

SORTING THROUGH THE LAYERS

WHO IS TRAINING, CERTIFYING AND REPRESENTING SURGICAL ASSISTANTS

It's amazing to realize that a small operative specialty, consisting of possibly 4,000 practitioners, is the focus of 10 educational programs, four certification agencies, three state credentials, and four professional organizations. The intent of this article is to make sense where information is often intentionally vague or misleading and to provide practical measuring tools so prospective surgical assistant students and current practitioners can confidently sort out what appears to be a mixed bag and make informed decisions about career goals.

EVALUATING A SURGICAL ASSISTING EDUCATIONAL PROGRAM BY ASKING THE RIGHT QUESTIONS

Currently, there are 10 different surgical assisting educational programs and more on the way. Some are privately operated while others function within community colleges. How do potential students select a program? What constitutes a good program? What are the various types of certification? Which offers the best long term value for a career path? What are the eligibility standards for admission and certification testing?

AST unequivocally supports the Certified First Assistant credential administered by the Liaison Council on Certification for the Surgical Technologist. Effective January 1, 2007, all candidates for this credential must be graduates of surgical assisting programs that are accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

DETERMINING THE VALUE OF SURGICAL ASSISTING CERTIFICATION CREDENTIALS

As of today, the total number of Certified Registered Nurse First Assistants (CRNFAs) (excluding the Registered Nurse First Assistants) is 1,621. The total number of physician assistants working in surgery (some in the O.R. but most in surgical practices) is reported by the American Association of Physician Assistants (AAPA) to be approximately 10,000.

In the last ASA News, we reported that the Liaison Council on Certification for the Surgical Technologist (LCC-ST) estimates that there are 1,425 Certified First Assistants (CFAs); the American Board of Surgical Assisting (ABSA) estimates there are 948 Surgical Assistants-Certified (SA-Cs); and the National Surgical Assistants Association (NSAA) reports 805 CSAs. We believe the total overall number of surgical assistants (LCC-ST, ABSA and NSAA) is 3,178. When

continued on page 2

continued on page 2

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Evaluating a surgical assisting educational program by asking the right questions, continued from page 1

CAAHEP accreditation is significant and distinguishes surgical assisting educational programs from all others because only CAAHEP-accredited surgical assisting programs must meet specific criteria that were approved by renowned national medical and allied health organizations, including the American College of Surgeons, American Medical Association, American Society of Anesthesiologists and the American College of Physicians. CAAHEP is the only allied health accreditation agency that these prestigious medical organizations support.

Surgical assisting programs that are CAAHEP accredited have demonstrated to national standards that their curricula provide what surgical assistants actually need to know and perform in the operating room.

Often, in order to attract students, some programs will employ the terms certification and approval to obscure their decision not to pursue the rigorous standards of CAAHEP accreditation for their surgical assisting educational programs. Some forprofit surgical assisting educational programs purchase testing companies who award a "certification." Other surgical assisting educational programs claim they are "approved," and award a credential. Certain programs state they are recognized by administrators or state licensed. Another may market legitimacy by virtue of a membership in an organization while ignoring its accreditation process. Most of these achievements are easily gained through applications and do not represent an indication of a program's genuine value.

This muddling of terms is, and will continue to be, a serious detriment to the practice unless some benchmarks for surgical assisting education are recognized. According to the Council for Higher Education Accreditation (CHEA), "Degree mills and accreditation mills mislead and harm. ... 'Accreditation' from an accreditation mill can mislead students and the public about the quality of an institution. In the presence of degree mills and accreditation mills, students may spend a good deal of money

continued on page 3

Determining the value of surgical assisting certification credentials, continued from page 1

considering another 800 CSTs who report that they are surgical assistants, the total is closer to 4,000.

Obviously, there are several different types of credentials related to surgical assisting and it would be worthwhile to differentiate them and determine what is genuinely valuable to the profession and the patient.

Excluding nursing and physician assistants, there are five certifying bodies that award some type of official recognition for the role of surgical assisting. Each sets its own standards and administers its own examination. The result is chaos because there are no uniform standards and no national standard exam that is universally recognized. Consequently, the confusion on the legislative front is harming the long-term goals for recognition and reimbursement.

You can judge a person by the company he or she keeps, and the same is true about certifying organizations. There is one critical fact that distinguishes a genuinely valuable credential from the token awards offered by those companies that are more interested in marketing than benefiting a profession.

The National Organization for Competency Assurance (NOCA) is a national membership organization for agencies engaged in the field of certification. Almost any company can become a NOCA member by paying dues but the true distinction extends beyond a dues payment and instead relates to the achievement of accreditation awarded by NOCA's National Commission for Certifying Agencies (NCCA). The mission of the NCCA is to help ensure the health, welfare, and safety of the public through the accreditation of a variety of certification programs/organizations that assess professional competency.²

Only 50 certifying bodies have been accredited and have met the national standards. These organizations include the National Board for Respiratory Care, American Academy of Nurse Practitioners, Competency and Credentialing Institute, Council on Certification on Nurse Anesthetists and, most importantly, AST and the LCC-ST. And that's one of the most important distinctions because NCCA accreditation separates the CFA exam apart from

continued on page 3

Evaluating a surgical assisting educational program by asking the right questions, continued from page 2

and receive neither an education nor a useable cre-

Current practitioners and potential students should inquire who developed the curriculum, how many surgical assistants are on the program's staff and their backgrounds; what organization accredits the surgical assisting program, what allied health organizations support the program's accreditation; what agency awards certification and what is the certification based on.

Only when surgical assistant students have complete information are they able to compare and fairly evaluate their educational options. In the long run, the profession of surgical assisting will only grow stronger when its educational pathways are uniformly credible and commonly offer a valid educational experience.

1. wwww.chea.org/degreemills/main.asp (accessed 12/21/2005)

Determining the value of surgical assisting certification credentials, continued from page 2

all other seeming competitors. Simply put, the CFA credential is in a class by itself, and has set the standard, which others are not able to meet.

Other affiliations that place the LCC-ST ahead of any other agencies include the prestigious Chauncey Group and Prometric. The former assists in the development of the certifying examination and is a division of Educational Testing Service (ETS), the company that owns and administers the Scholastic Aptitude Test (SAT) and the Graduate Record Exam (GRE). Prometric is a division of Thomson Learning and provides the computer-based testing facilities utilized by the LCC-ST and the Chauncey Group.

Again, like the surgical assisting education programs, there is a climate of confusion about certification titles that has been deliberately fostered by some organizations that are more interested in advancing their bottom line, rather than advancing the profession.

As a continuing commitment to enhance the quality of patient care, AST has turned its efforts to state legislative arenas and sponsored legislation that requires LCC-ST certification as a condition of employment. At this time, LCC-ST certification is the most widely accepted credential, and AST supports the universal requirement that all surgical assistants and surgical technologists be certified by the LCC-ST.

2. www.noca.org/ncca/nccavision.htm (accessed 2/1/2006)

Compare the programs below in terms of criteria, fees and credentials.

PROGRAM NAME	LENGTH	ACCREDITATION	CERTIFICATION EXAM	FEES
American Center for Excellence in Surgical Assisting	9 months	Not CAAHEP accredited	Not eligible for CFA exam	\$4,045
Eastern Virginia Medical School	22 months	CAAHEP-accredited	Eligible for the CFA exam	\$7,500
Elite School of Surgical First Assisting	Undetermined	Not CAAHEP accredited	Not eligible for the CFA exam	\$5,995
Madisonville Community College	2 semesters	CAAHEP-accredited	Eligible for CFA exam	\$1,960/\$5,880*
Meridian Institute of Surgical Assisting	12 months	CAAHEP-accredited	Eligible for CFA exam	\$4,500
Nashville State Technical Community College	12 months	CAAHEP-accredited	Eligible for CFA exam	\$2,177/\$8,023*
National Institute of First Assisting	6 semesters	Not CAAHEP accredited	Not eligible for the CFA exam	\$5,995
South Plains College	12 months	CAAHEP-accredited	Eligible for CFA exam	\$1,502/\$1,844*
Vincennes University	9 months	CAAHEP-accredited	Eligible for CFA exam	\$2,588/\$4,118/\$6,460*
William Beaumont Hospital	21 credit hours	CAAHEP-accredited	Eligible for CFA exam	\$2,982/\$5,985*

* Contingent on residency.

ASANEWS WINTER 2006 WINTER 2006 ASANEWS

2/6/06 8:46:27 AM

ASA SURGICAL ASSISTANTS ADVISORY COMMITTEE

The following members have volunteered to serve on the ASA Surgical Assistants Advisory Committee. They will assist in the planning and execution of the annual ASA Meeting, provide content for the newsletter and ASA web site, monitor the ASA discussion board, and assist with the building and functioning of ASA.

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UPDATE ON REVISION OF THE CORE CURRICULUM FOR SURGICAL ASSISTING

Progress continues on the revision of the Core Curriculum for Surgical Assisting. The timeline for completion has been slightly revised. The final draft is scheduled to be completed and published by February/ March. The revision of the Core Curriculum for Surgical Assisting represents an embracement of the long-standing practices of the surgical assistant, but also incorporates the principles of the practice's evolving role and responsibilities.

It is an expansion of the surgical assistant educational model that includes up-to-date knowledge in curriculum format to address the need for advanced surgical patient skills through critical and analytical thought processes. As with any curricular effort, the success of the Core Curriculum for Surgical Assisting relies on those who are using it. Continued exploration, dialogue, and sharing of ideas are essential to the advancement of the surgical assistant profession.

UPDATE OF THE SURGICAL ASSISTANT CERTIFYING EXAM STUDY GUIDE

The timeline for the publication of the study guide has also been revised to coincide with the publication of the *Core Curriculum for* Surgical Assisting. The study guide should be completed and published by March. It is important that the study guide reflects the subject areas within the Core Curriculum for Surgical Assisting as well as the information in the LCC-ST Job Analysis for Certified Surgical Technologists and Certified First Assistants.

HANDS-ON WORKSHOP IN WASHINGTON, DC

The AST Hands-on Workshop held in November was a successful event with 56 participants. An observation was shared by Thomas Lintner, MD, general and plastic surgeon who was a Venipuncture Workshop instructor and assisted in the Wound Closure Workshop. Dr Lintner mentioned that the instruction that took place in the workshops reflected how medical resident students are taught in the lab setting. AST has sponsored many Wound Closure Workshops and just recently added Venipuncture and EKG Interpretation. The success of the workshops is due largely in part to the excellent quality of instruction provided by the veteran surgical assistant instructors and the level of standardization they have achieved in teaching the workshop curriculum. AST would like to thank Jeff Anderson, CST, CFA, Jinnie Cook, CST, CFA, and Jeff Ware, CST, CFA; for being the Wound Closure Workshop instructors in Washington, DC.

NEW SURGICAL ASSISTING PROGRAM IN TENNESSEE

Nashville State Technical Community College (NSTCC) recently received accreditation by CAAHEP for its surgical assisting program.

Van Bates, CST, currently program director for surgical technology will also administer the surgical assisting program. He began his career in surgery in 1991 as a volunteer in the operating room and was employed for the next 10 years at Baptist Hospital in Nashville, Tennessee.

While working at the hospital, Bates joined the surgical technology program at Nashville State as an adjunct instructor and within a few hours residents worked, it provided

years was hired as a full-time faculty instructor. When advancing to the position of program coordinator, he was forced to end his work at the hos-

Bates identifies two compelling reasons for launching the surgical assisting program—demand from the hospital community and commitment to the surgical technology graduates. Previously, Vanderbilt University provided a continuous supply of surgical residents to the area hospitals. When federal limitations were initiated that limited the number of

NSTCC with an opportunity to start the surgical assisting program.

Other motivating factors included the employee turnover that created a steady demand, the specter of SA certification mandated as a condition of employment and the expectations of current surgical technology graduates that surgical assisting is the next educational step for their advancement.

The outlook is positive. Several operating rooms have been waiting for official notification of accreditation to fully get behind the program. "I would tell anyone looking to start a surgical assisting program: first to do it right, and then be prepared to nurture it until it gets on its feet," Bates commented.

LCC-ST ANNOUNCES FEE CHANGE FOR RENEWAL OF CERTIFICATION **BY EXAMINATION**

The Board of Directors for the LCC-ST recently voted to amend the fees for renewal of certification by examination. Effective June 1, 2006, the new fee will be \$550 for the CFA certification exam. Fees for initial certification by examination are not affected by this change.

The LCC-ST believes that renewal for certification for the practice of surgical assisting should be achieved through professional development, as offered through nationally accepted continuing education components specific to the profession. A dynamic technological field, such as surgical assisting, requires that the practitioner constantly update the skills required for proper patient care.

The LCC-ST believes that this philosophy for recertification helps to increase patient safety through the encouragement of professional development for proper intraoperative patient care. The LCC-ST works closely with AST to ensure that continuing education components for certificants are effective and current.



ASA will be issuing new member cards March 1, 2006. The new cards will be the same quality as the AST member cards and will be provided to all ASA members once per year.

ASANEWS WINTER 2006 WINTER 2006 ASANEWS

2/6/06 8:46:28 AM



Association of Surgical Technologists

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ASA 8TH ANNUAL MEETING

The Association of Surgical Assistants is sponsoring the eighth meeting that addresses both clinical topics and professional concerns in conjunction with the 37th AST Annual National Conference in Las Vegas, Nevada. The ASA Meeting

will be held as a preconference event on Tuesday, May 30, at Caesars Palace, and offers participants seven continuing education credits. The fee for AST members is \$165 and \$190 for nonmembers. Lunch is included, as well as a Monday evening reception. All AST members will receive the conference registration guide with the February journal. Online registration will be available beginning February 1. ASA is also sponsoring 11 education sessions during the course of the Wednesday through Friday conference schedule. Each ASA-sponsored session is designated in the conference guide.

MAY 29

6–7 pm Reception

MAY 30

8–10 am Robotic-assisted Prostatectomy Scott Miller, MD, St Joseph's Hospital, Atlanta, Georgia Learn about new, stateof-the art surgery with the daVinci™ Surgical System. Examine how patients experience faster recovery times and other additional benefits. 9–10 am
Chest Trauma
Jeffrey Ware, cst,
cfa, Allied Surgical
Services, Hagerstown,
Maryland
Participate in a session
that will address the
various types of chest
trauma that can be
encountered by the
surgical team and the
treatment options.

11-Noon Myomectomy—New Innovations for the Infertility Patient Georgia Carter, CST, CFA, LPN, North Atlanta's Women Specialists, Marietta, Georgia Examine the preoperative, intraoperative and postoperative precautions in a procedure that is intended to enhance the environment of the uterus for implantation.

1-2 pm Surgical Credentialing and Privileging for the Nonphysician First Assistant Mike Delano, сsт, CFA, Director of Patient Services. Spearfish Surgery Center, Spearfish, South Dakota, and Duane Prickett, CST, Piedmont Hospital, Atlanta, Georgia Learn why and how a hospital performs credentialing and what qualifications the facility is looking for.

2-3 pm "Oh, Doctor" Roger Siemens, MD, FACS, St Francis Hospital, Tulsa, Oklahoma The Certified First Assistant provides surgical support, increases efficiency and promotes safety and patient confidence. Examples such as Nissen fundoplication and esophageal resection will be discussed.

3–4 pm Panel Discussion

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