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SURGICAL FIRST ASSISTING EXAM STUDY GUIDE PUBLISHED

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.

In turn, to more efficiently target areas for review, the overall design of the study guide also utilizes the three main published content area of the *Job Analysis*—perioperative patient care, ancillary functions and basic sciences and subdivides each into smaller topics based on an NBSTSA breakdown. The four hour exam has 250 multiple-choice questions covering a wide range of areas from preoperative preparation, intra- and postoperative procedures to anatomy and physiology to pharmacology, and more.

The study guide consequently incorporates over 500 review questions and answers that have been designed to reflect all areas of the surgical first assisting core curriculum and the *Job Analysis* to ensure that candidates review all topic areas.

In addition to the review questions, information regarding the development of the practice and

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Surgical First Assisting Exam Study Guide Published, continued from page 1

its historical affiliations, preparation tips, format and scoring explanations, as well as strategies for test taking, the NBSTSA detailed list of recommended topics and core references were also provided.

The decision to include much of this information can be attributed to the frequently voiced concerns of practitioners who have been away from a classroom setting and expressed apprehensions over returning to a testing environment and feeling unprepared.

Besides addressing the candidates' anxieties related to formalized testing, the AST Continuing Education Department recognized the need to supply a resource to the graduates of the current seven CAAHEP-accredited surgical assisting programs

Contributing editors to the study guide are all surgical assisting program directors: Jeff Bidwell, CST, CFA, CSA, surgical technology and surgical assisting program director, Madisonville Community College, Madisonville, Kentucky; Stacey May, CST, surgical technology and surgical assisting program director, South Plains College, Lubbock, Texas; and Rebecca Pieknik, CST, CSA, surgical technology and surgical assisting program director, Oakland Community College, Royal Oak, Michigan.

Copies of the surgical assisting examination study guide are available by calling AST Member Services, 800-637-7433, or by email to *Pamaro@ast.org*. The cost is $35 for members and $45 for nonmembers. Ground shipping is $6.50 additional. A limited number will also be available for purchase in New Orleans during conference.

HIV

India has recently introduced a new phase of its five-year National AIDS Control Program (NACP). Decreasing the number of newly acquired HIV infections, improving treatment for those individuals who are infected and offering necessary therapy to more people are the stated goals of the program.

Today, the population in India has reached 1.1 billion people, and it is estimated that .5% to 1.5% are infected with HIV, anywhere from 5 million to 15 million. The new five year-program is designed to counteract the spread of HIV with a budget of $2.6 billion. Nearly 66% of the funds will be targeted to prevention, one-sixth to treatment and the rest allotted to management. Most of the money was donated from other organizations outside the country, including the World Bank and other governments, and agencies, such as the Bill and Melinda Gates Foundation.

Currently, India is in the middle of a huge growth boom and there are many challenges about where the increasing revenues will be committed. Besides HIV, other major health concerns exist, including tuberculosis, influenza and malnutrition. The private health industry is growing rapidly and competing with the public health needs for financial resources. The government leaders must reach a decision regarding ways to improve public health and the availability of basic health care.

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.

Prevention remains the foremost strategy that India has adopted. Prevention efforts are being targeted to the same groups as other Southeast Asian countries, workers in the sex industry, drug users, males with male sexual partners, as well as truckers and migrant workers.

Educating people about AIDS prevention is difficult because of the number of languages and dialects currently in use. The large number of languages results in efforts being directed at the national level, but many of the most effective strategies must be implemented on the local level.

AND HOW INDIA RESPONDS

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 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.

Moreover, 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 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 tests 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 7776 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, 103 centers were caring for 56,500 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

1. *http://content.nejm.org.* Accessed 3-29-2007.
2. *http://www.avert.org.* Accessed 4-2-2007.
3. *http://www.worldbank.org.* Accessed 4-2-2007

What's the Latest?

NATIONAL PROVIDER IDENTIFIER

In 1996, provisions of the Health Insurance Portability and Accountability Act (HIPAA) required the adoption of unique standardized identifiers for health care providers, as well as the adoption of standard unique identifiers for health plans.

These new procedures were intended to improve the efficiency and effectiveness of the electronic transfer of health information.

For health care providers, the National Provider Identifier (NPI) is the standard unique identifier. A health care provider can apply for an NPI:

1. Online at *https://nppes.cms.hhs.gov;*
2. Using Electronic File Interchange Organization (EFIO). Refer to *http://www.cms.hhs.gov/NationalProvIdentStand;*
3. Paper application. Available through the NPI Enumerator at 800-465-3203.

Under the NPI Final Rule, a health care provider who is a covered entity under HIPAA is required to obtain an NPI and use it to identify itself as a health care provider in HIPAA transactions no later than May 23, 2007. For example, any health care provider (individual or organization) who sends electronic health care claims to a health plan(s), is a covered provider and must obtain an NPI. Health care providers who are not covered providers may elect to apply for an NPI, but are not required to do so. Small health plans must use the NPI no later than May 23, 2008.

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/NationalProvidentStand*. 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 CFAs who follow these high quality, recommended standards.

The Education Committee members are in the process of completing the last few 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.

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

4–4:50 pm

#102: Abdominal Transplant Surgery
Ari Cohen, MD, FACS, FRCSC

5–5:50 pm

#112: RIA: Intramedullary Reamer of the Future
Kevin Craycraft, 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 Awasthi, MD

3–3:50 pm

#217: Damage Control Laparotomy for Trauma
Stewart Cayton, MD

4–4:50 pm

#219: Vesciovaginal Fistula
Ralph R Chesson, Jr, MD

Saturday, May 26

8–8:50 am

#302: Current Treatment Options for Articular Cartilage Injuries
Deryk Jones, MD

10–10:50 am

#311: Reconstruction of Bony Defects Created by the Resection of Musculoskeletal Tumors in Children
Stephen Heinrich, MD

11–11:50 am

#319: Artificial Heart
Todd Boice, CST

2–2:50 pm

#321: Advances in Stereotactic and Functional Neurosurgery
Bryan Payne, MD

3–3:50 pm

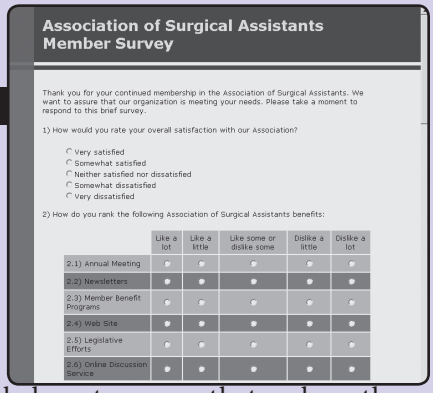
#330: Use of Hemostatic Scalpel in Peripheral Nerve Surgery
Robert Tiel, MD

4–4:50 pm

#331: Katrina: Lessons Learned
Barry Riemer, MD

#334: Arnold Chiari Malformation
Tom Lescarbeau, CST, CFA

ASA SURVEY


Association of Surgical Assistants
Member Survey

Thank you for your continued membership in the Association of Surgical Assistants. We want to assure that our organization is meeting your needs. Please take a moment to respond to this brief survey.

1) How would you rate your overall satisfaction with our Association?

- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied

2) How do you rank the following Association of Surgical Assistants benefits:

	Like a lot	Like a little	Like some or dislike some	Dislike a little	Dislike a lot
2.1) Annual Meeting					
2.2) Newsletters					
2.3) Member Benefit Programs					
2.4) Web Site					
2.5) Legislative Efforts					
2.6) Online Discussion Service					

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.

AST
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MERIDIAN SCHOOL OF SURGICAL ASSISTING

Dennis Stover co-founded the Meridian School of Surgical Assisting in 1999 to fill a void that existed for formally trained assistants and to also provide a program that could educate surgical assistants nationally via a quality distance education program. Secondarily, the establishment of a quality formalized educational program reinforced the budding legislative efforts by producing graduates who earned a nationally recognized credential and who would serve as public representatives of the role.

Initially, only a small enrollment was anticipated. However, when CAAHEP began to accredit surgical assisting programs we immediately sought that accreditation. After receiving the accreditation, our enrollment rates began to climb and now Meridian has become the largest surgical assisting accredited program in the country with an average enrollment reaching approximately 125 students.

Most students appear to be enrolling in the program for three reasons, because they recognize the advantages of receiving training from a CAAHEP-accredited program, the potential practice limitations that may result from proposed legislation and the benefit of targeted training to assist them achieve success on the challenging NBSTSA surgical first assisting exam

Although our program has not changed very much over the last eight years, we are always trying to identify ways we can improve and enhance the student's learning while remaining out in the forefront of surgical assistant training.

Hopefully, the program will be able to move from a certificate-based experience to a bachelor's degree model. Possibly, a student with a two-year degree would reach Meridian and spend the next two years focusing on surgical assisting and culminate in a bachelor's degree. Although Meridian does not provide a Jobs Program, the school does enjoy affiliate relations with over 400 health care facilities across the country to help our graduates find positions.

Currently, the program is now in the early phases of establishing The Meridian Alumni Association. One of the new association's goals is to raise funds to underwrite scholarships and support legislative activities.