ASA NEWS
ASSOCIATION OF SURGICAL ASSISTANTS
FALL 2007 VOLUME 13 NUMBER 4

ASA ANNUAL MEETING

The ASA Advisory Committee has extended the time of the annual meeting so it occurs over 1½ days rather than the initial eight hours. The meeting will begin on Tuesday afternoon at 1 pm with four clinical presentations and conclude on Wednesday afternoon. For the first time, a four-hour, hands-on workshop sponsored by Synthes on Wednesday afternoon will be included. In the morning, the focus will be placed on professional issues relating to surgical assisting. A total of 12 continuing education credits will be available.

Because the workshop has been expanded and an additional four hours have been added to accommodate the Synthes workshop, the registration fee was increased to $250 for members; $330 for nonmembers. Registration is limited; be sure to register early to ensure that space is available.

TUESDAY, MAY 20

1–1:50 pm	Clinical Presentation
2–2:50 pm	Clinical Presentation
3–3:50 pm	Clinical Presentation
4–4:50 pm	Clinical Presentation

WEDNESDAY, MAY 21

8–9 am	Grassroots Efforts for the Surgical Assistant
9–10 am	Reimbursement Issues for Surgical Assistants
10:15–Noon	Panel Discussion
Noon–1 pm	Luncheon (included)
1–6 pm	Synthes Hands-on Workshop
6–7 pm	Reception

ASA ADVISORY COMMITTEE

Members of the 2007-2008 AST Advisory Committee are appointed by the AST president Sherri Alexander, CST. The current members include Bill Bresnihan, CST, CFA, CSA; Christina Jordan, CST, CFA; Tom Lescarbeau, CST, CFA, chair; Fred Schaefer, CST, CFA-OS; and Sheryl Shanks, CST, CFA. Georgia Carter, CST, CFA, LPN, is serving as the AST Board liaison.

The current members (pictured left to right) include: Bill Bresnihan, CST, CFA, CSA; Fred Schaefer, CST, CFA-OS; Georgia Carter CST, CFA, LPN, AST board liaison; Christina Jordan, CST, CFA; Cheryl Shank, CST, CFA; and Tom Lescarbeau, CST, CFA, chair.

HEPATITIS A

METHODS OF PREVENTION AND POST-EXPOSURE TREATMENT

Hepatitis A is commonly caused by the hepatitis A virus (HAV). Symptoms may include nausea, fatigue, abdominal stress and jaundice. It is transmitted frequently through the oral-fecal route, often by contact with an HAV-infected individual.

From 1987-1997, the average rate of infection was 10/100,000, but in some of the western states the infection reached ≥20/100,000, resulting in hepatitis A being one of the most frequently reported diseases in the US. After 1995, when a vaccine became available, the incidence of hepatitis A has dropped dramatically. In 1996, the first public health recommendations for the use of vaccine to prevent the transmission of HAV were announced. Three years later, recommendations were made for childhood vaccination and the greatest decrease in reported cases resulted. The average is now approximately 1.5/100,000.

In 2005, hepatitis A vaccines were recommended to be incorporated in the normal childhood vaccination series and all US children, ages 12-23 months, received hepatitis A vaccine. The goal is the elimination of indigenous HAV transmission in the United States.

However in developing countries, the hepatitis A virus continues to present a difficult challenge and is still the most common vaccine-preventable disease. Populations at highest risk are:

- Drug users
- Laboratory workers
- Patients with chronic liver disease
- Individuals who require treatments for clotting disorders
- Military personnel
- Homosexual or bisexual men
- Employees of daycare centers
- Personnel involved with institutionalized patients
- Individuals traveling to endemic areas

The vaccine, called VAQTA, is made from inactivated whole virus of hepatitis A and stimulates the production of antibodies to combat the hepatitis A virus. It is administered by an injection into the arm and provides protection within two weeks after receiving the first dose. Two vaccinations are required to ensure complete immunization. Recommendations for adults advise a booster vaccination in six to 12 months. If travel occurs less than four weeks after the first injections, individuals should also obtain a preventative dose of immunoglobulin (IG).

Immunoglobulin has been the traditional method for treating the occurrence of hepatitis A after exposure. It is manufactured from the pooled plasma of numerous blood donors, so the possibility of infection represents an additional concern, the public is frequently apprehensive regarding the use of a blood-derived product.

Current investigations regarding the efficacy of the vaccine as a post-exposure treatment suggest that immunoglobulin offers slightly better results than using VAQTA as a post-exposure prophylaxis. There appear to be a number of advantages that the vaccine offers however, including long-term protection versus the temporary protection afforded by immunoglobulin. The volume of immunoglobulin needed is substantial, possibly resulting in a painful injection. The supply of immunoglobulin is limited and only one manufacturer is producing it in the US. Immunoglobulin is costly and can present problems in the immunization schedule of children. Factors, such as the risk of infection, the possibility of severe illness and the effectiveness of vaccine compared with immunoglobulin must all be considered.

REFERENCES

1. www.cdc.gov (Accessed 10-23-2007)
2. www.nejm.org (Accessed 10-23-2007)
3. www.nlm.nih.gov (Accessed 10-23-2007)
4. http://pier.acponline.org (Accessed 10-23-2007)

IT'S TIME TO TELL OUR STORY

Georgia Carter, CST, CFA, LPN, AST Board liaison,

Just as we are driven to care for our patients, we must also be driven to assess ourselves, our profession and our credentials. We must be willing to make the changes that are needed before others, who may not accurately judge a medical situation, direct us to do so. We must be willing to truly assess the quality of care that we provide and ensure that our assessment will stand up under the microscope of others.

Today, AST and NBSTSA are recognized as leaders in quality performance and that message is reaching more people and organizations every day. Our guidelines, performance measures and ongoing educational criteria are outstanding accomplishments.

We must continue to be proactive in the development of quality health care measures and tools. If we don't continue to lead in this area, we will see an increase of non-accredited programs, inaccurate quality measures and frequent misapplication of guidelines. Our professionals should determine the measures of their quality and their application at the O.R. table.

This is where credentialing begins. As defined by the American College of Surgeons, the first assistant provides aid in exposure, hemostasis, and other technical functions that help the surgeon carry out a safe operation with optimal results for the patient.

We do have a story to tell about quality of care and the steps we are taking via education, documentation, certification and licensure to ensure that patient safety and quality outcomes are tied to cost effectiveness and efficiencies. We need to deliver messages to our legislators. With our expertise, they can help deter the continued cuts in reimbursement dramatically interfering with the delivery of quality health care. It's the patients who will suffer because of their failure to act, and we will bear the responsibility for the outcome.

It's time to tell our story.

NBSTSA SURGICAL ASSISTANT SURVEY

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) recently assembled a group of Certified First Assistants to participate in the development of a CFA job analysis survey. This survey will measure the importance of duties CFAs perform on a daily basis, as well as the education and experience required to complete those duties effectively.

The results obtained from the survey will assist in the development of the content outline that will serve as the foundation for the continuing development of the Certified First Assistant examination. NBSTSA collects this job-related information in order to ensure that the certification examination continues to assess the knowledge required for competent performance in the workplace.

The NBSTSA thanks all those who participated in survey development.

CFA ITEM WRITERS NEEDED

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) is seeking Certified Surgical Technologists and Certified First Assistants to volunteer for a joint Item Writing Workshop.

The purpose of the workshop is to develop questions for future forms of the CST and CFA examinations. Participants must hold current certification from the NBSTSA and presently practice as a CST or CFA. Interested participants must submit an application form and resume.

The Item Writing Workshop is scheduled for February 15-16, in Kansas City. Call the NBSTSA at 800-707-0057 for an application or for additional information.

CFA PARTICIPANTS ON THE JOB TASK ANALYSIS

- Bill Bresnihan CST, CFA, CSA
- Dwain Rosse CST, CFA-OS
- Fred Schaefer CST, CFA-OS
- Sherry Thornton CST, CFA, RN

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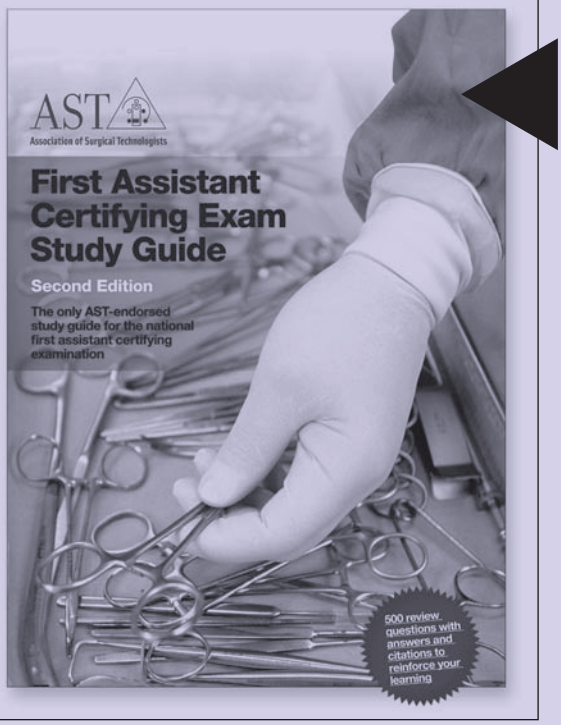
NEW SURGICAL ASSISTANT STUDY GUIDE

THE SECOND EDITION OF THE FIRST ASSISTANT EXAM STUDY GUIDE IS NOW AVAILABLE.



New features include:

Over 500 questions categorized by specialty
Answers published with citations
New questions and answers added

Questions authored by program directors of surgical assisting programs cover a range of specialties and fundamentals that will facilitate your review efforts before taking the First Assistant Certifying examination. This guide can help you identify areas you may need to place greater focus as well as your areas of strength.

To order, please call AST Member Services, 800-637-7433, option #3.