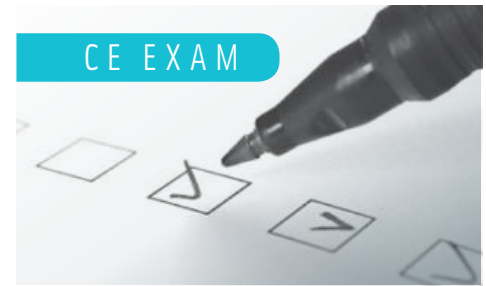
## REFERENCE

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# The Nation's Changing Healthcare System

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1. A report released in 2013 discusses some key causes that will affect an already stressed healthcare workforce. They include:
  - a. Aging health providers
  - b. Lack of new professionals
  - c. Inadequate training
  - d. All of the above
2. By the year 2020, the percentage of senior citizens is predicted to be at \_\_\_\_\_.
  - a. 13%
  - b. 19%
  - c. 20%
  - d. 54%
3. The leader in life expectancy is:
  - a. China
  - b. India
  - c. US
  - d. Japan
4. Experts predict that a global population expansion will result in how many people by 2050?
  - a. 1.6 billion
  - b. 2.5 billion
  - c. 1.3 billion
  - d. 1.5 billion
5. If organizations use benchmarking as a way to review their guidelines, it can be performed \_\_\_\_\_.
  - a. Internally
  - b. Externally
  - c. Both a and b
  - d. Neither a or b
6. The US Census Bureau projects that by 2050 there about \_\_\_\_\_ people in the US who are older than 85.
  - a. 21 million
  - b. 19 million
  - c. 17 million
  - d. 23 million
7. Of all the surgical specialties, which field is predicted to have the most substantial increase?
  - a. Orthopedic
  - b. Ophthalmology
  - c. Cardiothoracic
  - d. Neurosurgery
8. Medicare and Medicaid coverage was enacted in:
  - a. 1965
  - b. 1945
  - c. 1955
  - d. 1985
9. The cost of health insurance has risen \_\_\_\_\_ in the last 10 years.
  - a. 35%
  - b. 45%
  - c. 54%
  - d. 65%
10. How many Americans age 65 and older suffer from at least one chronic disease?
  - a. 50%
  - b. 60%
  - c. 80%
  - d. 90%

THE NATION'S CHANGING HEALTHCARE SYSTEM #384 December 2015 1 CE CREDIT \$6

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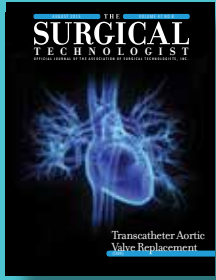
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- 2 The article must have a clear message and be accurate, thorough and concise.
- 3 It must be in a format that maintains the Journal's integrity of style.
- 4 It must be an original topic (one that hasn't been published in the Journal recently.)

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- Submit an outline of your proposed topic for review. Once the outline is returned to you for approval, begin writing your manuscript. Getting your outline approved will save you time and effort of writing a manuscript that may be rejected.
- Submit manuscript, as well as any art to illustrate your authored topic. You will be notified upon receipt of receiving the manuscript and as well as any changes, additions or concerns.

## Things to Remember:

- **Length:** Continuing education articles should run a minimum of 2,000 words and a maximum of 5,000 words.
- **References:** Every article concludes with a list of ALL references cited in the text. All articles that include facts, history, anatomy or other specific or scientific information must cite sources.
- **Copyright:** When in doubt about copyright, ask the AST Editor for clarification.
- **Author's Responsibility:** All articles submitted for publication should be free from plagiarism, should properly document sources and should have attained written documentation of copyright release when necessary. *AST may refuse to publish material that they believe is unauthorized use of copyrighted material or a manuscript without complete documentation.*

**Don't delay! Become an author today. Write to us at [publications@ast.org](mailto:publications@ast.org)**



# My Life as a CST, FAST

CAROLYN HARPER-GREEN, CST, CRCST, FAST

## FINDING MY CALLING



**M**y life has always been as an entrepreneur who dreamed the impossible and strived to make new creative ideas a reality. I have always been a thinker and believe in the old saying, “The mind is a terrible thing to waste.” As a high school student, I was programmed to work “sun up to sun down.” I

had always dreamed of being a surgical assistant/surgical technologist because I wanted to conquer the unknown.

With my multiple skills, I conquered a lot. My life wasn't easy in the 60s, 70s, 80s, 90s and now the 21st century. When I replay it back, I sometimes realize why I did the things I did. There was a force that drove me to help someone in the medical field. I attended Northeast Louisiana University (NLU), which now is University of Louisiana in Monroe (ULM). I became a surgical tech working at St Francis Medical Center in the late 70s.

My passion for seeing and helping people in surgery was a dream come true. Putting aside all the old ways of doing things, I saw and experienced new technology. It's a joy to encounter the movement of teaching a new technique, far from how it began in the past. That's why I give thanks to the forefathers who made a difference in the field of medicine. Without their will and skills of knowledge, we wouldn't be here today. Their forward thinking allowed us and the practice of surgery to evolve.

I witnessed many people dying due to lack of knowledge. With today's technology, we have redefined how an organism can be discovered without surgery. The evolution of surgery has resulted in a new frontier of discovery. In the

near future, we will even have microchips in all equipment to prevent them from being lost in a patient.

In the 80s, I had the pleasure of running the ER, OB, OR, PT, PACU and CS in a small rural hospital, Huckabay Hospital. As time passed, I journeyed to Shreveport, Louisiana, where I was a medical research associate at LSUMC. I helped instruct medical students, surgical techs, sales reps, etc, on how the surgical department worked, how to suture, usage of instrumentation, budgeting supplies and how to assist in surgery.

I became so engrossed about heart transplants that I went to work at Willis Knighton North to help with transplants. During the next phase of my career, I worked with patients who were struggling with their weight. At Doctors Hospital, we helped them reach their goals through surgery, and it was rewarding to see.

Next, I returned to the WK Health System, a mission call to help in surgery. I also earned my bachelor's degree and certifications and was employed at the Veterans Administration (VA). While there, I was working alone as an instrument tech and did my best to help to protect the veterans who had protected this great country. I received the first CST award from the State of Louisiana and went on to accomplish more. I also have volunteered at a local school, working with grades pre-K to high school. The students are fascinated about surgery.

I am back working at the VA and sharing my knowledge with techs, medical students and coworkers. In this field, we all are preceptors seeking new knowledge to encounter a better tomorrow. My dreams have come true. If you believe in yourself, you can do it, just like I did. May God continue to bless each of you.

# 2016 CALL FOR CANDIDATES

AST is seeking the services of dedicated individuals interested in becoming part of AST's leadership including national officers and members of AST national committees. In 2016, there will be five vacancies on the AST Board of Directors. Candidates for the Board of Directors, including the office of Secretary, will be elected by the House of Delegates at the AST National Conference in San Diego, May 31-June 4, 2016.

## **Secretary – Two-Year Term**

## **Board of Directors – Two-Year Term**

## **Board of Directors – Two-Year Term**

## **Board of Directors – Two-Year Term**

## **Board of Directors – Two-Year Term**

## **Eligibility:**

All candidates for the Board of Directors must be active (CST with currency or CST, CSFA) members of AST for a minimum of three years immediately preceding nomination. Candidates for the office of Secretary must have served a minimum of one full term during the previous six years on the Board of Directors. Candidates for the Board of Directors must have served at least one complete term on a national committee, whether standing or special (ad-hoc), the NBSTSA, ARC/STSA or a complete two-year term as a director in a state assembly within the last eight years.

If you would like to run for elected office or be considered for a national committee appointment, you will need to complete a Consent to Serve form and a Curriculum Vitae. These forms can be downloaded from the AST website at <http://www.ast.org>. Click on About Us; then click on either Elected Offices or Appointed Offices to see detailed descriptions and download the required forms. If you have any other questions, you can contact Charlotte Stranahan, Administrative Coordinator at [cstranahan@ast.org](mailto:cstranahan@ast.org) or 800-637-7433, ext 2501.

Completed forms must be returned to the Credentials Committee, AST Board of Directors, 6 West Dry Creek Circle, Ste 200, Littleton, CO 80120, by January 15, 2016.



# Surgical Technologists Play a Major Role in Today's Knowledge Workforce

ERIC ZELINSKAS, CST



**H**ow did I become a surgical technologist? At the time it was a logical progression. I was completing my prerequisites for nursing school while stationed at Moody Air Force Base in Georgia. Just prior to

starting the nursing portion of my bachelor's in science, I was transferred to Lowry Air Force Base in Colorado, to work as an instructor teaching electronics. During my four-year tour as an instructor, my career field was consolidated with several other Air Force aircraft electronic related specialties. As a result of the consolidation, the Air Force had too many people in the new specialty, so they offered those who wanted to cross train the opportunity to do so. Since I wanted to become a nurse and work in the OR, this gave me the opportunity to change career fields and pursue a career in the Air Force as a surgical technologist. As they say, the rest is history.

I have been a Certified Surgical Technologist for the last 24 years. First, I scrubbed general and vascular cases in the Air Force, and then served as an orthopedic surgical services specialist for nine years. In 2005, I retired from the Air Force, and for the last nine years, I have scrubbed brain and spine cases while serving as a neurosurgery service coordinator.

During my career, I have observed that surgical technology is a field that has grown from passing surgical steel on open procedures to performing minimally invasive procedures using state-of-the-art instrumentation, interventional devices, robotics and CT/MRI navigation

technology. Initially, surgical technologists learned informally via on-the-job training, but this quickly evolved into a structured academic, nationally accredited training program that included both didactic and clinical components. This type of training prepared students to sit for the national certification examination and set the groundwork to pursue advanced training to become surgical assistants.

The operating room is a place where new surgical technologists put knowledge to work quickly and learn that competence is synonymous with physical work. Demands are placed on both the body and brain. From day one, knowledge and instinct regarding the surgical environment become ingrained.

The operating room is a place where new surgical technologists put knowledge to work quickly and learn that competence is synonymous with physical work. Demands are placed on both the body and brain. From day one, knowledge and instinct regarding the surgical environment become ingrained.

Working with an assigned circulating nurse as a team, a surgical technologist devises strategies to complete the day's assignments and gain experience in working more efficiently.



By grouping similar tasks together and memorizing specific steps of different surgical procedures, the surgical technologist quickly learns which instruments are placed on the Mayo stand first, and which instruments remain close by on the back table for quick retrieval as the case progresses. Whether the procedure is a long case, such as a thoracotomy or a series of smaller cases such as an inguinal hernia or breast biopsy, the successful team manages the flow of work over time.

Working in the operating room requires the surgical technologist to perform a substantial amount of physical work - lifting instrument sets, moving equipment and positioning patients. It's a matter of necessity to work smarter and make every move count while reviewing the current task and the necessary sequence of steps. Consequently, when an unforeseen problem occurs such as a technical issue like a video tower not operating or an instrument being dropped, the issue can be resolved quickly with a minimum disruption to the workflow.

Task repetition and experience hone skills to a fine edge. Multitasking becomes second nature. In turn, professional confidence increases which benefits patients who are apprehensive about the sterile environment and uneasy about all the strangers. A confident surgical technologist will be able to allay their fears and respond to their needs.

The handling and use of surgical instruments is the "bread and butter" of the surgical technologist. Memorizing the names and functions of various instruments (ie, clamps, scissors and forceps) is important. Their use is intimately related to the knowledge of what particular instrument is used in a given situation versus another instrument. On occasion, this can mean using an instrument in an unexpected way, such as utilizing the back side of a DeBakey forceps as a retractor. Sometimes, the most important instrument to the surgeon is another set of hands to assist with wound exposure by using a retractor to hold back a structure, or suction and sponge tissue while the surgeon cauterizes a vessel.

Perception is also a necessity for working in the operating room. This means being attuned to the surroundings and utilizing the senses to observe a given situation - and to analyze what is occurring at the moment. Seeing is the primary sense but listening is crucial and sometimes even smelling. It doesn't take long to whiff a dead bowel during an emergency belly case to realize a resection with diverting colostomy is possibly imminent.

Communication is essential in the OR and customarily begins with the morning report. Effective communication includes interpreting both verbal and nonverbal messages. Understanding each case from the surgeon's perspective starts with a review of his/her preference card and continues throughout the procedure with interpretation of subtle hand gestures to verbal requests. Workplace language exerts a strong influence on OR activities and the ability to communicate in an effective, straightforward manner is invaluable.

Workplace language exerts a strong influence on OR activities and the ability to communicate in an effective, straightforward manner is invaluable.

Working in the OR involves substantial reading, such as technical guides, medical labels, technical guides, and instruction manuals. Understanding this information is vital and integral to cases, such as using a specific implant instrument tray for a total knee arthroplasty or correctly preparing an implantable biologic for a lumbar fusion. When scrubbing a case for the first time, writing notes can serve as a memory aid for future cases.

After working in the operating room as a surgical technologist for the past 24 years, I believe that while the work accomplished is physical, the role provides an opportunity to perform meaningful work that is intellectually challenging with new educational opportunities that include continuing education, seminars, online learning, and in-service training vital to the surgical technologist's continuing role in today's knowledge workforce.

# Surgical Assisting: Looking Back and Forward

**BEN PRICE, CHIEF EXECUTIVE OFFICER  
NBSTSA**



In October, Crit Fisher, CST, FAST, president of NBSTSA and I had the privilege of attending the Association of Surgical Assistants meeting in Nashville, and had a productive conversation with their leadership. As I've returned to

this profession after some time away, the conversation we had brought to mind the value in taking a look now and then at our history and background.

When AST made the decision to formally begin representing the interests of CSTs functioning in the role of the surgical assistant in 1988, NBSTSA (formerly the LCC-ST) began working with AST on the development of the CSFA examination. This process spanned three years and included the development of the surgical assistant curriculum outline, completed in 1991.

The first CSFA (previously titled "CFA") examination was offered in September 1992, with 409 testing that year. The Association of Surgical Technologists continued their commitment to support surgical assisting (made in 1988), with the AST House of Delegates approving a resolution on the CSFA credential, "...that all CST surgical assistants should hold the Certified First Assistant credential" in May 1999.

Even as new surgical assistants were testing and entering the field,

the profession continued to develop educationally, including:

- Development of the formal "Core Curriculum for Surgical Assisting" first edition 1994, second edition 2006; third edition 2014).
- AST drafts Essentials & Guidelines for an Accredited Surgical First Assisting Program in 1994;
- Development of the "The Surgical Wound" manual (1995);
- First SA program, Delta College, receives AST approval (1996);
- First SA study skills book published in 1996; second edition study guide published in 2007

The earliest programs were AST approved, In 1996, the ARC/STSA, formerly the ARC-ST, presented the Surgical Assistant Curriculum and Draft Standards to the American College of Surgeons and subsequently engaged with the Commission on Accreditation of Allied Health Education Programs (CAAHEP) to develop surgical assistant program accreditation standards. In April 2002, the first Accredita-

| Surgical First Assistant Certification Examination Content Outline  | Surgical First Assistant Certification Examination Content Outline   |
|---|--|
| <p><b>A. Perioperative Care: 80 Items</b></p> <p><b>A. Preoperative Preparation: 15 Items</b></p> <ol style="list-style-type: none"> <li>1. Verify availability of surgical equipment and supplies (e.g., reserve equipment and implants for surgery according to surgeon's preference).</li> <li>2. Prepare and maintain operating room environment according to surgical procedure (e.g., temperature, humidity, lights, suction, furniture).</li> <li>3. Verify operative consent and other pertinent information (e.g., history and physical, advanced directives, laboratory results, diagnostic results).</li> <li>4. Obtain diagnostic studies for reference.</li> <li>5. Review diagnostic tests to identify results.</li> <li>6. Obtain instruments, supplies, and equipment and verify readiness for surgery.</li> <li>7. Don personal protective equipment.</li> <li>8. Check package integrity of sterile supplies.</li> <li>9. Open sterile supplies while maintaining aseptic technique.</li> <li>10. Perform surgical hand scrub, gowning, and gloving.</li> <li>11. Gown and glove sterile team members.</li> <li>12. Coordinate and participate in the draping of the patient.</li> <li>13. Specify methods of operative exposure (e.g., surgical incisions).</li> <li>14. Anticipate the needs of the surgical team prior to entering the operating room.</li> <li>15. Assess and reduce risk for intraoperative injuries.</li> <li>16. Transfer the patient.</li> <li>17. Position the patient.</li> <li>18. Select appropriate patient positioning devices.</li> <li>19. Utilize appropriate skin preparation techniques.</li> <li>20. Participate in preoperative "time out" procedures.</li> <li>21. Select appropriate equipment/supplies needed for procedure.</li> <li>22. Perform open and closed gloving techniques.</li> <li>23. Identify grafts for tissue transplantation.</li> <li>24. Insert Foley urinary bladder catheter.</li> <li>25. Place pneumatic tourniquet.</li> <li>26. Acquire radiographic images for intraoperative reference.</li> <li>27. Remove external appliances.</li> <li>28. Review patient medical chart and associated documentation.</li> </ol> <p>Copyright © 2012, National Board of Surgical Technology and Surgical Assisting Page 1</p> | <p><b>B. Intraoperative Procedures: 50 Items</b></p> <ol style="list-style-type: none"> <li>1. Provide assistance to the rest of the surgical team in the assessment and care of patient.</li> <li>2. Facilitate the efficiency of the surgical procedure.</li> <li>3. Monitor use of supplies and solutions.</li> <li>4. Handle specimens appropriately.</li> <li>5. Observe patients' intraoperative status (e.g., monitor color of blood, onset of blood loss, monitor position of patient during procedure).</li> <li>6. Operate specialty equipment (e.g., endoscopic devices, harmonic scalpel, power equipment).</li> <li>7. Clamp and tie tissue.</li> <li>8. Apply direct digital pressure.</li> <li>9. Apply hemostatic clips.</li> <li>10. Apply intraoperative tourniquets (e.g., Rummel, Pringle).</li> <li>11. Utilize vessel loops.</li> <li>12. Select appropriate methods for wound closure.</li> <li>13. Close skin under direction of surgeon.</li> <li>14. Utilize subcutaneous closing techniques.</li> <li>15. Close all wound layers under direction of surgeon.</li> <li>16. Select appropriate methods for hemostasis.</li> <li>17. Apply manual hemostasis.</li> <li>18. Apply thermal hemostasis.</li> <li>19. Apply chemical hemostatic agents.</li> <li>20. Select appropriate wound drainage devices.</li> <li>21. Assist in the placement and securing of surgical drains, catheters and tubes.</li> <li>22. Apply appropriate tissue retraction techniques.</li> <li>23. Utilize appropriate techniques for tissue dissection.</li> <li>24. Assist in wound debridement.</li> <li>25. Procure grafts for tissue transplantation.</li> <li>26. Prepare grafts for tissue transplantation.</li> <li>27. Apply knowledge of disease processes as related to surgical intervention.</li> <li>28. Initiate corrective action for any break in sterile technique.</li> <li>29. Irrigate surgical wound.</li> <li>30. Select appropriate wound closure materials.</li> <li>31. Manipulate body tissues and anatomic structures (e.g., Halsted's Principles, tissue manipulation methods, traction/counter traction).</li> <li>32. Pack surgical sites with sponges.</li> <li>33. Pass needed instruments, sutures, supplies and other equipment.</li> <li>34. Assist in I &amp; D procedures.</li> <li>35. Utilize appropriate suction equipment and techniques.</li> <li>36. Provide visualization and exposure of the operative site.</li> </ol> <p>Copyright © 2012, National Board of Surgical Technology and Surgical Assisting Page 2</p> |

tion Standards and Guidelines for the profession of surgical assisting were adopted and approved by the ARC-ST, AST, ACS, and CAAHEP—CAAHEP subsequently accredits the first surgical assisting programs in 2003. SA Standards were revised and updated in 2008.

Currently, there are eight CAAHEP-accredited schools of surgical assisting spread across the US:

- Gulf Coast State College - Panama City, FL
- College of Southern Idaho - Twin Falls, ID
- Madisonville Community College - Madisonville, KY
- Wayne County Community College-Western Campus - Belleville, MI
- Mayo Clinic College of Medicine - Rochester, MN
- University of Cincinnati, Clermont College - Batavia, OH
- Meridian Institute of Surgical Assisting - Nashville, TN
- Eastern Virginia Medical School - Norfolk, VA

And, as the profession has grown, the Association of Surgical Technologists and also the Association of Surgical Assistants have continued to advance patient safety via legislation, with laws in place now in at least seven states requiring licensure, certification, or registration to practice as a surgical assistant.

As of September 30, 2015, there were 3,179 NBSTSA credentialed Certified Surgical First Assistants, and that number continues to grow, as does the system of accredited programs offering training in the field. We are quickly approaching the 25th anniversary of the first offering of our credential. NBSTSA's leadership now looks to the future, collaborating with our partners at ASA, AST, ARC/STSA, ACS, and the larger surgical assisting and allied health communities as we continue to develop credentialing standards to ensure safe, high quality patient care.

# Winter Sale

Check out our online store for exclusive offers throughout the month of December!

[www.nbstsa.org](http://www.nbstsa.org)



THE NATIONAL BOARD  
OF SURGICAL TECHNOLOGY  
AND SURGICAL ASSISTING





# 2015 FAST Recipients

The Fellow of the Association of Surgical Technologists (FAST) designation recognizes those individuals who have upheld the highest standards and traditions of the surgical technology profession, and whose professional activities have been devoted to the advancement of the profession toward improving the quality of surgical patient care.

A Fellow is an individual whose dedication to professional excellence has furthered the practice of surgical technology. AST Fellows are surgical technologists and surgical assistants who abide by the AST Code of Ethics and the AST Recommended Standards of Practice.

The 17 2015 FAST recipients were awarded at the 46th Annual National Conference in San Antonio.



**Beth  
Applegate-  
Debo**  
CST, CSFA, FAST

Currently serving as the president for the New York State Assembly, Beth has taken an active role in leadership and promoting the profession of surgical technology. She earned her CST credential in 1988 followed by her CSFA credential in 1993. She has been active in her state assembly since 2007 and served as a member on the National Board of Surgical Technology and Surgical Assisting's (NBSTSA) Job Task Analysis and Item Writing committees. She also is currently serving as a member on the AST Bylaws, Resolutions and Parliamentary Procedures Committee.

Beth took an active role in New York legislation for techs and has shared her expertise and knowledge as has a speaker during AST's 45th national conference where she presented "Finding Your Voice, Advocating for Yourself, Your Patient and Our Profession."

Beth is currently a member of the SUNY Onondaga Community Col-

lege Surgical Technology Program Advisory Board and has volunteered for Relay for Life, American Cancer Society, Camillus Winter Sports Association and the Camillus Babysitting Cooperative.



**Katie Bishop**  
CST, CSFA, FAST

Celebrating her 20th year as a member of AST, Katie earned her CST credential in 1996 and her CSFA credential in 2000. She has a long list of service when it comes to the Arkansas State Assembly. From 1996-1999, she served as a chapter president, vice president and treasurer, and then became ARSA's treasurer in 2004, a post she served until 2009. She served on the ARSA Board of Directors from 2009-2011 and currently serves as secretary. She has represented Arkansas a delegate to AST's national conference every year since 2006.

Katie also serves as the grassroots liaison for legislative endeavors for Arkansas and has been instrumental in promoting the profession and working to pass legislation for techs in the state.

In her spare time, she has volunteered at numerous health fairs, participated in a statewide promotion for the Baptist Health Heart program, volunteered during the Little Rock Marathon and participated in two mission trips to Honduras.



**Mona Bourbonnais**  
CST, FAST

An AST member and CST since 1989, Mona has taken on multiple roles in her state assembly in Idaho. She has served as the education chairperson from 2010-2013. She ran and was elected for a board of director position in 2012. She helped her state assembly plan various meetings and conferences where she helped arranged speakers and served as a moderator.

She herself was a speaker at one of Idaho's fall conference regarding effective precepting and was a presenter at AST's Instructor Forum in Denver on team building for students. She also served on the National Board of Surgical Technology and Surgical Assisting's Item Writer Committee.

Mona has been an active volunteer for a variety of local high school events, assisted with her community's Health Fest and served on the Faculty Promotions Committee for the College of Western Idaho.



**JoLane Buss**  
CST, FAST

JoLane became a member of AST in 2001 followed by earning her CST certification in 2002. During the last decade, JoLane has been very active

within her state assembly, which led to a national position. From 2007-2009, she was a board of director on the South Carolina State Assembly. From 2009-2011, she served as its vice president; and then from 2011-2013, she held the officer of president. And from May 2013 to May 2015, she served as a director on AST's Board of Directors.

In 2014, JoLane served as chair for the AST annual outreach event at its national conference. She has served on AST's Foundation for Surgical Technology Committee (2013-2015); AST's Credentials Committee (2014); and AST's Policy and Procedures Committee (2014-2015). She has served as a presenter and speaker for SCSA workshops and in 2013, she has been a speaker at AST's national instructor forums. She also has served as an item writer for the National Board of Surgical Technology and Surgical Assisting.

JoLane has volunteered for the Child Abuse Prevention Association where she participated as a storyteller on carriage rides in October 2014 to raise funds for the assistance to the local area.



**Michele Dodge**  
CST, FAST

As a member of AST since 2000, Michele earned her CST credential in 2002 and began her state involvement in 2006. From 2006-2014, she served as a director on the Massachusetts State Assembly; and has served as the chair for the state's fundraising committee since 2007. She also took

an active role in her state's legislation efforts, a commitment that paid off when in 2013 certification legislation was signed into law.

Her volunteer interests include Adopt a Solider, and various fundraising efforts for units within the military. Michele also coordinated an Adopt a Family for the holidays at her institution.



**Terry Herring,**  
CST, CSFA, FAST

Terry earned his CST certification in 1986, followed by his CSFA certification in 1992. He has been a member of AST since 1992 as well. In recent years, Terry has assisted his state assembly with planning for state programs and meetings and in 2013, assisted in getting the North Carolina Governor to sign a proclamation for National Surgical Technology Week. He has also taken a role in North Carolina legislation efforts to mandate certification within the state.

In his spare time, Terry has participated in the local Citizens' Academy and a variety event for local high schools promoting the profession of surgical technology. In 2008, he received an Excellence in Teaching Award from the State Board of Community Colleges.



**Tiffany Howe**  
CST, CSFA, FAST

Tiffany earned her CST credential and joined AST in 1997, and earned her CSFA credential in 2003. In 2010, Tiffany served one term as a director on the Colorado State Assembly Board of Directors before being elected to the role of vice president, which she served from 2011-2014. She is currently serving a two-year term as a member of AST's Educational and Professional Standards Committee and has participated as an item writer for the National Board of Surgical Technology and Surgical Assisting and as a member of the Job Task Analysis Committee for the NBSTSA. She earned her CST in 1997, the same year she became a member of AST, and earned her CSFA in 2003.

Tiffany was a presenter at AST's 2015 Instructors Forum in Puerto Rico with her presentation of "Six Ways to Enhance Your Program's Advisory Committee." She has written multiple articles for AST's Instructors News and is a contributor to the AST's current revision to Surgical Technology for the Surgical Technologist.

She has been an active volunteer at local school events, Growing Home Women's Shelter, the Colorado Technical University Volunteer Group and for Project CURE.



**Rosa Johnson**  
CST, FAST

Rosa has been a CST and a member of AST since 1979. She served as vice president for AST Chapter 52 from 1998-1999, and as a member of Chapter 52's Education Committee from 1998-1999. From 2000-2002, she served as a member on the Missouri State Assembly's Education and Professionals Standard Committee and as a treasurer from 2009-2011. From 2011-2015, she served as a director.

In her spare time, Rosa has been an active member of the American Diabetes Association, the American Red Cross, the Prospect Hill Baptist Church and the Missouri Nurse Preceptor Academy.



**Misty McGuire**  
CST, FAST

Misty joined AST in 2003, followed by earning her certification in 2004. She began her state assembly service as a member of the Indiana State Assembly Teller's Committee from 2003-2004. From there, she went on to become chair of the INSA Education Committee from 2005-2009; as a member of the Membership Committee from 2007-2008; and as a director from 2008-2009. In 2012, she became a



member on the Arizona State Assembly Board of Directors and from 2012-2013 she served as president for AZSA. She also served as chair on AST's Bylaws, Resolutions and Parliamentary Procedure Committee from 2008-2014.

Misty has volunteered her time and service to the nonprofit Packages from Home, which send packages to soldiers; Soldier Angels, where volunteers can adopt a soldier; After the Homestretch, which works with ex-race horses in need of new homes; Wheeler's Mission, a homeless shelter; a local women's and children's homeless shelter; and Autism Awareness.



**Kathy Patnaude**  
CST, FAST

Kathy joined AST in 1999 and earned her CST certification in 2001. In 2001, she served as a delegate for South Carolina State Assembly, and from 2005-2006 and 2008-2010, she served as secretary. She has spoken at AST's Instructors Workshops and participated in state legislative activities. In 2015, Kathy was elected for a one-year term to AST's Board of Directors.

In her spare time, Kathy has participated in Sharing God's Loves, a local community food pantry; Snack Packs, a project that delivers food to school-age children; the American Heart Association; Christus Victor Lutheran Church; and the South Carolina Technical Educational Association.



**Dorothy Rothgergy**  
CST, CSFA, FAST

Dorothy earned her CST certification in 1990, her CSFA certification in 1994 and joined AST that same year. From 1996-2010, she represented Michigan State Assembly as a delegate at AST's national conference, and from 2003-2009, she served as treasurer.

In 1998, Dorothy became a site visitor for the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting, a role she still holds. From 2008-2013, she served as the president for the subcommittee on Accreditation of Surgical Assisting (SASA) Board of Directors (ARC/STSA); served as a director on the ARC/STSA Board of Directors from 2013-2014; and currently is the secretary/treasurer for the ARC/STSA Board of Directors.

Her volunteer interests include Habitat for Humanity and the American Red Cross.



**Kathleen Sawtelle**  
CST, FAST

Kathleen earned her CST certification in 1990, the same year she joined AST. She has been very active in her state assembly where she has held multiple positions throughout the years. She

served as a member of the Massachusetts State Assembly Board of Directors from 2003-2007; president from 2007-2011; and vice president from 2011-2015. She was on the MASA GAPA Committee from 2006-2012, and currently is co-chair of the MASA Fundraising Committee, a role she has held since 2006.

Kathleen served as a delegate to AST's national conference in 2003, 2005, 2006, 2012, 2013 and 2014; and was appointed to the advisory committee for the Department of Public Health of the Commonwealth of Massachusetts in 2013.

In her spare time, Kathleen has participated in Adopt a Family for Christmas, assisted with a local parish, and served as a Cub Scout leader and Boy Scout volunteer.



**Elizabeth Slagle**  
CST, FAST

Elizabeth earned her first CST certification in 1974 and became a member of AST in 2000. She has served as a site visitor for the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting from 1993 to present. She served as ARC/STSA vice president from 2010-2012, and as president from 2012-2014. She also was on the board of directors for the Commission on Accreditation of Allied Health Education Programs in 2014.

She has presented at multiple ARC/STSA Workshops and has been a reviewer for surgical technology textbooks.

Elizabeth's volunteer interests include a medical mission trip to Kenya, serving on the allied health advisory board for Anthis Career Center and as an executive board member and past regent of a local chapter of the Daughters of the American Revolution.

see State Assembly Board of Directors from 2011-2013, and was a conference delegate for TNSA from 2012-2015. In 2013, she was elected president of TNSA, a role she currently holds today.

She also is currently serving a two-year term as a member of the AST Bylaws, Resolutions and Parliamentary Procedures Committee.

Her volunteer interests include Relay for Life, Homestead Community Food Pantry, Habitat for Humanity, Homestead Community Church and as a part of a medical mission trip to Guatemala.



**Stephen  
"Grant"  
Wilson**  
CST, FAST

Grant earned his CST credential and joined AST in 1999. He helped organize the formation meeting for the Alabama State Assembly in November 2002 and became secretary from 2002-2004, and 2008-2010; and served as president from 2011-2015. He is currently serving a two-year term as treasurer. He also was a member of the State Assembly Leadership Committee from 2012-2014, and chair 2014-2015.

Grant has spoken at multiple state assembly meetings, Instructors Forums and AST's national conference and written SALC articles for *The Surgical Technologist*. From 2009-present, he has served as an onsite evaluator for the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting, and served on its Program Review Report Panel from 2010-2012.

His volunteer interests include helping Samaritan's Purse, a medical supply warehouse for medical missions, and assisting with the booster club for a local high school softball team.



**Linda  
VanDyke**  
CST, CSFA, FAST

Linda earned her CST certification in 1979 and her CSFA certification in 1995. She also joined AST in 1979. She served as president for Chapter 146 from 1980-1985 and as a member of the Missouri State Assembly Legislative Committee from 2003-2006. In 2010 and 2014, she was a presenter at AST's Instructors Forum, and attended AST's national conference from 1989-2004.

In her spare time, Linda volunteers for Crayons to Computers, Hillyard Technical Center as a mentor, as a volunteer in community gardens, a local food pantry, the KCMO Cancer Society and as a local arts fund coordinator.



**Peggy  
Varnado**  
CST, CSFA, FAST

Peggy first earned her CST and CSFA credentials in 1996 and 2006, respectively, and has been a member of AST since 1995. She served as a delegate representing Louisiana State Assembly in 2007, 2009, 2010 and 2012. She served as chair on the LASA Policy and Procedures Committee in 2008 and as president of LASA from 2011-2014. She currently is serving as a director. This past May, she was elected for a two-year term to AST's Board of Directors.

In her spare time, Peggy helps as a member of her church youth committee, as a director for the children's choir at her church, as a parent volunteer for Jr Beta Club and as an assistant Girl Scout leader.



**Victoria  
VanHoose**  
CST, FAST

Victoria joined AST in 1999 and earned her CST credential in 2000. She served as a director on the Tennes-



**Active state assemblies are the future of the Association of Surgical Technologists' strength and success. The Association of Surgical Technologists gives special recognition to those state assemblies that demonstrate outstanding leadership within their states.**

- ▶ To recognize excellence in leadership and member development, communication, education and community relations
- ▶ To encourage quality state management
- ▶ To recognize with distinction and visibility that efforts and results of meaningful activities that build a strong state
- ▶ To benchmark standards

### Qualifications and Rules:

- ▶ Hold one annual meeting per year
- ▶ Hold at least two workshops per year
- ▶ Take part in legislative activity
- ▶ Create marketing activity
- ▶ Experience a membership increase of 3% or higher over the previous year
- ▶ Media coverage
- ▶ Student involvement
- ▶ Instructor involvement
- ▶ Public education
- ▶ **Up to five (5) awards will be awarded per year**

**When your state meets the above criteria, please fill out the attached eligibility form and submit your completed form to the State Assembly Department at the AST National Office by January 31, 2016.**

### Selection

All certification forms received in the AST national office by January 31, 2016 will be eligible for one of the five National AST Leadership Awards. Each year the winners will be selected by the SALC Committee of AST. Each entry will be judged independently and the winners will be announced at the 47th AST Annual National Conference in San Diego, California.

### YOUR STATE'S REWARD: What recognition will my state receive?

1. Every state assembly awarded the Leadership Award will receive recognition at the AST National Conference Open Ceremony.
2. Each state official on the state board will receive a pin representing "Winner of the State Assembly Leadership Achievement Award."
3. Each state winner receives recognition in a feature article about their state in The Surgical Technologist.
4. Each state who wins a Leadership Award will receive a pennant that announces the state as a winner of this prestigious award to hang at state meetings.

### Eligibility and Entry Preparation:

1. Any AST approved state assembly may submit an entry.
2. Entry form **MUST** be completed by the state president for the period of January 1–December 31, 2015.
3. Entry must be typed or computer-generated in the format that follows.
4. Additional information to support qualification will be accepted.
5. A state may receive this award only once every three years.
6. All entries will become the property of AST and will not be returned.
7. Winners of the Leadership Award will be determined by the cumulative total of points earned.

**Entry Deadline: All entries must be received by January 31, 2016.**





## UPCOMING PROGRAMS

**AST MEMBERS:** Keep your member profile updated to ensure that you receive the latest news and events from your state.

As an AST member you can update your profile by using your login information at [www.ast.org](http://www.ast.org). You may also contact Member Services at [memserv@ast.org](mailto:memserv@ast.org) or call 1-800-637-7433. AST business hours are Monday-Friday, 8 am - 4:30 pm, MST.

### GEORGIA

Atlanta: March 12, 2016. Georgia State Assembly. Title: Emory Teaches the GASA. Location: Emory University Hospital, 1364 Clifton Road, Atlanta, GA 30322. Contact: L. Gene Burke, Jr., PO Box 4131, Canton, GA 30114, 706-771-4191, [lburke@augustatech.edu](mailto:lburke@augustatech.edu). 7 CE credits, pending approval by AST.

Tybee Island: September 10, 2016. Georgia State Assembly. Title: GASA heads to the Beach! Location: Hotel Tybee, 1412 Butler Ave (For GPS Use) 1401 Strand Ave (Business Office), Tybee Island, GA 31328. Contact: L. Gene Burke, Jr., PO Box 4131, Canton, GA 30114, 706-771-4191, [lburke@augustatech.edu](mailto:lburke@augustatech.edu). 8 CE credits, pending approval by AST.

### ILLINOIS

Peoria: March 5, 2016. Illinois State Assembly. Title: ISA Annual Meeting, Elections & Seminar. Location: OSF Saint Francis Medical Center, 530 NE Glen Oak Ave,

Peoria, IL 61637. Contact: Marsha Brook, 1828 S 2nd Ave, Morton, IL 61550, 309-263-7495 or 309-264-4532, [mbrook1@outlook.com](mailto:mbrook1@outlook.com). 4-5 CE credits, pending approval by AST.

### KANSAS

Wichita: February 27, 2016. Kansas State Assembly. Title: Kansas Annual Spring Workshop and Meeting. Location: Wichita - TBA. Contact: Sherry Aguirre, 7700 E Kellogg, Wichita, KS 67207, 316-304-6526, [surgicalwizard@att.net](mailto:surgicalwizard@att.net). 5-6 CE credits, pending approval by AST.

### LOUISIANA

Baton Rouge: April 2, 2016. Louisiana State Assembly. Title: Spring Workshop and Business Meeting. Location: Woman's Hospital, 100 Woman's Way, Baton Rouge, LA 70817. Contact: Bryan Wille, PO Box 60445, Lafayette, LA 70596, 225-278-0874, [ast.secretary@gmail.com](mailto:ast.secretary@gmail.com). 6 CE credits, pending approval by AST.

### MAINE

South Portland: April 2, 2016. Maine State Assembly. Title: MESA's 10th Year Anniversary Conference. Location: Portland Marriott at Sable Oaks, 200 Sable Oaks Dr, South Portland, ME 04106. Contact: Allison Kipp, PO Box 4899, Portland, ME 04112, 207-408-2221, [sunrise267@yahoo.com](mailto:sunrise267@yahoo.com). 8 CE credits, pending approval by AST.

### MARYLAND

Baltimore: March 19, 2016. Maryland State Assembly. Title: MDSA Annual Meeting/Elections and Workshop. Location: University of Maryland - Shock Trauma Auditorium, 22 S Greene St, Baltimore, MD 21201. Contact: Sandra Araujo, PO BOX 23737, Baltimore, MD 21203, 301-807-6052, [astmdstateassembly@gmail.com](mailto:astmdstateassembly@gmail.com). 7 CE credits, pending approval by AST. 00

### MINNESOTA

Anoka: March 12, 2016. Minnesota State Assembly. Title: Minnesota State Assembly Spring Workshop. Location: Anoka Technical College, 1355 W Main St, Anoka, MN 55303. Contact: Melissa Stolp, 19414 Eaton St NW, Elk River, MN 55330, 763-229-2321 or 763-712-1278, [halfpint71mel@aol.com](mailto:halfpint71mel@aol.com). 7 CE credits, pending approval by AST.

### NEBRASKA

Omaha: March 5, 2016. Nebraska State Assembly. Title: Nebraska State Assembly Winter 2016 Workshop and Annual Meeting. Location: University of Nebraska Medical Center, 600 S 42nd St, Omaha, NE 68198. Contact: Casey Glassburner, 10011 N 151st St, Waverly, NE 68462, 402-580-0057, [cglassburner@southeast.edu](mailto:cglassburner@southeast.edu). 6 CE credits, pending approval by AST.

Omaha: August 13, 2016. Nebraska State Assembly. Title: Nebraska State Assembly 2016 Summer Workshop. Location: CHI Health Lakeside, 16902 Lakeside Hills

Court, Omaha, NE 68130. Contact: Casey Glassburner, 10011 N 151st St, Waverly, NE 68462, 402-580-0057, [cglassburner@southeast.edu](mailto:cglassburner@southeast.edu). 6 CE credits, pending approval by AST.

## **NORTH DAKOTA**

Fargo: April 16, 2016. North Dakota State Assembly. Title: North Dakota State Assembly Spring Workshop 2016. Location: Essentia Health, 3000 32nd Ave S, Fargo, ND 58103. Contact: Nicole Gerhardt, 701-426-2943, [nicolemgerhardt@yahoo.com](mailto:nicolemgerhardt@yahoo.com). 7 CE credits, pending approval by AST.

## **OHIO**

Columbus: March 5-6, 2016. Ohio State Assembly. Title: Spring Forward with Knowledge. Location: Mount Carmel East Hospital – Bruce E Siegel Center, 5975 E Broad St, Columbus, OH 43213. Contact: Tracie Parsley, PO Box 1093, Mentor, OH 44061, 614-864-7929, [tracieparsley@gmail.com](mailto:tracieparsley@gmail.com). 11 CE credits, pending approval by AST.

## **OREGON**

Springfield: March 5, 2016. Oregon State Assembly. Title: Spring Conference. Location: Sacred Heart Medical Center at Riverbend, 3333 Riverbend Dr, Springfield, OR 97477. Contact: Melissa Garinger, 3471 7th St, Hubbard, OR 97032, 503-318-1577, [mgaringeroast@gmail.com](mailto:mgaringeroast@gmail.com). 7 CE credits, pending approval by AST.

## **PENNSYLVANIA**

Harrisburg: March 19, 2016. Pennsylvania State Assembly. Title: PA-AST Annual Spring Meeting. Location: PinnacleHealth – Community General Osteopathic Hospital, 4300 Londonderry Road, Harrisburg, PA 17109. Contact: Darin Smith, PO Box 3051, Williamsport, PA 17701, 717-422-4258, [director5paast@gmail.com](mailto:director5paast@gmail.com). 6 CE credits, pending approval by AST.

Erie: September 17, 2016. Pennsylvania State Assembly. Title: PA-AST Fall Meeting. Location: UPMC Hamot Medical Center, 201 State St, Erie, PA 16550. Contact: Mary Ball, PO Box 3051, Williamsport, PA 17701, 814-490-1152, [ballmc@upmc.edu](mailto:ballmc@upmc.edu). 6 CE credits, pending approval by AST.

## **SOUTH DAKOTA**

Watertown: April 16, 2016. South Dakota State Assembly. Title: South Dakota Spring AST Conference 2016. Location: Prairie Lakes Hospital – MOB Conference Room, 401 9th Ave NW, Watertown, SD 57201. Contact: Wendi Weseloh, 55 10th Ave NW, Watertown, SD 57201, 605-880-4022, [wendi.weseloh@prairielakes.com](mailto:wendi.weseloh@prairielakes.com). 6 CE credits, pending approval by AST.

## **TENNESSEE**

Chattanooga: March 4-6, 2016. Tennessee State Assembly. Title: TNAST 16th Annual State Conference & Hands-On Preconference. Location: Chattanooga Downtown Marriott, Two Carter Plaza, Chattanooga, TN 37402. Contact: Steven Noyce, 223 Jackson Circle, Tullahoma, TN 37388, 615-498-3164, [stevennyoyce@hotmail.com](mailto:stevennyoyce@hotmail.com). March 4, Hands-On Preconference – 8 CE credits. March 5-6 Conference – 13 CE credits. Total 3 days – 21 CE credits, pending approval by AST.

## **TEXAS**

Port Arthur: January 30, 2016. Texas State Assembly. Title: Port Arthur Workshop. Location: Lamar State College, 1701 Procter St, Port Arthur, TX 77641. Contact: Stefanie Steele-Galchutt, PO Box 3381, Wichita Falls, TX 76301, 817-235-1660, [TXStateAssembly@gmail.com](mailto:TXStateAssembly@gmail.com). 8 CE credits, pending approval by AST.

Ft Worth: March 5-6, 2016. Texas State Assembly. Title: Best Little Workshop in Texas. Location: Radisson Hotel, 2540 Meacham Blvd, Ft Worth, TX 76106. Contact: Stefanie Steele-Galchutt, PO Box 3381, Wichita Falls, TX 76301, 817-235-1660,

[TXStateAssembly@gmail.com](mailto:TXStateAssembly@gmail.com). 13 CE credits, pending approval by AST.

## **UTAH**

Murray: March 19, 2016. Utah State Assembly. Title: Trauma not Drama. Location: Intermountain Medical Center, 5121 Cottonwood St, Murray, UT 84157. Contact: Annette Montoya, PO Box 986, West Jordan, UT 84084, 801-889-5947, [ast.utah@gmail.com](mailto:ast.utah@gmail.com). 4 CE credits, pending approval by AST.

## **VIRGINIA**

Richmond: March 19, 2016. Virginia State Assembly. Title: United in Surgery. Location: St Mary's Hospital, 5801 Bremono Road, Richmond, VA 23226. Contact: Tina Putman, 173 Skirmisher Lane, Middletown, VA 22645, 540-868-7066, [tputman@lfcc.edu](mailto:tputman@lfcc.edu). 5 CE credits, pending approval by AST.

## **WISCONSIN**

Summit: March 12, 2016. Wisconsin State Assembly. Title: Spring Madness. Location: Aurora Medical Center, 36500 Aurora Dr, Summit, WI 53066. Contact: Peggy Morrissey, N1417 County Road P, Rubicon, WI 53078, 262-443-0306, [pegmorrissety@gmail.com](mailto:pegmorrissety@gmail.com). 6 CE credits, pending approval by AST.

## State Assembly Annual Business Meetings

Members interested in the election of officers & the business issues of their state assembly should ensure their attendance at the following meetings.

### GEORGIA

Atlanta:  
March 12, 2016  
Annual meeting  
& elections

### ILLINOIS

Peoria:  
March 5, 2016  
Annual meeting  
& elections

### KANSAS

Wichita:  
February 27, 2016  
Annual meeting  
& elections

### LOUISIANA

Baton Rouge:  
April 2, 2016  
Annual meeting  
& elections

### MAINE

South Portland:  
April 2, 2016  
Annual meeting  
& elections

### MARYLAND

Baltimore:  
March 19, 2016  
Annual meeting  
& elections

### NEBRASKA

Omaha:  
March 5, 2016  
Annual meeting  
& elections

### OHIO

Columbus:  
March 5-6, 2016  
Annual meeting  
& elections

### OREGON

Springfield:  
March 5, 2016  
Annual meeting  
& elections

### PENNSYLVANIA

Harrisburg:  
March 19, 2016  
Annual meeting  
& elections

### SOUTH DAKOTA

Watertown:  
April 16, 2016  
Annual meeting  
& elections

### TENNESSEE

Chattanooga:  
March 4-6, 2016  
Annual meeting  
& elections

### TEXAS

Ft Worth:  
March 5-6, 2016  
Annual meeting  
& elections

### UTAH

Murray:  
March 19, 2016  
Annual meeting  
& elections

### VIRGINIA

Richmond:  
March 19, 2016  
Annual meeting  
& elections

For assistance, call 800-637-7433, ext 2516 or email [stateassembly@ast.org](mailto:stateassembly@ast.org)

- ▲ **'Approved'** indicates a continuing education program that has been approved by AST for CE credit.
- ▲ **'Accredited'** indicates a formal, college-based surgical technology or surgical assisting program that has been accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

**Future Program Approvals:** A *Date Request Form* must be submitted to AST 120 days prior to the workshop date. For complete information on all required forms, refer to the *AST Policies for the Approval of State Assembly Continuing Education Programs and the Application for Approval of Continuing Education Programs State Assembly* (application is due at least 10 business days before the workshop date) at [www.ast.org](http://www.ast.org), under State Assemblies tab, submenu Meeting Forms.

The completed Date Request Form must be submitted before the first of the current month to be published in the next month's issue of *The Surgical Technologist*. A confirmation email as receipt received will be sent upon approval.

## State Assembly Leadership Achievement Award



Active state assemblies are the future of the Association of Surgical Technologists' strength and success. The Association of Surgical Technologists gives special recognition to those state assemblies that demonstrate outstanding leadership within their states.

- To recognize excellence in leadership and member development, communication, education and community relations
- To encourage quality state management
- To recognize with distinction and visibility that efforts and results of meaningful activities build a strong state
- To benchmark standards

**Entry deadline: January 31, 2016, for the January 1–December 31, 2015, reporting year.**

Visit [www.ast.org](http://www.ast.org) - State Assemblies - State Assembly Awards - for the application.

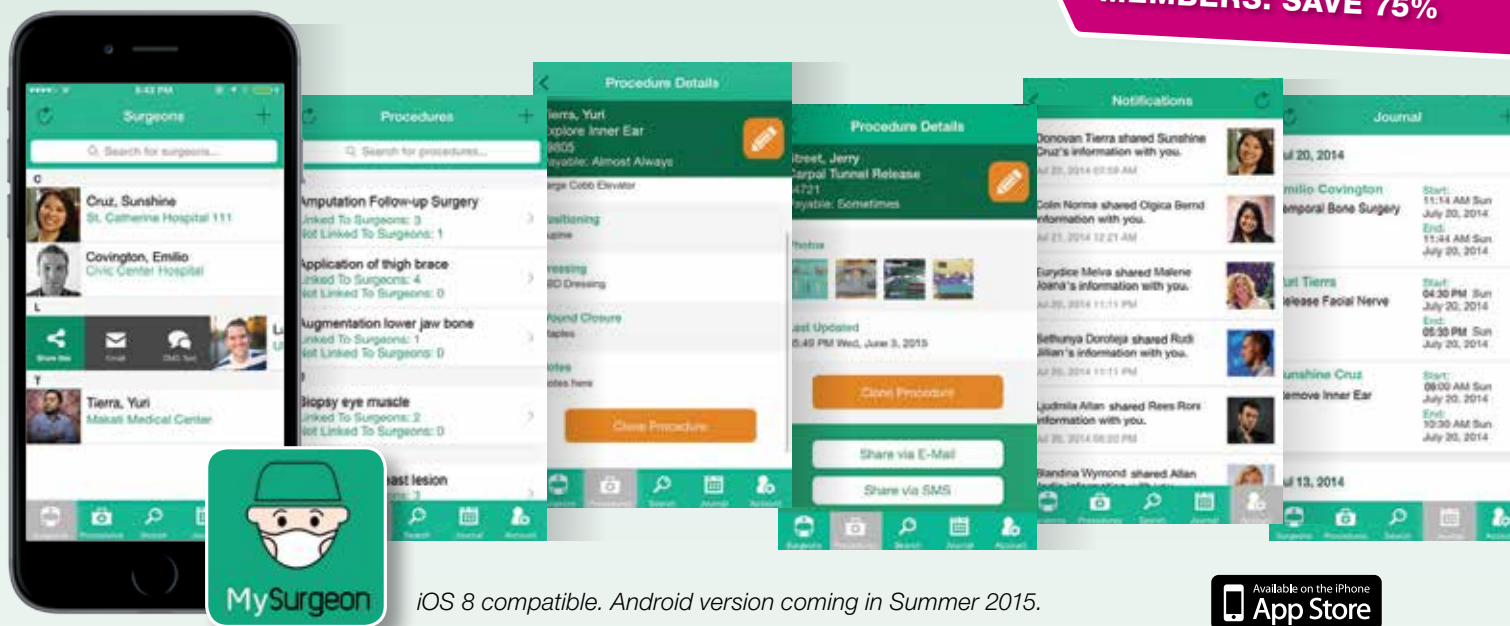


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# 2015 Journal Index

## ABBREVIATIONS

|               |   |
|---------------|---|
| <b>AG</b>     | <i>At a Glance</i>  |
| <b>BM/PM</b>  | <i>Board Message/<br/>President's Message</i>                               |
| <b>CE</b>     | <i>Continuing Education</i>   |
| <b>FMC</b>    | <i>Finding My Calling</i>   |
| <b>LN</b>     | <i>Legislative News</i>   |
| <b>OM</b>     | <i>On a Mission</i>   |
| <b>NBSTSA</b> | <i>National Board of Surgical<br/>Technology and Surgical<br/>Assisting</i> |
| <b>SA</b>     | <i>State Assembly</i>   |
| <b>SF</b>     | <i>Special Feature</i>  |
| <b>SH</b>     | <i>Seen&amp;Heard</i>   |
| <b>UP</b>     | <i>Upcoming Programs</i>  |

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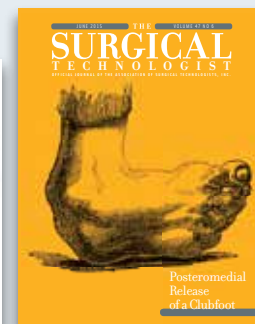
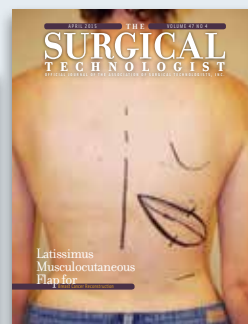
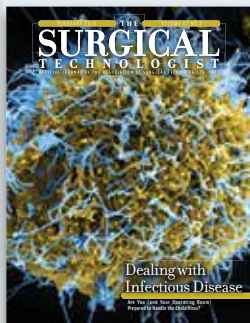
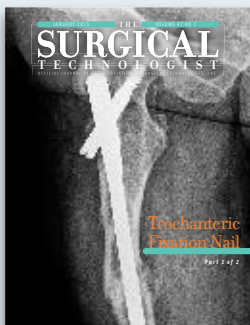
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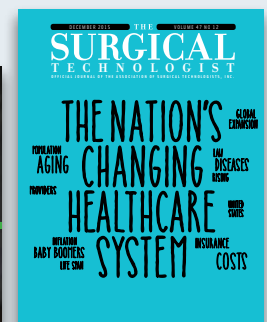
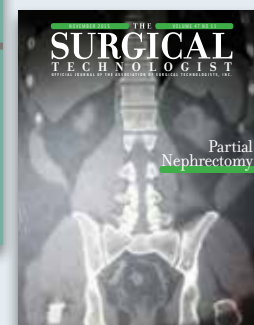
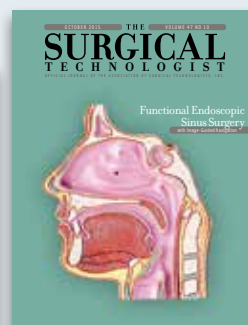
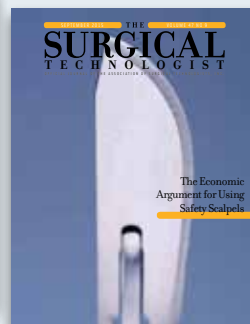
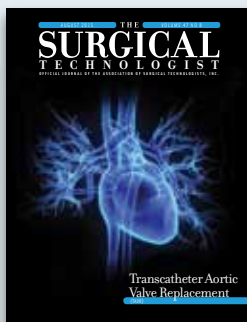
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# CONTINUING EDUCATION OPPORTUNITIES

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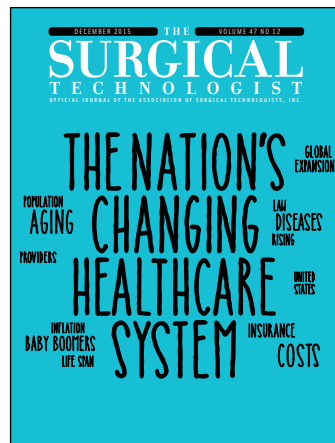
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