Last month, the AST Continuing Education Department published the first edition of a study guide that was designed to help practitioners who wish to take the surgical first assisting examination and earn the Certified First Assistant (CFA) credential.

The content for this long-awaited resource was based on two essential reference tools—the second edition of the Core Curriculum for Surgical First Assisting published by AST, and the 2002 Job Analysis for Surgical Technology and Surgical First Assisting published by the National Board of Surgical Technology and Surgical Assisting. Information that was drawn from the 2002 Job Analysis related to the functions and responsibilities of the surgical first assistant is used to design the certifying examination.

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The apparent shortage of physicians serves to aggravate the lack of HIV treatment. There are an estimated 60 physicians for every 100,000 people versus 256 physicians per 100,000 people in the United States. When considering HIV therapies, the difficult questions focus on how to offer treatment to more patients, devising resources for providing antiretroviral medications, identifying improved protocols for monitoring infected individuals, educating physicians and training more health care workers. Lastly, a social byproduct of HIV is the stigma and discrimination which must be addressed if treatment will produce long-term success.

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Pertinent information and tips to facilitate the NPI application process are available online at http://www.cms.hhs.gov. Be sure to visit http://www.cms.hhs.gov/NationalProviderIdentStand. Frequently asked questions and information regarding implementation policies are readily available.

**UPDATE ON STANDARDS OF PRACTICE**

Beginning in 2005, members of the AST Education and Professional Standards Committee began researching and authoring the first definitive set of recommended standards of practice for the surgical technologist and surgical assistant. Over the past two and one-half years, the committee has written three new position statements, 10 guideline statements and ultimately, when the project is completed, will have written 36 recommended standards of practice.

The guideline statements address areas that include manipulating the endoscope during surgical procedures, safe medication practices in the perioperative environment, and reuse of single-use devices in surgery. The recommended standards of practice are divided into four broad categories: surgical attire, surgical technologist and surgical assistant responsibilities, sterilization and disinfection, and aseptic technique. Under each category, are several standards of practice that address recommended best practices for the delivery of safe surgical patient care. The role of the surgical assistant is addressed within particular standards in which the surgical assistant responsibilities vary from that of the surgical technologist, eg positioning the surgical patient, pneumatic tourniquet.

An important representation of the recommended standards of practice is the legal application. The standards of practice could be used as an official legal document that is an indicator of the education and training standards for surgical technology and surgical assisting. The standards of practice could be beneficial towards providing additional information to legislators as to the quality of patient care that is delivered by CEsAs who follow these high-quality, recommended standards.

The Education Committee members are in the process of completing the last two standards of practice. When all of the standards have been completed, AST will compile and publish the work to be offered to the membership and health care facilities.

It is anticipated that the standards will be offered in a printed volume and also available online to AST members in a secure location on the web site, www.ast.org.

**ADDITIONAL TACTICS INCLUDE BROADENING THE HIV COUNSELING AND TESTING, DEVELOPING A GREATER CAPACITY FOR TREATING SEXUALLY TRANSMITTED DISEASES, STRENGTHENING OUTREACH EFFORTS TO EDUCATE THE POPULACE ON HIV PREVENTION, PROMOTING THE USE OF CONDOMS, EXPANDING THE RATE OF VOLUNTARY BLOOD DONATION, LOCATING AND PROVIDING ACCESS TO SAFE BLOOD RESOURCES AND ACCELERATING THE DEVELOPMENT OF PROGRAMS FOR PREVENTING MOTHER-TO-CHILD TRANSMISSION OF HIV.**

Each year, about 28 million children are born in India. In less than 50% of all births, no skilled health care practitioners are available. Infant mortality is about 55 per 1,000 live births.

Three years ago, only about 4% of all pregnant women received HIV counseling and testing. Only about 2% of the HIV-positive pregnant women were provided antiretroviral prophylaxis, usually consisting of a single peripar- tum dose of nevirapine, which may reduce the risk of HIV transmission from mother to child.

Under the new five-year program more pregnant women will benefit from the monitoring of their CD4 cell counts, antiretroviral therapies, availability of drugs that are designed to prevent HIV transmission from mother to child and other immediate services that will be provided at no cost.

Moreover, HIV-positive pregnant women may benefi t from antepartum combination antiretroviral treatment for their own health. The associated social stigma of AIDS has become a strong factor in either individuals refusing medical treat ment or being denied treatment. Estimates have been made that possibly 25% of the AIDS cases have been refused medical treatment and up to 74% of the AIDS population does not reveal their condition to employers. In addition, some individuals from socially excluded groups are also branded negatively and do not receive treatment. Ironically, despite the urgent needs by the Indian population within the country, the local pharmaceutical companies have evolved as major suppliers in the manufacture of low-cost generic antiretroviral drugs to low- and middle-income African countries. One of the leading drug manufacturers exports 18 times as much antiretroviral pharmaceuticals as its provides to the Indian health care market.

In the private health care sector, HIV patients can obtain care that is comparable to anywhere else in the world, including all the related test and medications. In India, HIV drugs are sold over the counter but a rising concern is the increasing instances of ineffective drugs and drug resistance.

Established in 1928 as a 12-bed, private tuberculosis sanatorium, the Tambaram Sanatorium, Chennai, has a total of 776 beds and eight wards that are treating HIV patients. Within the last three years, more than 5,000 patients received antiretroviral therapies. As the largest AIDS care center in India, care is available to anyone who walks in.

Three years ago, the country established eight treatment centers to combat the disease and help HIV patients. At the beginning of this year, 163 centers were caring for 6,500 patients and it is estimated that up to 20,000 patients may receive care at private centers. In the next five years, India has committed to opening 250 public centers with the capability of administering free antiretroviral treatments to 300,000 adults and 40,000 children.

Future indications show that:

- Adult HIV occurrence will peak at 1.9% in 2019 (at today’s numbers, possibly 20 million)
- Deaths will increase to 12.3 million (2000-2015) and 49.5 million (2015-2050).
- Future indications show that economic growth will decline by 14% by 2019 as a result of AIDS.

**REFERENCES**

Deaths will increase to 12.3 million (2000-2015) and future indications show that economic growth will outstrip the rise in HIV incidence only slightly. Adult HIV occurrence will peak at 1.9% in 2019 (at a rate of 300,000 new cases of disease per year). When considering HIV therapies, the difficult questions focus on how to address the anxieties related to formalized testing and the stigma associated with being a patient of HIV care. Preventing antiretroviral therapies, identifying improved protocols for maternal and infant antiretroviral prophylaxis, usually consisting of a single peripartum dose of nevirapine, which may reduce the risk of HIV transmission from mother to child. Under the new five-year program more pregnant women will benefit from the monitoring of their CD4 cell counts, antiretroviral therapies, availability of drugs that are designed to prevent HIV transmission from mother to child and other immediate services that will be provided at no cost. However, HIV-positive pregnant women may benefit from antepartum combination antiretroviral treatment for their own health. The associated social stigma of AIDS has become a strong factor in either individuals refusing medical treatment or being denied treatment. Estimates have been made that possibly 25% of the AIDS cases have been missed medical treatment and up to 74% of the AIDS population does not reveal their condition to employers. In addition, some individuals from socially excluded groups are also branded negatively and do not receive treatment. Ironically, despite the urgent needs by the Indian population within the country, the local pharmaceutical companies have evolved as major suppliers in the manufacture of low-cost generic antiretroviral drugs to low- and middle-income African countries. One of the leading drug manufacturers exports 18 times as much antiretroviral pharmaceuticals as its provides to the Indian health care market. In the private health care sector, HIV patients can obtain care that is comparable to anywhere else in the world, including all the related testing and medications. In India, HIV drugs are sold over the counter but a rising concern is the increasing instances of ineffective drugs and drug resistance.

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**What’s the Latest?**

**WATCH FOR THESE ASA-SPONSORED PRESENTATIONS AT CONFERENCE**

In addition to the 9th Annual ASA Meeting, the Association of Surgical Assistants is sponsoring several sessions during the formal AST conference that have been targeted to meet the needs and interests of advanced practitioners. All sessions are distinguished in the conference handbook and signage by the ASA logo. Be sure to look for them.

Thursday, May 24

3–3:50 pm  #217: Damage Control Laparotomy for Trauma  Stewart Cayton, MD

4–4:50 pm  #102: Abdominal Transplant Surgery  Art Cohen, MD, FACS, FRCS/ C  

5–5:50 pm  #121: RIA: Intramedullary Reamer of the Future  Kevin Craigie, CST

Friday, May 25

1–1:50 pm  #206: Myomectomy: New Innovations for the Infertility Patient  Georgia Carter, CST, CFA, LPN

2–2:50 pm  #207: Spinal Instrumentation  Deepak Awashti, MD

Saturday, May 26

3–3:50 pm  #220: Yescovaginal Fistula  Ralph B Chesson, Jr, MD

3–3:50 pm  #302: Current Treatment Options for Articular Cartilage Injuries  Deryk Jones, MD

3:50–4:50 pm  #311: Reconstruction of Bony Defects Created by the Resection of Musculoskeletal Tumors in Children  Stephen Hinrich, MD

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**ASA SURVEY**

Because of some software problems, our online survey was not easily accessible. We have it back up at www.surgicalassistant.org and are eagerly anticipating your help.

Some of the practice information that we are looking to obtain data on include topics that are of general interest to all advanced practitioners. Questions related to the individual’s years of experience in surgical assisting, years working in allied health, place of employment, third-party billing practices and the NPI number (see related sidebar).

The deadline for our revised survey is May 15. We intend to provide those who attend the 9th ASA meeting in New Orleans with some preliminary results.

We hope as many practitioners participate in the survey as possible. With more people responding, the more data we’ll obtain. It will help us to ensure that we have the most up-to-date information that can be used to design future legislative approaches and membership benefits.
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