

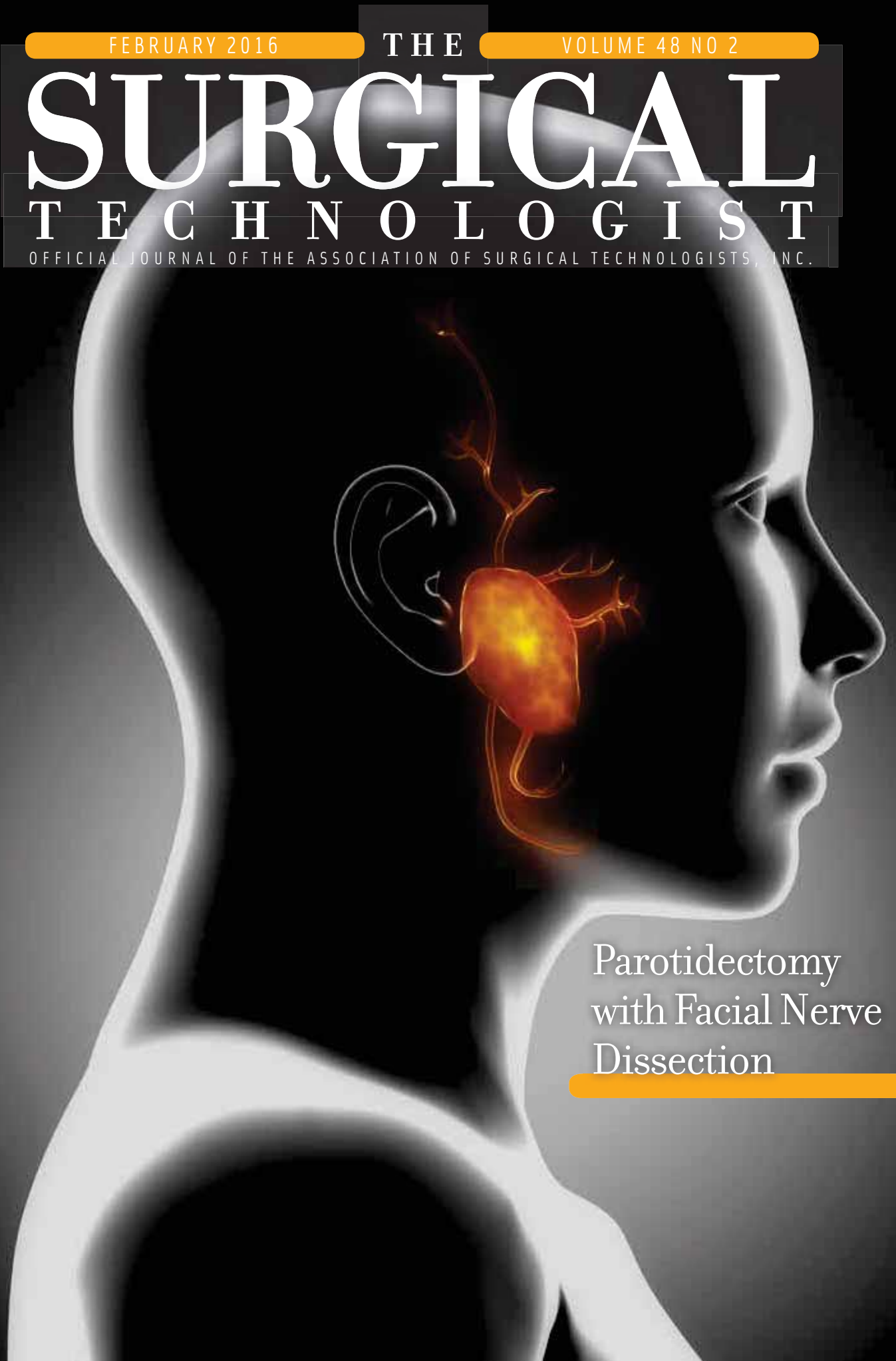
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THE

VOLUME 48 NO 2

SURGICAL TECHNOLOGIST

OFFICIAL JOURNAL OF THE ASSOCIATION OF SURGICAL TECHNOLOGISTS, INC.



Parotidectomy
with Facial Nerve
Dissection

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

STATEMENT OF EDITORIAL PURPOSE The purpose of the *Journal* is to advance the quality of surgical patient care by providing a forum for the exchange of knowledge in surgical technology and by promoting a high standard of surgical technology performance.

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



CE EXAMINATION:

Parotidectomy with Facial Nerve Dissection

SHERRIDAN POFFENROTH, CST, CRCST

The parotidectomy was the first successful surgery performed under ether in Boston in 1846. The most common reasons to remove the parotid gland are a mass in the gland, chronic infection or obstruction of saliva outflow.

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PEGGY VARNADO, CST, CSFA

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GET SOCIAL WITH AST



Becoming Visible

PEGGY VARNADO, CST, CSFA

BOARD MESSAGE



At our midyear Board of Directors meeting this past October, we were hearing the report from the Government Affairs Department on the progress of the recent state assembly legislative efforts. Cathy Sparkman, AST Director of Government Affairs, mentioned a phrase that resonated in my mind. I can't remember the exact wording, but the context of what she said was, "Surgical technology and surgical technologists have been the invisible profession, the unknown person standing at the operating room table, just the hand that you see on the television shows and movies that is handing the instruments, never a face put with that gloved hand." My immediate thought was this is 100 percent true. We have been the faceless, nameless person/profession for far too long. So how do we change that? How do we become a recognized part of the surgical team? More importantly, how can I as an individual CST, CSFA help?

My story of how I became a surgical technologist is probably one that is familiar to many of you. I was a student at a local university on track for nursing school, had taken all of the prerequisites, applied for the nursing program, and was on the waiting list. I found out about the surgical technology program at another college,

applied for the program, was accepted and began the fastest year of my life, that changed my career path, and ultimately my life. At the time, I really did not know what this "invisible profession," surgical technology was all about. I knew I would be in the operating room, but I had no idea how involved I would actually be in surgery. The very first day when I entered the operating room, I was hooked. I knew that was where I was meant to be. I had found my calling. I was

We have been the faceless, nameless person/profession for far too long. So how do we change that?

completely amazed by what I had seen and by the responsibility that I knew I would assume as a surgical technologist. The surgical technologist whom I watched took ownership of that procedure, setting up and maintaining the sterile field, passing instruments, performing counts, and ultimately being the patient's advocate. This was the person I wanted to be. This "invisible" person, of whom I knew so little about before the beginning of that year, that was what I wanted to do with the rest of my life. A profession that I sort of

"fell" into became my career, my passion. This passion is what I want to be able to share with others, so that they will know what surgical technology is and what it is that we do. Who else is better qualified to inform the public than us?

I have never really been one to talk about myself. I always find it difficult to be in the spotlight. So the question is then, how do I promote my profession? Involvement in AST and in your local state assembly is one of the first

steps to take. Last May at our annual conference in San Antonio, Texas, President Zacharias announced that AST is now "50 Strong," meaning

we now have state assembly representation in all 50 states. This progress alone is one step in helping surgical technologists gain recognition. Continued growth in the state assembly memberships only helps make our organization as a whole stronger, which in turn gives us a "louder" voice on the national level. Recently, I hosted our Louisiana State Assembly Fall workshop at my hospital. I invited my Surgical Services Vice President to give a welcome from the hospital leadership. She later told me she

was very impressed with how well our meeting ran, how organized we were, the leadership we exhibited and with the quality of continuing education we were bringing to our members. I also had several of my speakers say how impressed they were that a group of surgical techs would give up their Saturday to come hear them speak. I bring all of this up to say this, when you involve your leadership or management at your workplace as well as the surgeons that you work with every day, promoting who you are and what you do becomes easier. They know you are passionate about your profession and take pride in your job and, in turn, they will take pride in having you on their team.

We must also educate the public on who we are. Often we hear it said, "So you're a nurse right?" That is probably the number one misconception about surgical technologists. We all know that we are not nurses, but the

general public for the most part does not know the difference, and sadly sometimes even the surgeons we work with don't either. With the legislative efforts that have passed in 14 states so far, and with others in the process or beginning the process, hopefully we will begin to see this change, and people will know that we are not nurses. With the number of surgical technology programs available, hopefully this too will inform potential students of new career paths. We should try to visit with high schools, offer to present at career days, and career fairs. We need to show the public not only who we are, but what we do.

As we begin this new year, let's all resolve to become "visible." Typically, throughout the year we have several different times to be able to promote our profession. Each state assembly has an annual meeting, either in the spring or the fall, and many will hold two or more per year. We all know

our annual conference is coming up in San Diego, California, May 31st – June 4th. These meetings are a great time to be able to network with your fellow surgical technologists from around your state and the country. Use these opportunities to get out there and introduce yourself to others. Invite people to your meetings to see what we are all about. And last, but not least, is National Surgical Technologist Week, which is celebrated in September every year. This week is all about us and what we do. Contact your state and local government to have a proclamation made for the week, write an article for your local newspaper, you may even try to get on a local television program, promoting your upcoming meeting or just informing them about the profession in general. This is the time to make the invisible become visible. Use these times, promote our profession, help other people understand what we do.



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

SCHOLARSHIP

AST EDUCATOR AWARDS AND FOUNDATION FOR SURGICAL TECHNOLOGY STUDENT SCHOLARSHIP DEADLINES

The submission deadlines for the Educator Awards and Student Scholarships are March 1, 2016.

Didactic and clinical educators are encouraged to apply for this recognition. The applications are online and available at www.ast.org. Click on the Educators tab and then click on the Educator/Awards Scholarship link.

The two recipients will be announced at the Instructors Workshop in San Diego, on May 31, just prior to the 47th AST Annual National Conference. Each recipient will receive a commemorative plaque and a \$500 stipend. The applications can be completed and submitted online. Visit http://www.ast.org/Educators/Educator_Awards/

The deadline for the Foundation for Surgical Technology Student Scholarships is also March 1, 2016. Eligible students must be enrolled in an accredited surgical technology education program whose graduates are eligible to take the CSFA examination sponsored by the NBSTSA. The application can be completed and submitted online. Instructors also have one form to complete and the clinical educator has a form if students are enrolled in that portion of the education program. The results will be announced at the AST National Conference in May in San Diego. All students are encouraged to apply. Visit http://www.ast.org/Members/Student_Members/

CONFERENCE

EARLY BIRD CONFERENCE REGISTRATION IS \$275.

AST is offering a substantially discounted registration rate when members register online for the 47th Annual AST Annual National Conference in San Diego. This low rate is only available online beginning February 1 and ending March 15. Click and save.



The AST Conference Registration Guide accompanies this issue of the *Journal*. Review all the choices and then make your selections. Be ready on February 1 to visit www.ast.org and save!

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.	

CONFERENCE SPEAKER SPOTLIGHT



Clarence Foster

Clarence Foster, MD, FACS, is the Director of Kidney and Pancreas Transplant Surgery at UCI Medical Center and an Associate Professor in the Department of Surgery at the

University of California, Irvine.

Dr. Foster received his medical degree from Johns Hopkins University, followed by his General Surgery Internship and Residency at Cedars-Sinai Medical Center. He served as a Research Fellow for a year before becoming a Surgical Admitting Officer, Senior Resident and Chief Resident in General Surgery at the University of Maryland. Dr. Foster completed a Fellowship in Kidney and Pancreas Transplantation also at the University of Maryland.

He has previously been on the Medical School Faculties of Temple University, Philadelphia, Pa. and the University of Maryland, Baltimore, Md. He has been the Chief of Kidney and Pancreas Transplantation at the University of California, Irvine School of Medicine since 2006.

Dr. Foster volunteered for the Maryland Army National Guard in 1987, then served more than 20 years in the US Army Reserves, including deployment with two Forward Surgery Teams in the 2008 Iraq Operation Iraqi Freedom and in 2011 Afghanistan Operation Enduring Freedom.



Clark Chen

Clark Chen, MD, PhD, serves as the Chief, Stereotactic and Radio Surgery, Director of Medical Education Associate Professor in the Division of Neurosurgery and Vice Chair of Research and Academic Development at the University of California San Diego.

Dr. Chen is a nationally recognized brain tumor specialist, who has joined UCSD as Co-Director of Neurosurgical Oncology. Dr. Chen is a neurosurgeon with dedicated interest in oncology and a leader in the study of DNA repair and genetic alterations in brain tumors. Prior to coming to UCSD, Dr. Chen led the brain tumor program at Beth Israel Deaconess Medical Center at Harvard Medical School and was assistant professor of Radiation Oncology at the Dana Farber Cancer Institute.

Dr. Chen received his BS in biology from Stanford University, his MS in epidemiology from Columbia University, and his MD and PhD degrees from Harvard Medical School.

He subsequently completed his neurosurgery training at the Massachusetts General Hospital, including a clinical fellowship in radiosurgery and a second fellowship on stereotactic neurosurgery.

In 2015, Dr. Chen was awarded the Presidential Award of Achievement from the President of Taiwan for extensive work on genomic instability and brain tumor research.



Jay Doucet

Jay Doucet, MD, FACS is a Professor of Clinical Surgery and Director, Surgical Intensive Care Unit at the University of California San Diego.

Dr. Doucet joined the University of California San Diego Division of Trauma, Surgical Critical Care, Burns and Acute Care Surgery on March 2007. Previously from 2001 to 2003, he served as a Trauma and Surgical Critical Care fellow at UC San Diego Medical Center. He was an attending surgeon at the US Navy Trauma Training Center at Los Angeles County Medical Center /University of Southern California (USC), followed by two years at the University of British Columbia, where he was responsible for expanding the mission of the Canadian Forces Trauma Training Center. Dr. Doucet has served on several overseas tours as a military surgeon in Afghanistan, Bosnia, Saudi Arabia and elsewhere.

Dr. Doucet's areas of special interest and accomplishments are:

- Trauma and surgical critical care
- Prehospital and Combat Casualty care
- Disaster medicine
- Transfusion and Blood Substitutes
- Surgical and Trauma Education and Simulation



J Kellogg Parsons

J Kellogg Parsons, MD, MPH, is associate professor of surgery at the UC San Diego Moores Cancer Center. He specializes in prostate cancer, benign prostatic hyperplasia (BPH),

bladder cancer, and kidney cancer.

He is an expert in robotic-assisted surgery, prostate laser surgery, and cryosurgery. Dr. Parsons has been elected to

the San Diego County Medical Society/San Diego Magazine's Top Doctors list for five consecutive years (2010 to 2014) and to America's Best Doctors®.

Dr Parsons has extensive expertise in treating prostate cancer using the da Vinci robotic system. He trained to perform nerve-sparing prostate cancer surgery with Dr. Patrick C. Walsh, one of the nation's leading urologic surgeons, at The Johns Hopkins Hospital.

Dr Parsons is an internationally recognized expert in prostate disease and urologic oncology. He has published over 120 scientific research articles, edited three medical textbooks (including a 1,000-page textbook of prostate cancer), and received research grants from the National Cancer Institute (NCI), National Institutes of Health and Department of Defense. He currently serves as a consulting editor for *European Urology* and as an associate editor for *Prostate Cancer and Prostatic Diseases*, and is an editorial board member for the new journal *European Urology Focus*.

2016 AST PROPOSED BYLAWS AMENDMENTS

At the AST 47th Annual National Conference in San Diego, California, scheduled for May 31-June 4, the AST House of Delegates will be asked to review and vote on the following amendments under Articles IV, VI, VII, VIII and X. To pass two-thirds of the delegates present and voting must adopt. The red strikeout indicates language that is being deleted, and the underlined language indicates the new changes.

Proposed Amendment – Article IV:

The following amendment was submitted by Stewart Robinson, CST and proposes an amendment to Article IV that would allow former presidents who are pre-77 CSTs without currency to have voting privileges which now required currency for those presidents:

ARTICLE IV

Membership

Section 2. Classification

A. Active Member

1. One who has passed the National Board of Surgical Technology and Surgical Assisting (hereinafter referred to as the NBSTSA) national certifying examination in

surgical technology and maintains certification currency as defined by the NBSTSA.

2. One who has passed the national certification examination and not maintained certification currency as defined by the NBSTSA but who is retired or disabled. However, eligibility for elected office and delegate status will continue to require certification currency.
3. Active retired or disabled Past President members have delegate status, voice and vote in the House of Delegates.
- ~~3.~~ 4. Active members have voice and vote.

Proposed Amendments – Articles VI and VII:

The following amendments were submitted by Margaret Rodriguez, CST, CSFA, FAST, on behalf of other Past Presidents and proposes to change the office of Vice President to President-Elect, who after serving a two-year term would automatically succeed to the Presidency.

ARTICLE VI

Nominations and Elections

Section 1. Nominations

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

Section 2. Elections

- A. Elections shall be by ballot at the national conference, the date and hours to be determined by the Board of Directors.
- B. Election of officers shall be by a majority vote. In the event a second ballot is needed to establish a majority, the two candidates receiving the highest number of votes shall be placed on the second ballot.

- C. Election of Directors shall be by plurality vote. In the case of a tie, a decision shall be by ballot of the tied candidates and plurality shall elect. In the event of a second tie, a decision shall be by lot.
- D. A Tellers Committee shall be appointed by the President with due regard to representation and geographic distribution.
- E. Before the polls open, the Credentials Committee, as defined in the *AST Policy Manual*, shall provide the Tellers Committee with a list of all delegates eligible to vote.
- F. The President, **Vice-President** President-Elect, Treasurer, and three Directors shall be elected in odd-numbered years. The Secretary and four Directors shall be elected in even-numbered years.

ARTICLE VII

Officers

Section 1. The officers of AST shall be the following:

President, **Vice-President** President-Elect,
Secretary, and Treasurer.

Section 2. Eligibility of Officers

- A. A candidate shall have been an active member for three years immediately preceding nomination and, if elected, shall maintain that active status.
- B. A candidate shall have served at least one full term during the previous six years on the Board of Directors.

Section 3. Term of Office of Officers

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

Section 4. Duties of Officers

- A. The President or her/his designee shall be the official representative of AST at all times and places.
- B. The officers shall perform the duties prescribed by these bylaws, the *AST Policy Manual*, and the parlia-

mentary authority adopted by AST.

Section 5. Vacancies of Officers

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

Proposed Amendment – Article VI:

The following amendment was also submitted by Dustin Cain, CST and proposes an amendment to Article VI that would require that committee appointees complete their appointed term before running for elective office:

ARTICLE VI

Nominations and Elections

Section 1. Nominations

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

Proposed Amendment – Article VIII:

The following amendment was submitted by the State Assembly Leadership Committee and proposes an amendment to the Article VIII of the bylaws that would delete the District of Columbia:

Articles VIII

Meetings

Section 4. Delegate representation

A. State Assemblies

1. Each state, ~~the District of Columbia, and the active duty military~~; whether a single-state or as part of a multi-state assembly, shall be entitled to six delegates and six alternates, provided the assembly is in good standing as defined in the AST Policy Manual.

Proposed Amendment – Article X:

The following amendment was also submitted by Stewart Robinson, CST and proposes an amendment to Article X that would allow the AST Board to appoint the chair of the standing committees but then allow the committee chairs to appoint the members of their committees:

ARTICLE X

Committees

Section 1. Standing Committees

- A. The standing committees shall be Bylaws, Resolutions, and Parliamentary Procedure; Education and Standards of Practice; and State Assembly Leadership. ~~The chair shall be appointed by the President with the approval of the Board of Directors.~~ The committee chair shall select their members with the approval of the Board of Directors.

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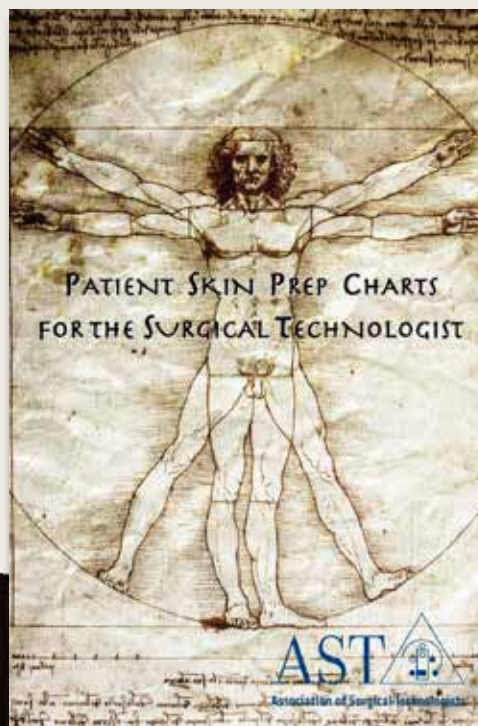
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ASA MEETING AGENDA

FRIDAY, MARCH 4

8 AM-5 PM 8 CEs

Choose one of three off-site workshops. Transportation provided. Each workshop offers 8 CE credits. Registration is limited. Detailed descriptions available online at www.surgicalassistant.org.


- Endovascular Harvesting
- IV Therapy
- Wound Management

6-7 PM 1 CE

KEYNOTE ADDRESS
Professionalism and Social Networking in the Medical Community *(applicable as Ethics credit)*
 Luke Newton, MD

7-8 PM

Reception
Sponsored by Meridian Institute of Surgical Assisting






Attendance is limited to 125. **Confirmation** will be emailed upon registration. **Onsite registration** will be available on a space-available basis. All **cancellations** must be received in writing by February 20, 2016. **Accommodations:** Las Vegas Embassy Suites, 3600 Paradise Road, Las Vegas, NV 89169.702-893-8000. **Deadline for reservations** is February 2, 2016. **Rates:** \$115/night/king; \$129/night double/Room block is limited.



SATURDAY, MARCH 5 9 CEs

7:45-8 AM Welcome Kathy Duffy, CSFA, CSA, ASA President

▼ Choose only one of two sessions in each specific time period. ▼

8-8:50 AM	<input type="checkbox"/> Total Ankle Arthroplasty Timothy Watts	<input type="checkbox"/> Evidence-based Laparoscopic Entry and Closure Techniques Luke Newton, MD
Midmorning Break (sponsored by ARCSTSA) 		
9-10:50 AM	<input type="checkbox"/> Tell Me Something I Don't Know ASA Board/Participants	<input type="checkbox"/> Foley Catheter for Perioperative Patient/Skills Lab
11 AM-NOON	<input type="checkbox"/> Introduction to Medical Billing Rebeca Paley, BS	<input type="checkbox"/> Patient Characteristics That Increase Complication Risk Solomon Paley, MD
NOON-1 PM Lunch (sponsored by NBSTSA) 		
1-1:50 PM	<input type="checkbox"/> Preventing Infection in Total Shoulder Arthroplasty	<input type="checkbox"/> Advanced Robotic Surgery-A Team Approach George Tuchsén, MD
2-2:50 PM	<input type="checkbox"/> Critical Airway Management Richard Byrd, MD	<input type="checkbox"/> Robotic Advancements in Urology Jayram Krishnan, DO
3-3:50 PM	<input type="checkbox"/> Introduction to ACLS Mary Chalfant, RN, MS	<input type="checkbox"/> Technology Advancements: Not Yesterday's Suture
Afternoon Break (sponsored by NBSTSA) 		
4-4:50 PM	<input type="checkbox"/> Minimally Invasive Surgery: Mitral Valve Michael Morrison, CSFA	<input type="checkbox"/> Optimal Device Performance and Improving Surgical Outcomes
5-5:50 PM Making a Difference Through Medical Missions Faith in Practice Linda McCarthy		
5:50-6 PM Closing Kathy Duffy, CSFA, CSA		

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Showing Compassion

SHONDRA MCGILL, CST, CASSPT

STATE ASSEMBLY



I was speaking to a colleague recently about writing an article for the *Journal*. I believed that once I found a topic I felt passionate about the words would just flow. But what do I feel passionate about? I mean besides the usual obsession that is my daily routine. Later, my colleague and I were talking about recent experiences with patients, and I realized my topic when my emotions erupted with that very topic. Compassion.

Dictionary.com defines compassion as *a feeling of deep sympathy and sorrow for another who is stricken by misfortune, accompanied by a strong desire to alleviate the suffering*.

When I was a little girl, I frequently played nurse with my friend. No funny business here. It was my best girlfriend, whom I am still very close with, and we took turns playing the caregiver. She is now a radiology tech in Georgia. It's funny how our youthful interests can predict a future. My mother was always the best at taking care of us when we were sick. It didn't happen much, but when it did, she was the BEST! I guess I loved the attention so much that it rubbed off on me.

As an adult, my husband and I own a business, but it wasn't lucrative enough to employ both of us. So, one day, I received a postcard on becoming an ultrasound technician. Being able to see babies in utero, as well as other possibilities, sounded exciting! But while talking to the school's career advisor, I learned about surgical technology. That sounded even better to me. Not just to discover the condition, but being a part of making it better! That's for me!

Having attended the program with perfect attendance and hard work, I graduated with the National Technical

Honor Society honors. What sealed the deal and made this the career I was meant to have, was my very first case I scrubbed in on during my clinical was the very same case with the very same doctor that my younger son had undergone a few years prior. Whether you call it karma, coincidence, irony, a calling, whatever it was, I felt it was a sign. Once I had clarified to the surgeon that I wasn't a stalker and that my son was doing great and I was happy with the procedure's outcome, the case went flawlessly and I was permanently hooked! LOL!

Everything we do, everywhere we've worked, every patient we've helped contributes to who we are.

I have learned a lot, not just from my mother, but from my educators, preceptors, co-workers and surgeons along the way. Everything we do, everywhere we've worked, every patient we've helped contributes to who we are. What we must always remember as a member of the surgical team, is that the patient coming in the room is in unfamiliar territory looking at people behind masks and goggles. They can't see our smiles and sympathetic eyes. They are likely nervous about what is going to happen and do not have their support system there to say everything will be fine..

This brings me to my current job. My nurses are great. When they bring a patient in the room, they always introduce the patient to the face behind the mask, me, and together, we confirm the procedure we are about to perform (an unofficial time out) and off to sleep they go. But what about the patients who remain awake for a procedure? I'll reference my pain patients for this.

When a patient enters the room, I like to have upbeat music playing. I'll be dancing, singing, smiling. I'll welcome them and after helping to position them, will talk to them. I purposely leave one hand ungloved. I believe in the human touch. I place my ungloved hand on theirs and generally grab it as if holding it. More often than not, they grab back. My patients know a lot about my life as I choose to talk to them during the procedure. I also believe in distraction. I'll ask about their plans for the upcoming weekend, or what they did for the previous weekend. And if they don't feel like talking, I'll tell them about mine. How do I know this to be effective? I once had a patient bring me expensive chocolates telling me that they had never known anyone to be as sincere about the compassion as I had given. Clearly, I cried. Many a patient I have had who has come back and ask who had held their hand the last time and that it made them feel better and to please do it again. Frequently, I'll have a patient ask me about an event in my life I had spoken about, and they wanted a follow up. Recently, I had a retired nurse tell me that she used to hold a patient's hand the way I do. She used to wonder if it was weird or helpful. As a patient having her hand held, she

told me she now realized it had been the right thing to do and to never to stop doing it...it meant a lot to her! Again, tears welled in my eyes. And recently, I had a co-worker come in. I gave her the same treatment. She approached me after and thanked me for the kindness.

I have had my own misfortune with back pain. I know how patients must feel trying to move onto the table, trying not to move as a needle is placed in their back. How would I want to be treated if I was in their position? But it doesn't take familiarity to make you compassionate. Being compassionate, understanding, caring during any procedure is a gift. It is a necessity. We must realize that while surgery is a way of life for us, it is not for our patients. It is unfamiliar territory and, no matter the complexity, it is always a major procedure for them. Fear of the unknown, articles on the internet and speaking to others who have had similar experiences can instill a greater fear in them. Compassion requires intimacy, which requires honesty, which requires trust. Compassion can go a long way to alleviating the anxiety of the unknown and with that a better experience and a better outcome, no matter the procedure.

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Parotidectomy with Facial Nerve Dissection

SHERRIDAN POFFENROTH, CST, CRCST

The parotidectomy holds an interesting place in the history of surgery, as it was the first successful surgery performed under ether anesthesia nearly 170 years ago (Boston, Oct. 16, 1846).¹

The American Academy of Otolaryngology-Head and Neck Surgery defines a parotidectomy as a “surgical operation to remove a large salivary gland (the parotid gland) located in front of and just below the ear. The most common reasons for removal of all or part of this gland are a mass in the gland, chronic infection of the gland, or obstruction of the saliva outflow from the gland causing chronic enlargement of the gland. Masses in the parotid are most commonly benign, but about 20% are malignant.”²

According to Geoffrey Julian, MD, medical director at Spokane Valley Ambulatory Surgery Center, a superficial parotidectomy with facial nerve dissection is the most common procedure associated with parotid tumor removal. The majority of the parotid tissue is lateral or superficial to the facial nerve, and therefore the location of the majority of parotid tumors.

ANATOMY AND PHYSIOLOGY

The parotid gland is the largest of the glands that produce saliva and is important in the digestion of food. Saliva drains through a small duct from the front of the parotid gland and empties into the mouth near the upper second molar tooth. The gland is located under the angle of the jaw just beneath the ear. The parotid lies on the masseter muscle that clenches the jaw. The tail of the parotid gland lies in front of the sternomastoid muscle that turns the head to the opposite side.¹

The VIIth cranial nerve, also known as the facial nerve, divides the parotid gland into superficial and deep lobes. The superficial lobe

LEARNING OBJECTIVES

- ▲ Review the anatomy of the parotid gland and the facial nerve.
- ▲ Understand the parotidectomy procedure.
- ▲ Review the equipment, instrumentation and supplies involved.
- ▲ Learn the postoperative outcomes.

of the parotid gland lies outside the mandible. The facial nerve is a mixed nerve that supplies motor function to all of the muscles that control movement the face and conveys sensory information from the anterior two-thirds of the tongue and interior of the mouth to the brain, so extreme care must be taken during surgery to avoid damaging the facial nerve.¹ Preoperative and postoperative exams determine any changes in nerve function.

Yale University School of Medicine’s website summarizes the four components of the facial nerve, noting the difference between the efferent motor functions and the afferent sensory functions. The muscles for the patient’s facial expressions are controlled by the branchial motor component. This nerve also supplies motor functions to other muscles, including the digastric muscle and the area situated between the styloid process of the temporal bone and the hyoid bone, known as the stylohyoid. The functions of the visceral motor component of the facial nerve includes the parasympathetic innervation of the lacrimal, submandibular and the sublingual glands, as well as the mucous membranes of the nasopharynx and the hard and soft palates. Taste sensations from the anterior two-thirds of the tongue and the hard and soft palates are processed by the special sensory component. The final component of the facial nerve is general sensory, which receives sensations from the skin of the concha of the auricle and from a small area behind the ear.³

EQUIPMENT AND SET UP

This surgery uses a nerve integrity monitoring system that enables surgeons to identify and confirm nerve function during minimally invasive or traditional open surgery. It provides visual and audible warnings. The visual warning comes with the use of the nerve stimulator. When it is engaged with the facial nerve, the nerve reacts with a twitch. And because monitors are in place and connected to the base unit, a beep sounds to alert the surgeon and other surgical staff that the facial nerve has been touched or stretched.

The circulator or certified surgical technologist should gather the appropriate equipment for the surgery. In this case, the nerve integrity monitoring system and the electro-surgical unit are needed. In some facilities, the monitor may be attached to a cart and wheeled into the operating room. The accessories needed include the electrodes, the grounding electrodes, alcohol swaps and two small waterproof adhesive transparent dressings cut in half. Accord-

EQUIPMENT

- Electrosurgical unit with monopolar and bipolar capabilities
- Nerve integrity monitoring system

INSTRUMENTS

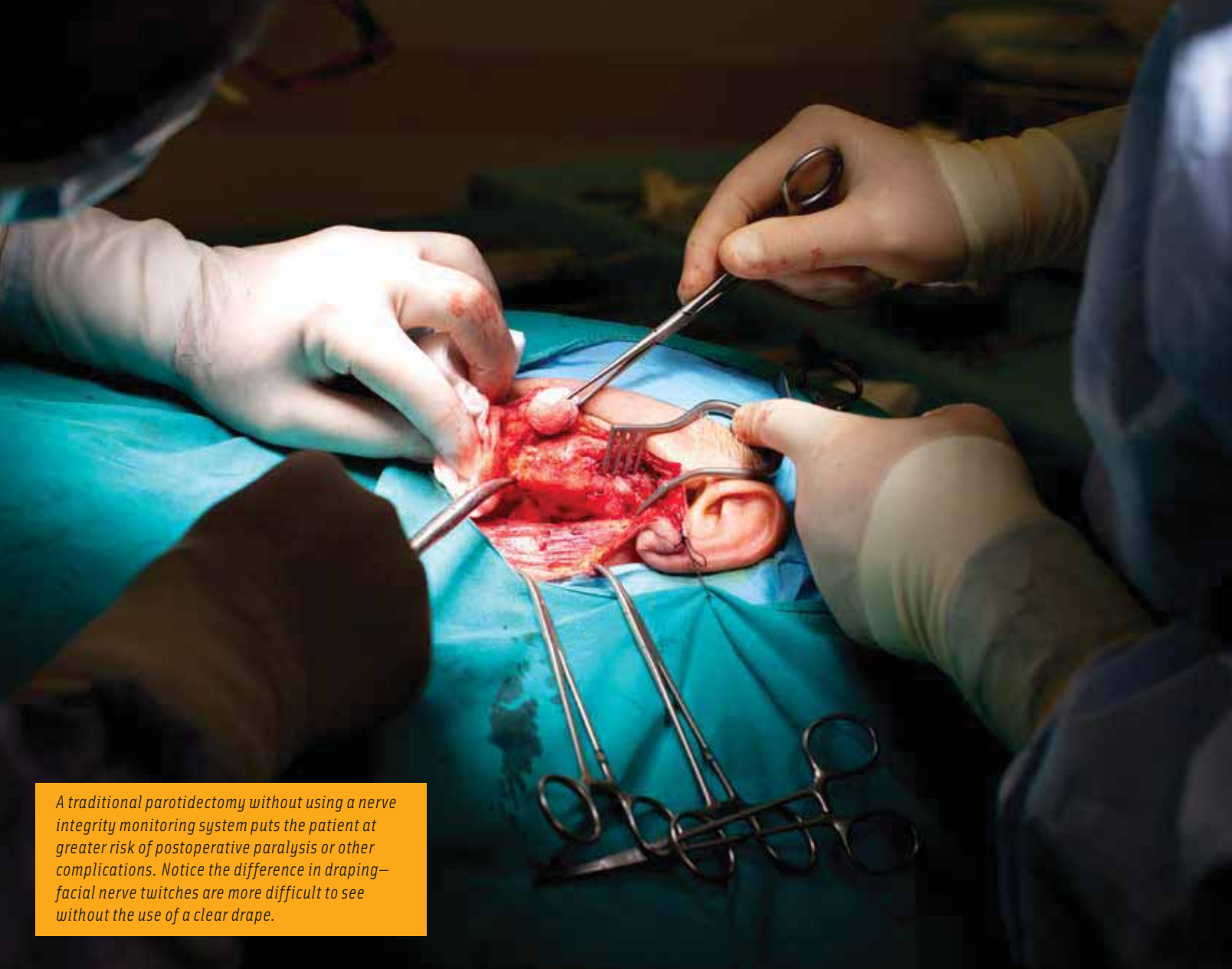
- #10 French-fluted drain
- 27-gauge, 1.5-inch needle
- Bipolar forceps and power cord
- Bulb syringe
- Crile dissectors
- Double-pronged skin hooks
- McCabe nerve dissectors
- Minor or plastic instrument set
- Mosquito clamps
- Peanut or kittner dissectors

SUPPLIES

- 1% Lidocaine with Epinephrine 1:100,000
- 3-0 silk control-release sutures with SH needle
- 3-0 silk ties
- 4-0 polyglactin 910 with P-3 needle
- 5-0 nylon sutures with C-12 needle
- Alcohol swaps
- Bacitracin for irrigation and ointment
- Five drape towels and towel clips
- Clear drape with adhesive strip
- Fluffed and rolled gauze
- Benzoin-tincture liquid adhesive
- Povidone iodine scrub solution
- Normal saline
- Sequential compression devices (SCDs)
- Shoulder roll
- Split drape
- Skin closure strips
- Waterproof transparent adhesive dressings
- Warming Blanket

ing to the facility policy and the anticipated length of the surgery, a warming blanket and sequential warming devices may also be needed.

The surgical technologist is responsible for checking the case cart for the instrument set and additional specialty instruments, such as Crile dissectors, McCabe nerve dissectors, bipolar forceps and double-pronged skin hooks. The



A traditional parotidectomy without using a nerve integrity monitoring system puts the patient at greater risk of postoperative paralysis or other complications. Notice the difference in draping—facial nerve twitches are more difficult to see without the use of a clear drape.

tech should also open 3-0 silk ties, 3-0 silk control-release sutures on an SH needle, 4-0 polyglactin 910 with a P-3 needle, 5-0 nylon sutures with a C-12 needle, and a 10-french fluted drain and bulb. These particular instruments and suture requests are according to the physician's preference.

During the preoperative exam, the preop nurse should test and note the facial movements and expressions. He or she may ask the patient to elevate the forehead, wrinkle the nose, show bilateral symmetric movement of the tongue, form a pucker with the lips, and follow a finger with their eyes. This is recorded in the patient's medical record and used as a baseline of comparison for the postoperative exam.⁴

Next, the patient is brought into the operating room by the circulator, introduced to the surgical technologist, and the last surgical confirmation is made. General anesthesia is administered, the patient is intubated and the endotracheal

tube is secured to the non-operative side. The anesthesiologist should take care not to use paralyzing drugs as this would hinder the ability of the surgical team to see nerve reaction when stimulated.

The surgeon and circulator work together to set up the nerve monitoring system. Alcohol swabs are used to clean the skin where the subdermal electrodes are placed. A set of blue electrodes are placed on the lateral side of the eye in the orbicularis oculi muscle where the temporal branch of the facial nerve is located. A second, red pair of electrodes is placed in the orbicularis oris muscle near the mouth where the buccal branch of the facial nerve is located.⁵ The green grounding electrodes are placed in the chest just inferior to the sternal notch. The monitor is then tested for proper placement by tapping on each electrode and watching and listening for stimulation.

SURGICAL PROCEDURE

A marking pen is used to draw a line on the face to identify the potential incision site. Next, the surgeon may inject 10 milliliters of 1% lidocaine with epinephrine 1:100,000 using a control syringe and 27-gauge, 1.5-inch needle, superficially, being careful not to go too deep so as to not paralyze the facial nerve. The patient is then positioned with a shoulder roll placed under the shoulders and the head turned for extension with the operative side up. The face and neck are prepped with povidone iodine scrub solution extending from the forehead to the chest and from the midline of the face down past the ear to the hair line.

Draping starts with a drape towel balled up and placed at the neck. A clear drape with an adhesive strip is placed across the face to allow visual aid of the face to allow for visualization of nerve twitches during surgery. Four drape towels, towel clips and a split drape complete the draping process.

The Mayo stand setup includes traditional soft tissue instrumentation for retraction and dissection. Keeping in mind the serious nature of working in the neck, have plenty of Mosquito clamps, open 3-0 silk ties for ligation, and peanuts or kittners for additional delicate dissection. Working around the facial nerve requires attention to minute details and awareness of tension, strength of retraction and precision.

The incision starts in front of the ear, curves around the bottom and back of the ear and then down the posterior aspect of the jawbone. This is sometimes called a lazy “Y” incision. The incision may be continued down into the neck along the front surface of the sternomastoid muscle. A facelift incision may be used with the lower end of it going back along the hairline to hide the scar. Dissection is done to expose the parotid region.

The surgical technologist, the second scrub or assistant may help with visualization using double-pronged skin hooks and pulling taut on the skin. This helps the surgeon see the natural line between the layers. A Crile dissector may be used here as they are a finer tipped dissector, narrower than a Kelly or mosquito. The earlobe is lifted and may be sutured back out of the way for better exposure. The facial flap may also be tagged back for better exposure.

Dissection continues to successfully identify the diseased gland, the facial nerve and its branches. Periodically, the surgical technologist should moisten the tissue flaps with saline using a bulb syringe. Care is taken to not damage or stretch the nerve. But, depending on the size and

placement of the tumor, branches of the facial nerve may need to be sacrificed. Once the facial nerve and its branches are identified, the surgeon may switch to using the bipolar forceps to provide hemostasis and the McCabe nerve dissector for fine dissection. These are both gentler on the facial nerve. The McCabe is a dissector with a curved tip similar to a right angle but with ratchets to prevent accidental clamping of the nerve.

The nerve integrity system is constantly monitoring nerve reaction and alarms when the nerve is stretched, compressed or cut. It is crucial that both the first and second scrubs are continuously watching for facial twitches at any time, particularly during when the electrosurgical pencil is in use. When a twitch is seen, they are to rapidly call out “Twitch!” to alert the surgeon. He then should stop and reevaluate. The use of the nerve probe is also helpful at this point. It attaches by cord to the monitoring unit and, when placed on tissue other than nerve fibers, makes a different noise that if placed directly on a nerve. It becomes a learned process to successfully distinguish between a muscle twitch and a nerve twitch. A muscle twitch reacts at the spot touched and is usually during the early stages of dissection near the skin. A nerve twitch reacts at a different place than

The CST must learn to distinguish between a muscle twitch and a nerve twitch. A muscle twitch reacts at the spot touched; a nerve twitch reacts at a different place than where it was touched.

where it was touched. For example, if the superior region of the facial nerve is touched, the twitches will present at or near the eye. If the touch is in the inferior region, the twitches will present at the lip or in the neck area.

After the removal of the gland, the operative site is examined for any remaining diseased tissue. The specimen is passed off to the circulator and identification is confirmed with the surgeon before sending to pathology. The wound is then irrigated with sterile saline. Depending on the level of disease and if any pus or fluid leaked from the gland, the surgical technologist may confirm with the surgeon the need for bacitracin in the irrigation. This medication is kept in a medication refrigerator and comes in powdered form. It is

reconstituted with sterile saline off the field by the circulator and added to the sterile saline on the back table. Next the drain is positioned and secured to the skin with 3-0 silk suture using a Roman sandal knot.

The earlobe and facial flaps are released and the closure is done in layers: first starting with an absorbable suture, a 4-0 polyglactin 910, at the fascia and muscular layers; then a 5-0 nylon on the skin. If the closure extends into the hairline, a stapler may be used to close the inferior portion of the incision.

At this time, the nerve monitor can be turned off and the electrodes cut and discarded into a sharps container. The surgical technologist, circulator and doctor acknowledge the length of time the nerve monitor is used. The time, recorded in half-hour increments, is noted in the patient's chart for insurance purposes.

Dressings are applied according to the doctor's preference. Bacitracin ointment may be applied to the incision. Benzoin-tincture liquid adhesive, skin closure strips, and fluffed and rolled gauze may be used to secure a dressing around the neck.

POSTOPERATIVE OUTCOMES

Once the patient is awake and responding to commands, the patient may be asked the same questions regarding the ability to elevate the forehead, move the eyes, and pucker the lips. These observations should be noted and compared to the preoperative notes. Temporary or permanent paralysis of the face can be a result of injury to or resection of the facial nerve. Partial injuries of the facial nerve are more common, but may resolve in a few weeks or months. Overall the incidence of a traumatic injury is low.¹

Other postoperative complications may include facial defect, numbness around the earlobe, infection in the operative site, excessive bleeding, swelling, and complications related to the anesthesia. A rare, unusual complication is called Frey's Syndrome. This is where the patient may experience sweating or flushing of the skin over the parotid gland region every time the patient eats. This is caused by injury to delicate nerve fibers.¹

In 2014, Amit J Sood, MD, and his colleagues presented a paper studying "the effectiveness of intraoperative facial nerve monitoring (FNM) in preventing immediate and permanent postoperative facial nerve weakness in patients undergoing primary parotidectomy." After the cases of 546 patients, they concluded that monitoring the nerve during the surgery lowered the risk of immediate facial weakness but did not affect the final outcome of facial nerve weakness.⁶

CONCLUSION

A parotidectomy is a common head and neck surgery to remove a mass or diseased gland. The procedure can take place either in a hospital setting if the patient has other morbidity factors or in an ambulatory surgery center if the patient is otherwise healthy. This procedure can last one and half hours to several hours. It may only require a first scrub or a second scrub if the doctor prefers. If done in a surgery center, the patient would go home the same day.

ACKNOWLEDGEMENTS

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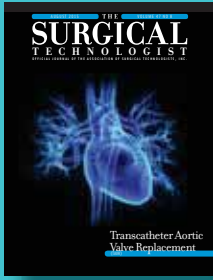


ABOUT THE AUTHOR

Sherridan Poffenroth, CST, CRCST, earned a bachelor of arts degree in education from Whitworth University in 1984 and an associate degree in surgical technology from Spokane Community College in 2007. She currently works at Spokane Valley Ambulatory Surgery Center in Spokane Valley, Wash., where she specializes in ENT and facial plastics. Poffenroth is employed at Providence Holy Family Hospital's Family Maternity Center in Spokane, Wash., and is an adjunct instructor at Spokane Community College. She is actively involved in the Washington State Assembly's leadership and is a member of AST's State Assembly Leadership Committee.

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I Needed to Know

DARLEEN WOLMA, CST

FINDING MY CALLING



After working 10 years as an aide at an elementary school in my neighborhood, I decided I needed a change. I was looking for adult contact and to see what was happening in the social world. I had a close friend who worked for a local hospital and suggested

I would enjoy working as a patient/visitor receptionist there. A few weeks after applying, I was hired. I spent the next 10 years working in surgery waiting rooms, critical care areas, the ER and at various information desks. I witnessed the happy times of a new birth, the nervousness of those coming in for surgery, and the stress of families waiting for news about their loved ones after surgery. I realized that when people were stressed or unsure of their surroundings, they needed an understanding, though unfamiliar, face to guide them to their location.

Throughout this time there was one event in my life that kept returning to my thoughts. My father had open heart surgery when I was 24 years old. Sadly, he passed away six months later. I remember seeing him after surgery and wondering what had happened to him during his time in the operating room that left him looking the way he appeared to me. He was swollen and pale. He was on a ventilator and had several tubes hanging with different medications slowly dripping into his IV. Before his passing, it was hard for him to get back to his normal way of life. It was difficult to breathe and move around. He did not have much of an appetite and was rather grouchy.

These very thoughts returned to me each day while working at the hospital. In seeing worried faces of patients or guests, patients before they went into surgery, and again in the recovery room, or possibly in critical care, or upon arriving in the emergency room, I wanted to know more. I watched many patients go home the same day and others struggle to be released after weeks of admittance. I wit-

nessed lifeline helicopters bring critical patients to the ER but never knew what happened to them after being rushed inside, or why that patient went home with a brace, or was discharged with rods extending from a leg. I needed answers to the question as to what happened to the patient. After seeing an open enrollment in the hospital newsletter for new programs, I decided to sign up for the surgical technologist program. I needed to know what transpired during the surgery that made a positive or possibly negative outcome, and if the surgery itself played a part.

I had only one year of college experience and had no prior medical knowledge. At the age of 47, this was somewhat of a struggle. Attending class with students the age of my grown children was intimidating. I had to study more than I had ever expected. This world of technology, medical procedures, and the unknown were frightening. Still I knew the only way to answer my thoughts of my father was to make it into the surgery room. After attending classes for a year and passing my clinical boards, I became a Certified Surgical Technologist.

I have witnessed and been a part of welcoming patients into our OR suite and assisting the doctors, nurses, and staff in providing them the best care possible. I find the surgeries that are performed to be amazing, no matter the time it takes to complete them. I find the new procedures and use of new instrumentation fascinating. With the medical advances that occur every day, patients may be given a shorter stay and recover more quickly. I can now sympathize with and understand what a patient may go through and what my dad endured 34 years ago. This has been a career that I wish I had started many years ago. I have enjoyed the past seven years of working in the OR. I have encouraged others to look into this profession at their local college or hospital. I am happy to be a part of our surgical team.

Changes to CSFA Exam Eligibility

BEN PRICE, NBSTSA CHIEF EXECUTIVE OFFICER



Recently, the Board of Directors of the National Board of Surgical Technology and Surgical Assisting (NBSTSA) announced changes to the eligibility pathway for the Certified Surgical First Assistant (CSFA) examination.

In considering those changes, it was important to NBSTSA leadership to recognize the history and development of the surgical assisting profession, as well as the evolution of education and credentialing standards that have evolved to support the profession as it exists today. Also of importance to NBSTSA leadership was the idea that since the profession and the credential have evolved over time, eligibility changes should provide time for transition.

After development that began in the late 1980s, the first CSFA (then called “CFA”) examination was offered in September, 1992, with 409 testing that year. Today, there are over 3,000 professionals who currently hold the CSFA credential. Education standards developed on a parallel track.

Today, 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

Additionally, at least seven states now require licensure, certification, or registration to practice as a surgical assistant.

With these factors in mind, recognizing both the origins of our profession and the evolution of education programs in surgical assisting, the Board of Directors of the National Board of Surgical Technology and Surgical Assisting has announced the following change in eligibility to sit for the Certified Surgical First Assistant (CSFA) Examination.

Effective January 3, 2017, any new applicant who wishes to sit for the Certified Surgical First Assistant (CSFA) Examination must be a graduate of a Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredited program in surgical assisting. A current list of these programs and contact information are available at www.caahep.org.

Through December 1, 2016, the current pathways to exam eligibility will remain open to new applicants, including:

- The case experience documentation pathway for current Certified Surgical Technologists (CSTs).
- The non-accredited military graduate with case experience documentation pathway.
- Eligibility for those who hold the CSA or SA-C credential with case experience documentation.

Those who apply through December 1, 2016 for eligibility by one of the above pathways will have the usual two years to complete case logs once the application has been submitted and any required preauthorization or facility information is received by the NBSTSA. This means that those who obtain eligibility via the documentation route would then have until December 1, 2018 to complete the case log, and then would be eligible to sit for the CSFA examination.

We want to help as we gradually transition the eligibility route for the CSFA examination. Those with questions or concerns are encouraged to look at the details at www.nbstsa.org, or call NBSTSA at 800-707-0057.

CONGRATULATIONS!

AST salutes all of the practitioners on the 2015 Honor Roll for outstanding dedication to continuing their education and advancing their clinical skills all for the ultimate goal of providing superior care to their patients.

All of the members listed here have earned 80 or more continuing education (CE) credits from the start of their current certification cycle through December 31, 2015.

To view everyone who has earned 60+ CE credits in the same timeframe, visit www.ast.org – Publications – The Surgical Technologist.

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GROUP REGISTRATIONS

Please visit www.ast.org for expedited processing

OPTIONAL EVENTS

Preconference Instructors Workshop

Tuesday, May 31; 5-6:10 PM;

Wednesday, June 1, 7:30 AM-5:50 PM

MEMBER \$275 NONMEMBER \$350

Preconference State Assembly Leadership Forum

(must register for full conference)

Wednesday, June 1, 7:45 AM-5 PM

MEMBER \$50

Scavenger Hunt

(Benefits the Naval Fisher House, San Diego)

Friday, June 3, 10 am-Noon

\$25 per individual. Register by April 15 to reserve.

Your T-shirt size: S M L XL XXL

CONFERENCE EDUCATION SESSIONS

Please note: If you attend every education session, (Thursday, Friday and Saturday), you will receive up to 16 CE credit hours at the conference. You will receive credit only for the sessions you are registered for. If you neglect to register for an education session, you will not receive credit. Be sure to review your selections to ensure that you have registered for all the appropriate sessions.

THURSDAY, JUNE 2

7:30 – 9:55 AM	10:15 – 10:50 AM	11 AM – 12:50 PM	4 – 5:50 PM
<input type="checkbox"/> Opening Ceremony/ Keynote Address	<input type="checkbox"/> Business Session 1	<input type="checkbox"/> FS100 Updates in Transplant Surgery Clarence Foster III, MD, FACS	<input type="checkbox"/> FS101 Reconstructive Neurosurgery Justin Brown, MD

FRIDAY, JUNE 3

7:15 AM - 4:00 PM	12 – 1:50 PM	2 – 2:50 PM	3 – 3:50 PM	4 – 4:50 PM	5 – 6:00 PM
<input type="checkbox"/> ST200 ASTSA Student Forum	<input type="checkbox"/> FS201 MRI-guided Neurosurgery Clark Chen, MD, PhD	<input type="checkbox"/> 202 Career Advancement - Moving on Up <input type="checkbox"/> 203 Patient-Centered Cardiothoracic Surgery <input type="checkbox"/> 204 Advancements in the Surgical and Catheter- Based Treatment of Neurovascular Disease in the Comprehensive Stroke Center Era <input type="checkbox"/> 205 Endovascular Aortic	<input type="checkbox"/> 206 Exit Procedure— A Multidisciplinary Approach <input type="checkbox"/> 207 Burn Care: Inside and Outside the OR <input type="checkbox"/> 208 An Unusual Case of Anemia-Gastric Bezoar Presenting as Traumatic Anemia <input type="checkbox"/> 209 TBD	<input type="checkbox"/> 210 Operative Aspects of Liver Transplantation <input type="checkbox"/> 211 Everything You Need to Know About Robotic Colorectal Surgery <input type="checkbox"/> 212 The Future of MIS Surgery <input type="checkbox"/> 213 Fish Oil and Vascular Health	<input type="checkbox"/> Bylaws Forum

SATURDAY, JUNE 4

9 – 9:50 AM	10 – 11:50 PM	12 – 12:50 PM	1 – 2:50 PM	3 – 3:50 PM
<input type="checkbox"/> Business Session II	<input type="checkbox"/> FS301 The Cutting Edge of Laser Safety Liz Krivosnov, BASC, PEng, CH, ROH	<input type="checkbox"/> FS302 Craniofacial Surgery Justine Lee, MD, PhD	<input type="checkbox"/> FS303 Surgical Treatment of Prostate Cancer J Kellogg Parsons, MD, MHS, FACS	<input type="checkbox"/> FS304 Lessons Learned in Afghanistan and America—Teamwork, Tourmiquets and Trauma Care Jay Doucet, MD, FACS

GUEST REGISTRATION

Includes admission to business sessions, exhibit hall and social event(s). Education sessions are not included. Personal guests (not practitioners) must register in conjunction with full conference attendee. If remaining for entire conference, both tickets should be purchased.

Name for GUEST BADGES (required)

Thursday Saturday

CONFERENCE

Conference Registration Package Subtotal \$

Number of Guests X Days X \$50 Guest Subtotal \$

Optional Preconference Event Subtotal \$

Conference Fees Total \$

PAYMENT OPTIONS

CHECK ENCLOSED VISA MC AMEX

CARDHOLDER'S NAME

CREDIT CARD NUMBER

EXP. DATE (MM/YY) SECURITY CODE

CARDHOLDER'S SIGNATURE

AMOUNT CHARGED

BILLING ADDRESS FOR CREDIT CARD

if different from address at top of form

STREET ADDRESS

CITY STATE ZIP

Register Online at www.ast.org

AST • 6 West Dry Creek Circle • Littleton, Colorado 80120 • 800-637-7433

Payment Policies: All fees must be paid at time of registration. Checks/money orders are payable to AST. Conference fees may be tax deductible as education expenses (consult with tax professional). **Transfer Policy:** Original registrant must verify substitution in writing. New attendee must complete registration form. \$25 processing fee is required. If nonmember is the replacement, the nonmember fee applies and payment is required. **Refund Policy:** Cancellations must be made in writing and postmarked by May 1, 2016. Refunds minus a \$50 processing fee will be made approximately four weeks after conference. Partial refunds are not available for social functions in the package rate.

PRECONFERENCE EVENTS FOR EDUCATORS

TUESDAY, MAY 31 & WEDNESDAY, JUNE 1

Instructors Workshop (10 CE's)

Includes both Tuesday and Wednesday
Fee: \$275 Members, \$350 Nonmembers

Tuesday, May 31 (PART 1)

5-5:10 PM **Welcome and Introductions**
Roy Zacharias, CST, FAST, AST President

5:10-6:10 PM **The Healing Power of Laughter**
Diana Jordan

Wednesday, June 1 (PART 2)

7:30 AM **Breakfast for Instructors**
Sponsored by ARC/STSA



8-8:50 AM **Developing the Professional Student: Instructional Strategies That Work**
Dodi Brown, CST

9-9:50 AM **TBD**

10-10:50 AM **Taking Over the Reins in Difficult Situations**
Cindy Mask, CST, FAST

11-11:50 AM **NBSTSA Updates**

Noon-12:50 PM **Lunch**

1-1:50 PM **Collaboration: Key to Program Success**
TC Parker, CST,

2-2:50 PM **Mind Tap: Reaching the Electronic Learner**
Joseph Charleman, CST, CSFA, CRCST, LPN

3-3:50 PM **Where Is Your Passion?**
Christopher McGriff, CST

4-4:50 PM **What Will Your Students Bring to the Table? Lesson on Professionalism and Preparing for Their Career**
Wanda Walter, CST

5-5:50 PM **We Have the Clinical Site, So What About the Clinical Preceptors?**
Debra Mays, CST

PRECONFERENCE EVENTS

WEDNESDAY, JUNE 1

State Assembly Leadership Forum (8 CE's)

SALF: Members Only: \$50

Registrants must be registered as full conference attendees

7:45-8 AM **Welcome and Introductions**
Roy Zacharias, CST, FAST

8-8:50 AM **Deadweight—Non-productive Board Members; Causing More Harm than Good**
Ricardo Correia, JD; Centaur Consulting

9-9:50 AM **Mentoring Future Leaders**
Kathy Demitras, CST-CVS, FAST

10-10:50 AM **Communication: The Key to Effective Leadership**
Terri Crosson, CST, and Jessica Elliott, CST, RN, FAST

11 AM-NOON **Are You Spot-On? Conducting an Election and Business Meeting**
Dustin Cain, CST, and Cathy Darnell, AST Parliamentarian

NOON-12:50 PM **Lunch**
(provided to SALF all-day registrants)

1-1:50 PM **Engaging, Motivating and Retaining Committed Volunteers**
Sherri Petro, President, VPI Strategies

2-2:50 PM **Effective Advocacy to Advance Surgical Technologist Certification**
Cathy Sparkman, JD, AST Director of Government Affairs

3-3:50 PM **I Know That (or Do You?)**
State Assembly Leadership Committee

4-4:50 PM **Exchanging Ideas: Harnessing New Strategies**
State Assembly Leadership Committee

4:50-5 PM **Q&A/Evaluations**

Entries in red indicate changes from original registration guide.



2016 CONFERENCE EDUCATION SESSIONS

THURSDAY, JUNE 2, 2016

7:30–8:55 AM

Opening Ceremony

9–9:55 AM

Keynote Address

**Laugh-O-Nomics—Connecting Happiness
at Work to Business Success.**

Brad Montgomery

10:15–10:50 AM

AST Business Session 1

11 AM–12:50 PM

FS100 Updates in Transplant Surgery

Clarence E Foster, III, MD, FACS

This session will focus on current and developing techniques in kidney and pancreas transplant surgery, including laparoscopic living donor procedures.

1–4 PM

Exhibits

4–5:50 PM

FS101 Reconstructive Neurosurgery

Justin Brown, MD

This session will focus on delicate new surgical methods for returning muscle function to patients who have experienced permanent paralysis.

8 PM–MIDNIGHT

OPENING NIGHT PARTY

California Dreamin'

Casual island wear is the wear to wear—sundresses, shorts, tank tops, sandals, boardies and flip flops. Surf's Up and the Beach Boys are on—enjoy hors d'oeuvres, selections from carving stations, pastas and more. Music goes back to the 50s and moves fast forward for a fun evening with friends.



FRIDAY, JUNE 3, 2016

7:15 AM–4 PM

ASTSA Student Forum

8–9 AM

AST Candidates Forum

9 AM–NOON

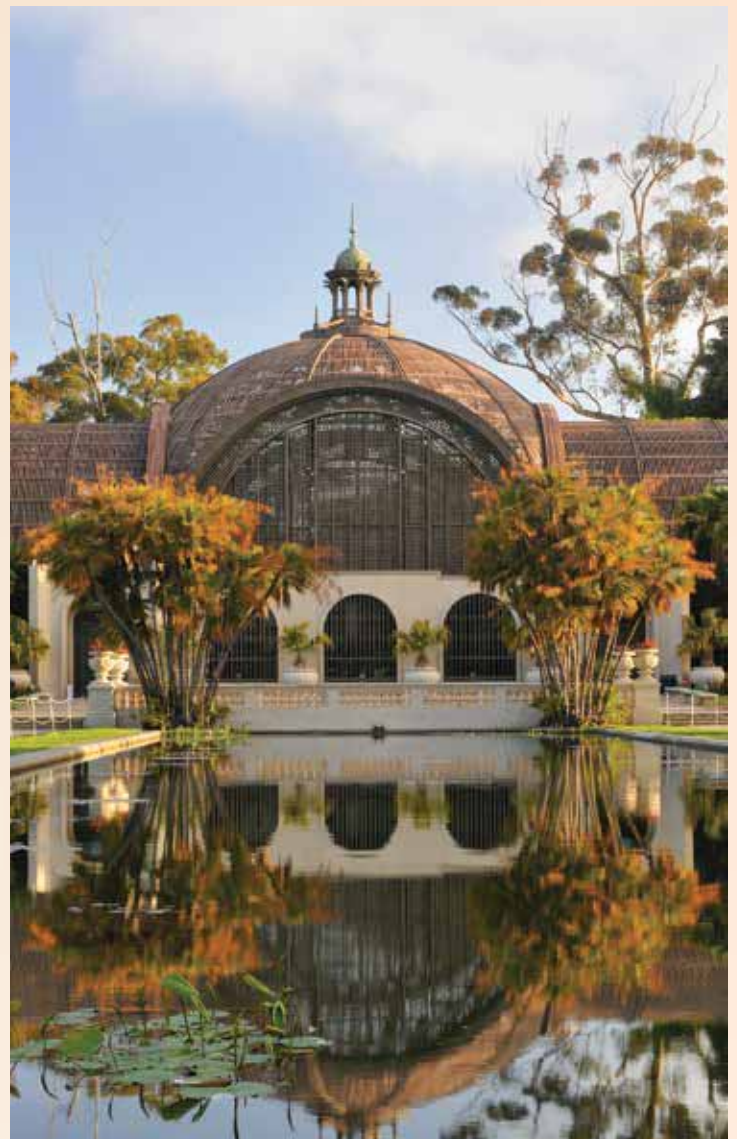
Exhibits

NOON–1:50 PM

FS201 MRI-Guided Neurosurgery

Clark Chen, MD, PhD

This session will examine the impact of real time MRI on neurosurgical biopsies as well as the use of MRI for guidance when performing laser thermal ablation.



2016 CONFERENCE EDUCATION SESSIONS

FRIDAY, JUNE 3, 2016

This afternoon there is a choice of three hours of specialty tracks presented from 2–4:50 pm. Each track offers four, 50-minute individual education sessions. A total of 12 sessions are available. Attendees can choose one complete track of four education sessions or select four from the different tracks. Be sure to choose only one session per hour.

2–2:50 PM

202 Career Advancement — Moving on Up *Libby McNaron, CST, CSFA, RN, CNOR, FAST*

This session will discuss how professionalism, learning new skills, and being a team player assists individuals with career planning and advancement.

203 Patient-Centered Cardiothoracic Surgery *Victor Gert Pretorius, MD, MBChB*

This session will discuss how to meet the holistic needs of the patient who is undergoing cardiothoracic surgery.

204 Advancements in the Surgical and Catheter- Based Treatment of Neurovascular Disease in the Comprehensive Stroke Center Era *Alexander Khalessi, MD, MS, FAANS, FAHA*

This session will discuss the details in the development of surgical and catheter-based treatments for intracranial aneurysms, large vessel ischemic stroke and spontaneous intracerebral hemorrhage, using specific cases to illustrate patient outcomes.

205 Endovascular Aortic Procedures *Christopher Owens, MD, MSc*

This session will discuss endovascular aortic surgery, including surgical techniques, updates and outcomes for patients who undergo this type of surgery.

3–3:50 PM

206 Exit Procedure— A Multidisciplinary Approach *Mary Sutton, CST, CSFA, FAST*

Focusing on a specific case, this session will discuss the exit surgical procedure, including how the surgical team plans and prepares for the procedure, how it is performed, and the role of the various surgical specialties involved in the procedure.

207 Burn Care: Inside and Outside the OR *Jeanne Lee, MD, FACS*

This session will discuss surgical care of the burn patient as well as the long-term clinical follow-up care.

208 An Unusual Case of Anemia-Gastric Bezoar... Presenting as Traumatic Anemia *Sandra Tatro, MD, FACS*

This session discusses the details of a specific case presentation of gastric bezoar, including etiology, diagnosis, endosurgical procedure and long-term follow-up and care of the patient.

209 TBD

4–4:50 PM

210 Operative Aspects of Liver Transplantation *Jeffery Halldorson, MD*

This session will discuss the surgical challenges that can occur during liver transplant surgery, including how the issues are identified preoperatively and resolved during the procedure, and how unanticipated challenges are resolved.

211 Everything You Need to Know about Robotic Colorectal Surgery *Samuel Eisenstein, MD*

This session will discuss minimally invasive surgery in the treatment of colorectal diseases in order to improve the outcomes for the patient.

212 The Future of MIS Surgery *Santiago Horgan, MD*

This session will discuss emerging techniques in the performance of MIS, including the refinement of natural orifice transluminal surgery techniques.

213 Fish Oil and Vascular Health *Marlene Grenon, MDCM, MMSc, FRCSC*

This session will analyze the effects of omega-3 fatty acids (fish oil) in patients with PAD focusing on endothelial function and inflammation.

5–6 PM

Bylaws Forum



2016 CONFERENCE EDUCATION SESSIONS

SATURDAY, JUNE 4, 2016

8–8:45 AM

AST Voting

9–9:50 AM

AST Business Session 2

10–11:50 AM

FS301 The Cutting Edge of Laser Safety

Liz Krivonosov, BAsC, DIH, PEng, CIH, ROH

Laser beam hazards posed by medical lasers and the tools to investigate laser safety incidents to determine methods for mitigating risks will be discussed. A case study of an investigation for a medical laser incident in the OR will be reviewed in order to apply the investigative tools.

NOON–12:50 PM

FS302 Craniofacial Surgery

Justine Lee, MD, PhD

This presentation will discuss surgical reconstruction techniques for patients who suffer from craniofacial deformities.

1–2:50 PM

FS303 Surgical Treatment of Prostate Cancer

J Kellogg Parsons, MD, MHS, FACS

This lecture will analyze indications for and techniques of the latest surgical approaches to prostate cancer, including robotic-assisted prostatectomy, cryosurgery, and focal ablation.

3–3:50 PM

FS304 Lessons Learned in Afghanistan and America—Teamwork, Tourniquets and Trauma Care

Jay Doucet, MD, MSc, FRCSC, FACS, RDMS

Utilizing a case study in trauma care, this session will discuss current issues related to resuscitation, coagulation management, and damage control.

6–8 PM

Closing Night Reception

**AST APPRECIATES THE FOLLOWING COMPANIES AND ORGANIZATIONS
FOR THEIR COMMITMENT TO THE PROFESSION.**



THE NATIONAL BOARD
OF SURGICAL TECHNOLOGY
AND SURGICAL ASSISTING





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. You may also contact Member Services at memserv@ast.org or call 1-800-637-7433. AST business hours are Monday-Friday, 8 am - 4:30 pm, MST.

ALABAMA

Montgomery: February 27, 2016. Alabama State Assembly. Title: Alabama State Assembly Annual Meeting and Elections 2016. Location: Virginia College, 6200 Atlanta Hwy, Montgomery, AL 36117. Contact: Ashley Sylvester, PO Box 8881, Mobile, AL 36689, 251-303-9170, ashley7morgan@gmail.com. 6 CE credits, pending approval by AST.

ALASKA

Anchorage: February 20, 2016. Alaska State Assembly. Title: Annual Business Meeting. Location: Alaska Surgery Center, 4100 Lake Otis Pkwy #104, Anchorage, AK 99508. Contact: Candace Rotar, 5974 Halibut Ct Unit A, Jber, AK 99506, 561-315-4054, crotar757@gmail.com. 5-6 CE credits, pending approval by AST.

ARKANSAS

Marked Tree: April 2, 2016. Arkansas State Assembly. Title: Spring Workshop. Location: Arkansas State University- Newport, 33500 Hwy 63 East, Marked Tree, AR 72365. Contact: Katie Bishop, 719 Shamrock Dr, North Little Rock, AR 72118, 501-519-2070, kady@kadybishop.com. 8 CE credits, pending approval by AST.

COLORADO

Colorado Springs: March 12, 2016. Colorado State Assembly. Title: COSA Spring Workshop. Location: St. Francis Medical Center, 6001 E Woodmen Road, Colorado Springs, CO 80923. Contact: Mark Wilms, PO Box 745820, Arvada, CO 80006, 303-430-3358, mwilms@pmi.edu. 6 CE credits, pending approval by AST.

CONNECTICUT

Bridgeport: March 19, 2016. Connecticut State Assembly. Title: Explorations of Modern Cardiovascular Procedures. Location: Saint Vincent's Medical Center, 2800 Main St, Bridgeport, CT 06606. Contact: Richard Demko, 31 Smith St, Seymour, CT 06483, 203-500-1736, rдемkocst@aol.com. 6 CE credits, pending approval by AST.

DELAWARE

Dover: April 23, 2016. Delaware State Assembly. Title: DESA Spring Workshop.

Location: TBA, Dover, DE. Contact: Tomika Reid, PO Box 268, Dover, DE 19903, 302-377-9167, delawarestateassembly@yahoo.com. 5-6 CE credits, pending approval by AST.

FLORIDA

Jacksonville: March 12, 2016. Florida State Assembly. Title: Florida Bone Feast. Location: Radisson Hotel, 4700 Salisbury Road, Jacksonville, FL 32256. Contact: Max Obando, PO Box 600961, Jacksonville, FL 32260, guillermo.obando@jax.ufl.edu. 6 CE credits, pending approval by AST.

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. 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. 8 CE credits, pending approval by AST.

IDAHO

Boise: February 9, 2016. Idaho State Assembly. Title: February Free CE Event. Location: Grind Modern Burger, 705 Fulton, Boise, ID 83702. Contact: Leah Guill, 6120 Grand Prairie Dr, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 1 CE credits, pending approval by AST.

Meridian: March 8, 2016. Idaho State Assembly. Title: March Free CE Event. Location: Smoky Mountain Pizza, 980 E Fairview, Meridian, ID 83642. Contact: Leah Guill, 6120 Grand Prairie Dr, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 1 CE credits, pending approval by AST.

Boise: April 12, 2016. Idaho State Assembly. Title: April Free CE Event. Location: Grind Modern Burger, 705 Fulton, Boise, ID 83702. Contact: Leah Guill, 6120 Grand Prairie Dr, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 1 CE credits, pending approval by AST.

Boise: June 14, 2016. Idaho State Assembly. Title: June Free CE Event. Location: Grind Modern Burger, 705 Fulton, Boise, ID 83702. Contact: Leah Guill, 6120 Grand Prairie Dr, Boise, ID 83716, 208-596-1774, leahmariewagner@gmail.com. 1 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. 4-5 CE credits, pending approval by AST.

INDIANA

Indianapolis: March 5, 2016. Indiana State Assembly. Title: ISA-AST Spring Workshop. Location: Franciscan St. Francis Health, 8111 S Emerson Ave, Indianapolis, IN 46237.

Contact: Alan Zimmerman, PO Box 421673, Indianapolis, IN 46242, 765-730-3428, azimm56@hotmail.com or jmb51607@gmail.com. 7 CE credits, pending approval by AST.

IOWA

Des Moines: September 24, 2016. Iowa State Assembly. Title: Iowa Fall Conference. Location: Mercy College of Health Sciences, 928 6th Ave, Des Moines, IA 50309. Contact: Andrew Primmer, 1303 Tracy Lane, Iowa City, IA 52240, 319-440-0353, andrew-primmer@uiowa.edu. 8 CE credits, pending approval by AST.

KANSAS

Wichita: March 5, 2016. Kansas State Assembly. Title: Kansas State Assembly 2016 Spring Workshop and Business Meeting. Location: Wichita - TBA. Contact: Ana Fraire, 2320 E Macarthur Road Lot A3, Wichita, KS 67216, 316-619-8982, elim_alf@hotmail.com. 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, isa.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. 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. 7 CE credits, pending approval by AST.

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. 7 CE credits, pending approval by AST.

MISSISSIPPI

Ridgeland: March 26, 2016. Mississippi State Assembly. Title: The Beginning of a New Year: What to Know. Location: Holmes Community College, 412 W Ridgeland Ave, Ridgeland, MS 39157. Contact: Shane Sykes, 1451 Northlake Dr, Jackson, MS 39211, 601-832-2909, ssykes0620@yahoo.com. 4 CE credits, pending approval by AST.

MISSOURI

St. Louis: March 4-6, 2016. Missouri State Assembly. Title: Missouri State Assembly. Location: Forest Park Community College, 5600 Oakland Ave, St. Louis, MO 63110. Contact: Rachael Barnett, 3635 Vista Ave, St. Louis, MO 63110, 314-570-5366, rachaelbarnett@att.net. March 4, Student Day - 3 CE credits. March 5-6 Conference - 10 CE credits. Total 3 days - 13 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. 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. 6 CE credits, pending approval by AST.

NEVADA

Las Vegas: March 5, 2016. Nevada State Assembly. Title: NVSA Annual Meeting/Elections. Location: College of Southern Nevada, 635 W Charleston Blvd, Las Vegas, NV 89146. Contact: Dove Krueger, 631 N Stephanie #400, Henderson, NV 89014, 702-419-0309, loansmdove@aol.com. 5 CE credits, pending approval by AST.

NEW HAMPSHIRE/VERMONT

Manchester: April 16, 2016. New Hampshire State Assembly. Title: Spring Workshop. Location: Elliot Hospital, 1 Elliot Way, Manchester, NH 03103. Contact: Michael Kip Koban, 35 Old Sutton Road, Bradford, NH 03221, 603-938-2680 or 603-748-2180, michael.k.koban@hitchcock.org. 6 CE credits, pending approval by AST.

NEW JERSEY

New Brunswick: April 9, 2016. New Jersey State Assembly. Title: NJAST Spring Workshop 2016. Location: RWJ University Hospital, 1 Robert Wood Johnson Pl, New Brunswick, NJ 08901. Contact: Shondra McGill, PO Box 404, Iselin, NJ 08831, semc528@aol.com. 5 CE credits, pending approval by AST.

NEW MEXICO

Albuquerque: March 24, 2016. New Mexico State Assembly. Title: Mario's March

Meeting. Location: Mario's Pizzeria & Ristorante, 4th St NW, Albuquerque, NM 87114. Contact: Patricia Martin, 10001 Coors Bypass NW Apt #1025, Albuquerque, NM 87114, 714-308-4330, 808hula@gmail.com. 2 CE credits, pending approval by AST.

Albuquerque: April 16, 2016. New Mexico State Assembly. Title: Hips, Knees, Shoulders and Toes. Location: Presbyterian Hospital – Savage Auditorium, 1100 Central Ave SE, Albuquerque, NM 87106. Contact: Patricia Martin, 10001 Coors Bypass NW Apt #1025, Albuquerque, NM 87114, 714-308-4330, 808hula@gmail.com. 4 CE credits, pending approval by AST.

Albuquerque: June 22, 2016. New Mexico State Assembly. Title: Mario's June Meeting. Location: Mario's Pizzeria & Ristorante, 4th St NW, Albuquerque, NM 87114. Contact: Patricia Martin, 10001 Coors Bypass NW Apt #1025, Albuquerque, NM 87114, 714-308-4330, 808hula@gmail.com. 2 CE credits, pending approval by AST.

NORTH CAROLINA

Concord: March 12-13, 2016. North Carolina State Assembly. Title: NCSA Annual Two-Day Convention: Operation Excellence. Location: Cabarrus College of Health Sciences, 401 Medical Park Dr, Concord, NC 28025. Contact: Michelle Gay, 298 Crooked Creek Lane, China Grove, NC 28023, 704-699-4244, michelle.gay@cabarruscollege.edu. 12 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. 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. 11 CE credits, pending approval by AST.

OKLAHOMA

Oklahoma City: March 5, 2016. Oklahoma State Assembly. Title: OKSA Workshop & Business Meeting. Location: Wright Career College, 2219 W I-240 Service Road Suite 124, Oklahoma City, OK 73159. Contact: David Hackett, 2219 W I-240 Service Road Suite 124, Oklahoma City, OK 73159, 405-753-0844, dhackett@wrightcc.edu. 4 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. 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. 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. 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. 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, stevennoyce@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

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. 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, [\[gmail.com\]\(mailto:ast.utah@gmail.com\). 4 CE credits, pending approval by AST.](mailto:ast.utah@</p></div><div data-bbox=)

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. 5 CE credits, pending approval by AST.

WEST VIRGINIA

Huntington: April 30, 2016. West Virginia State Assembly. Title: Spring Workshop. Location: HIMG – Huntington Internal Medicine Group, 5170 US Route 60 East, Huntington, WV 25705. Contact: Kimberly Miller, PO Box 983, Dellslow, WV 26531, 304-415-3341, klucionmiller@aol.com. 6 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, pegmorrisey@gmail.com. 6 CE credits, pending approval by AST.

Appleton: October 1, 2016. Wisconsin State Assembly. Title: Techttober Fest 2016. Location: St. Elizabeth Hospital, 1506 S Oneida St, Appleton, WI 54915. Contact: Tina Pollex, 719 E Pershing St, Appleton, WI 54911, 920-841-7120, tinapollex@yahoo.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.

ALABAMA Montgomery: February 27, 2016 Annual meeting, BOD & 2016 delegate elections	IOWA Des Moines: September 24, 2016 Annual meeting BOD & Conf2017 delegate elections	MISSOURI St. Louis: March 4-6, 2016 Annual meeting, BOD & 2016 delegate elections	OKLAHOMA Oklahoma City: March 5, 2016 Annual meeting, BOD & 2016 delegate elections	UTAH Murray: March 19, 2016 Annual meeting, BOD & 2016 delegate elections	MINNESOTA Anoka: March 12, 2016 Workshop & 2016 delegate elections
ALASKA Anchorage: February 20, 2016 Annual meeting, BOD & 2016 delegate elections	KANSAS Wichita: March 5, 2016 Annual meeting, BOD & 2016 delegate elections	NEBRASKA Omaha: March 5, 2016 Annual meeting, BOD & 2016 delegate elections	OREGON Springfield: March 5, 2016 Annual meeting, BOD & 2016 delegate elections	VIRGINIA Richmond: March 19, 2016 Annual meeting, BOD & 2016 delegate elections	NEW JERSEY New Brunswick: April 9, 2016 Workshop & 2016 delegate elections
CONNECTICUT Bridgeport: March 19, 2016 Annual meeting, BOD & 2016 delegate elections	LOUISIANA Baton Rouge: April 2, 2016 Annual meeting BOD & 2016 delegate elections	NEVADA Las Vegas: March 5, 2016 Annual meeting BOD & 2016 delegate elections	PENNSYLVANIA Harrisburg: March 19, 2016 Annual meeting, BOD & 2016 delegate elections	WISCONSIN Appleton: October 1, 2016 Annual meeting BOD & Conf2017 delegate elections	NEW MEXICO Albuquerque: April 16, 2016 Workshop & 2016 delegate elections
FLORIDA Jacksonville: March 12, 2016 Annual meeting, BOD & 2016 delegate elections	MAINE South Portland: April 2, 2016 Annual meeting, BOD & 2016 delegate elections	NEW HAMPSHIRE/ VERMONT Manchester: April 16, 2016 Annual meeting BOD & 2016 delegate elections	SOUTH DAKOTA Watertown: April 16, 2016 Annual meeting, BOD & 2016 delegate elections	State Assembly Workshops Only with Delegate Elections	NORTH DAKOTA Fargo April 16, 2016 Workshop & 2016 delegate elections
GEORGIA Atlanta: March 12, 2016 Annual meeting, BOD & 2016 delegate elections	MARYLAND Baltimore: March 19, 2016 Annual meeting BOD & 2016 delegate elections	NORTH CAROLINA Concord: March 12-13, 2016 Annual meeting, BOD & 2016 delegate elections	TENNESSEE Chattanooga: March 4-6, 2016 Annual meeting, BOD & 2016 delegate elections	COLORADO Colorado Springs: March 12, 2016 Workshop & 2016 delegate elections	
ILLINOIS Peoria: March 5, 2016 Annual meeting, BOD & 2016 delegate elections	MISSISSIPPI Ridgeland: March 26, 2016 Business meeting, BOD & 2016 delegate elections	OHIO Columbus: March 5-6, 2016 Annual meeting, BOD & 2016 delegate elections	TEXAS Ft Worth: March 5-6, 2016 Annual meeting, BOD & 2016 delegate elections	DELAWARE Dover: April 23, 2016 Workshop & 2016 delegate elections	

For assistance, call 800-637-7433, ext 2516 or email 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, 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.

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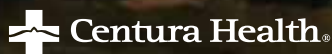
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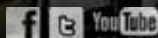
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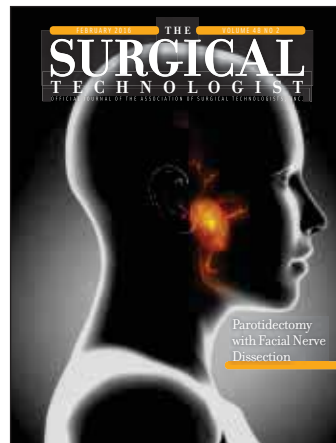
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