



## Surgical Technologist First Assistant Kettering Health Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Required Qualifications	
<b>Education/Training</b>	Successful completion of examination for surgical first assistant or surgical assistant course (AAHEP accredited/approved)
<b>Certification</b>	Achievement and maintenance of national Certification as a Surgical Technologist First Assistant <b>AND</b> Current/maintenance of CPR certification
<b>Clinical Experience (Initial)</b>	Minimum of 12 months of surgical technology experience

## Duties

**Description:** Dependent Allied Health Professional - .

Request						Request all privileges listed below.
KHHM	KHDO	KHMC	SOIN	KHMB	KHTR	Click <b>shaded blue check box</b> to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						<b>May be responsible intraoperative for:</b>
						Assisting with patient positioning, skin preparation, and draping
						Collaborating with the surgeon and other health care professionals for an optimal surgical outcome
						Handling tissue appropriately to reduce the potential for injury
						Insertion of urethral catheters
						Providing hemostasis by applying hemostatic clamps or clips, coagulating bleeding points and ligating bleeding vessels
						Providing wound exposure by suctioning, sponging, and retracting
						Suturing fascia, subcutaneous, and skin tissues
						Using and manipulating surgical instruments
						<b>May be responsible postoperatively for:</b>
						Assisting in the safe delivery of the patient to the recovery room (PACU)
						Communicating to the appropriate health care personnel and family members
						Performing follow-up care to evaluate patient condition
						<b>Make entries into the medical records as to the patient's progress. This is not to replace the doctor's daily visit.</b>

## Acknowledgment of Applicant

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at a Kettering Health hospital(s) and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.

B. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.

Practitioner's Signature \_\_\_\_\_

Date \_\_\_\_\_

## Clinical Service Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges
	Do not recommend any of the requested privileges
	Recommend privileges with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Clinical Service Chair Recommendation - Additional Comments

\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date