| Facility Name | |
|--|--|
| Facility Location | |
| (or insert letterhead) | |
| Surgical First Assisting Program Director, | |
| This letter of intent is in regards to facility support of | arded from Southeast Community tion exam and apply for a license ent between Southeast I be obtained after student is |
| I understand that the student during their clinical externships will ne 140 cases. These 140 cases must further be broken down into a minimum of | • |
| During the course of the program the student will be allowed to fund received throughout the program including functioning in the Student First Approcedure. | |
| List of skills and knowledge that are the basics of the first assistant training: | |

list of skills and knowledge that are the basics of the first assistant training:

Knowledge

- a. Normal anatomy and physiology-relevant anatomy to identify /protect during procedure
- b. Common comorbidities, signs/symptoms and impact of care
- c. Surgical pathophysiology
- d. Patient preoperative assessment within scope of practice
 - i. History and physical
 - ii. Relevant lab/test for diagnosis or other disease related to the patient's overall health
- e. Patient intraoperative procedure, plan of care rational
- f. Postoperative care and assessment
 - i. Wound care
 - ii. Prognosis
- 2. Skills performed under the direction of the surgeon
 - a. Reviews surgical record including patient information history, preoperative tests (EKG, EEG, EMG, lab values, diagnostic imaging), safety measures, biopsy results.
 - b. Confirm placement and functionality of equipment and supplies with surgical team.
 - c. Communicate surgeon's preferences to surgical team, i.e., suture needs, specialty supplies, positioning of patient, etc.
 - d. Monitor and aid in the catherization, skin prep, and/or positioning of the patient according to surgeon's preference.
 - e. Confirm X-rays, MRIs, CTs, results of diagnostic tests, patient chart, etc., are in operating room and available for review.
 - f. Monitor and aid in the draping of the patient; communicate surgeon's preference to the surgical team.

- g. Injects local anesthesia, and/or performs incision dissection and/or secondary or subsequent trocar placement for procedure entry.
- h. Uses appropriate knowledge of normal pathological anatomy and physiology, recognizes and responds appropriately to surgical events.
- i. Provides visualization or assistance such as retraction, knot tying, suctioning/irrigation, application of hemostatic agents, ESU hemostasis, as appropriate to the operative site.
- j. Injects postoperative local, and/or performs insertion of drains, and/or closure of wound/body planes.
- k. Participates in splinting and immobilization, and/or placement of dressings.
- I. Transfers patient.

SAFEGUARDS WORK POLICY

It is recognized that students may be sponsored by their employer to attend the surgical first assist program at Southeast Community College. It is also acknowledged that most SFA students will be working full time during their enrollment of the program. As students complete their clinical rotation it must be noted that:

- All activities required in the program must be educational and students must not be substituted for staff
 - Accreditation Standards do not prohibit paid clinical experience for students enrolled in CAAHEP-accredited surgical first assist programs.
 - o This policy safeguards the integrity of the educational experience and protects patient safety.
- The student cannot be the first scrub role and then switch to an assistant at closing. This is considered a **dual CST/SFA function** and is not allowed as a student.
- After demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction.

| I understand the above Safeguards Work Policy | |
|--|--|
| I understand that the student will be responsible for obtaining all documentation from the surgeons that will act as preceptors during their clinical portion of the program. This information will be given to Southeast Community College fulfilling accreditation requirements. | |
| I understand that the student will be covered under liability insurance provided to the student by Southeast Community College. | |
| I understand that an Affiliation Agreement will be obtained between the Sponsoring facility and Southeast Community College. | |
| Name & Title of individual who filled out form | |
| Email | |
| Date Completed | |

Please return to Program Director at agoracke@southeast.edu