



Surgical Assistant Delineation of Privileges

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2-year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Qualifications/Minimal Formal Training:

RN First Assistant (RNFA)

1. Graduation from an accredited school of nursing.
2. Completion of a RNFA program.
3. Licensed to practice in the State of Tennessee.
4. Evidence of successful completion of the RNFA exam.
 - If not, certified, successful completion is required one year from employment as a First Assistant.
5. Documented/ demonstrated knowledge and skills to perform First Assistant role in Surgery.
6. Active supervision agreement with a physician(s) who is/are currently an Active member, in good standing and a member of the Department of Surgery, Obstetrics and Gynecology, or Orthopedic Surgery, of the Medical Staff of the Erlanger.
7. Current Basic Life support (BLS).

Certified Surgical First Assistant

1. Graduation from an approved Surgical Technologist school
2. Completion of an approved First Assistant training program.
3. Evidence of successful completion of the First Assistant exam.
 - If not, certified at the time of initial appointment, successful completion is required one year from employment as a First Assistant.
4. Documented/ demonstrated knowledge and skills to perform First Assistant role in Surgery.
5. Active, signed supervision agreement with a physician(s) who is/are currently a member, in good standing and a member of the Department of Surgery, Obstetrics and Gynecology, or Orthopedic Surgery, of the Medical Staff of the Erlanger Health System.
6. Current Basic Life support (BLS).

Core Privileges: Access and record information in patient's legal record. Visit patients with the supervising physician or his/her partner(s) and assist physician(s) with diagnostic and surgical procedures. Work with patients of all ages in surgical and/or procedural locations of care.

Requested Privileges (*Please add check mark for desired privileges*):

Definitions governing supervision of procedures:

- **Indirect Supervision: Verbal consultation/ communication with supervising physician or resident.**
- **Direct Supervision: Physician or resident is within the facility and can respond in a timely manner, if requested.**
- **Present: Physician or resident is present for the critical portion of the procedure.**

CLINICAL PRIVILEGES	Requested		Level of Supervision	Approved
	Yes	No		
Record information in patient's legal record			None	
Remove sutures and perform dressing changes			Indirect	
Remove drains, other than chest tubes			Indirect	
Remove wound packing			Indirect	
Remove temporary pacing wires, if applicable			Indirect	

SURGICAL PRIVILEGES	Requested		Level of Supervision	Approved
	Yes	No		
Perform individualized surgical care management before, during and post-operatively.			Indirect	
Assist with the insertion and removal of Foley urinary bladder catheter			Indirect	
Placement of pneumatic tourniquet to control operative blood loss			Indirect	
Placement of X-rays for reference			Indirect	
Insert drainage tubes			Present	
Apply wound dressings			Indirect	
Perform in scrubbing mode, passing instruments and assuming responsibility for surgical instruments as appropriate.			Present	
Perform in second assistant mode, retracting tissues, and providing exposure using instruments.			Present	
Perform in first assistant mode, providing exposure, providing hemostasis, irrigating, handling tissue, and suturing.			Present	
Perform suturing of subcutaneous tissue and skin.			Indirect	
Perform suturing of non-abdominal fascia			Indirect	
Perform suturing of abdominal fascia			Present	
Excision and preparation of the saphenous vein in cardiovascular procedures			Direct	
Endo vascular vein harvesting, if cardiovascular procedures			Direct	

SPECIAL PRIVILEGES	Requested		Level of Supervision	Approved
	Yes	No		
Perform suturing of abdominal fascia 1. Performance of suturing of abdominal fascia requires the following: <ol style="list-style-type: none"> 1. Sign off by 2 surgeons, at least one of which must regularly perform hernia repairs 2. Performance of 5 abdominal fascia closures under direct supervision 			Indirect	

*Please note that suturing of the fascia with direct (rather than present) supervision may be requested by First Assistants. This privilege should be written in below and will be approved on a case-by-case basis. Requires a surgeon sign off to be granted.

Request for Privileges Not Listed *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

First Assistant Delegating Physician Agreement

In accordance with the standards of care accepted by the Medical Staff of the Erlanger Health System, I, the undersigned physician attests that I am a member in good standing and agree to the following:

- I, as the physician, or my designated physician alternate, will retain ultimate responsibility for managing the health care of all patients cared for by the First Assistant.
- All patients will be made clearly aware whether they are being cared for by a duly licensed physician or by other non-physician employees, staff, resident and vendors to include, without limitation, any First Assistant.
- Health care services will be within the scope of the First Assistant's professional license/ certification, as defined by State law and/or certification.
- I, as the physician, or my designated physician alternate am responsible for coordinating and ensuring the quality of the health care provided to patients cared for by the First Assistant.
- The extent of involvement by the First Assistant will depend on the complexity and acuity of the patient's condition as determined by the physician, or designated physician alternate.
- The role of the First Assistant in the delivery of care will be defined through mutually agreed-upon practice protocols and/or job descriptions. A copy of each signed protocol will be kept in the physician's private office or the hospital and may be subject to review by the Medical Staff prior to implementation. Protocols and/or job descriptions will be used as guidelines, and will not restrict the use of good judgment concerning proper patient care. These protocols or job descriptions will delineate the appropriate involvement of the First Assistant and the surgeon, or designated physician alternate, in the care of patients, based on the complexity and the patient's condition. Protocols and/or job descriptions may be subject to review at the time of reappointment and may be approved by the appropriate Medical Staff committee(s).
- I, as the physician, or designed physician alternate, will be immediately available at all times for consultation when needed by the First Assistant.
- There will be a professional and courteous relationship between the physician, or designated physician alternate, and the First Assistant, with mutual acknowledgment of and respect for each other's contribution to patient care.
- As appropriate, the physician, or designated physician alternate, and the First Assistant will work closely enough together to become fully familiar with each other's practice patterns.

Physician

Date

First Assistant

Date

Physician (alternate)

Date

Hospital Representative

Date