

## FORMAL TRAINING AND CERTIFICATION AS A PATHWAY TO SURGICAL ASSISTING

DENNIS A STOVER CST, CSA

The field of surgical assisting has become a vibrant and exciting choice. However, as with many professions, there are issues within surgical assisting that affect the growth, recognition, and acceptance of the surgical technologist in the first assisting role. These issues ultimately can have unforeseen consequences. The purpose of this article is to discuss the issues that support formal training and certification for the surgical assistant.

Often while traveling I have been asked, "When will assistants have better reimbursement from the insurance companies and recognition from other allied health groups and legislative bodies?" In order for recognition and reimbursement to occur, surgical assistants must demonstrate to the public, legislature and, ultimately, to the patient, that we, as practitioners, are deserving and credible.

Several years ago, NBSTSA narrowed the eligibility route for

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## CLINICAL PRECEPTORSHIP AS A PATHWAY TO SURGICAL ASSISTING

RON KRUZEL, CST, MA

After graduating in 1978 from a CAAHEP-accredited surgical technology program, I spent the next 27

years working primarily in main operating rooms. The last 12 years of my time in Los Angeles involved directing a surgical technology program (ironically the very one I graduated from) as well as working weekend and trauma shifts at a level two trauma facility in the San Fernando Valley. It was here that I had many of the best experiences of my professional career as a Certified Surgical Technologist (CST).

Working there was a rich experience of multi-specialty trauma cases and professional challenges. Most of my time was spent working 11:00 pm-7:00 am weekend trauma shifts, primarily filling the role of the surgical assistant. Needless to say this first-hand experience was more valuable than any other. Despite all the years of working so closely with the trauma physicians who

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### Editor's Note

Debate continues to focus on limiting the eligibility to test to only graduates of CAAHEP-accredited surgical assisting programs versus also allowing experienced CSTs with currency and who have demonstrated two full years of work experience as a first assistant in the last four years and at least 350 supervised first assistant cases to take the CFA examination.

Ron Kruzel, CST, NBSTSA executive director, and Dennis A Stover, CST, CSA, founder of Meridian Institute of Surgical Assisting, are presenting two perspectives to the challenging issue of eligibility routes to the CFA credential.

Certified Surgical Technologist (CST) examination candidates and required them to be graduates of a CAAHEP-accredited surgical technology program (subsequently expanded to ABHES-accredited programs). If the need and justification for formalized training were recognized as essential to the scrub role, why would it not be the same for the surgical assistant role?

As defined by the American College of Surgeons (ACS), the surgical first assistant provides aid in exposure, hemostasis, and other technical functions that will help the surgeon carry out a safe operation with optimal results for the patient. The role of the assistant, although varying throughout the country, is one that requires advanced knowledge and precise skills. A surgical assistant must be fully capable in all situations, and have an extensive and advanced knowledge of anatomy, physiology, pathology and procedures, as well as the actual skills sets. This can only be accomplished by proper education training.

In 2006, AST published the second edition of the *Core Curriculum for Surgical Assisting* to respond to the growing need for advanced practitioners and an updated educational model. The second edition includes up-to-date knowledge placed within specialty areas to facilitate learning. It was designed to provide surgical assisting programs with a template of content areas so programs could confidently provide a thorough educational environment. The second edition was written by surgical assistant practitioners and educators, who not only recognized the necessity of students learning a uniform platform of advanced practice skills but also saw the need for assisting students to understand the evolving role and responsibilities of the specialty.

Recently, formalized surgical assisting programs have developed and identified the need to become

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trained me, I never took the step to credential as a Certified First Assistant (CFA).

Why is this important? My professional experience is probably not unlike many other surgical technologists currently in practice around the country. This experience, coupled with the educational background associated with the CST credential, enables practitioners to meet eligibility criteria to sit for the CFA examination.

The National Board of Surgical Technology and Surgical Assisting (NBSTSA) currently recognizes two primary eligibility pathways to acquire the

CFA credential. The first eligibility pathway for the CFA examination involves graduation from a CAAHEP accredited surgical assisting program, as evidenced by proof of that graduation. Similar to the CAAHEP accreditation process in surgical technology, surgical assisting programs that acquire accredited status through the CAAHEP process must demonstrate compliance with established standards in the education of surgical assistants. Among the many standards surgical assisting programs must comply with are established curricular, lab, and clinical experiences for pro-

gram graduates. The NBSTSA recognizes the importance of these educational standards and has established eligibility for graduates of these accredited programs. Approximately 10% of the annual testing population for the CFA examination in 2007 consisted of graduates of CAAHEP-accredited surgical assistant programs.

A second eligibility pathway for the CFA examination consists of current CST certification with verification of experience working in the capacity as a surgical assistant. In 2007, approximately 90% of all individuals (an estimated 270) taking the CFA examination utilized this pathway to establish eligibility

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The number of accredited programs has been rising but has been offset by a few that have ceased operation because of low enrollment. Would an eligibility requirement mandating graduation from an accredited surgical assisting program provide the necessary catalyst to increasing the number of education programs?

accredited. The number of these programs has been rising gradually but the trend has been offset by a few surgical assisting education programs that have ceased operations because of low enrollment (South Plains College and Delta College). Would an eligibility requirement mandating graduation from an accredited surgical assisting program provide the necessary catalyst to increasing the number of education programs, thereby enhancing professional recognition?

While the number of CAAHEP-accredited surgical assisting programs is presently nine, it is important to understand and not under estimate the value of CAAHEP accreditation, because only CAAHEP-accredited surgical assisting programs meet specific criteria approved by such national medical and allied health organizations, as the American College of Surgeons.

These nine programs have demonstrated to national standards that their curricula provide what surgical assistants actually need to know and perform in the operating room. Program length varies from nine months to nearly two years (with some programs providing students with requisite introductory courses).

Students in these programs will focus intensively on advanced microbiology, pathology, surgical pharmacology, anesthesia methods and agents, bioscience, equipment and skills, surgical complications, clinical case requirements, major surgical specialty procedures and the role of the surgical assistant. The graduates of these CAAHEP-accredited programs are thoroughly prepared to use their skills across the country, because they have mastered a formalized base of knowledge and skills.

After completion, these students are eligible to take the Certified First Assistant (CFA) examination sponsored by the NBSTSA. Currently, approximately 300 candidates take this examination annually. It

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to test. Individuals utilizing this pathway to establish eligibility must provide evidence of current certification as a CST, as well as verification of surgical assisting experience in the form of two separate notarized experience verification forms from a surgeon or surgical supervisor attesting to the surgical assisting experience. These forms must document experience in at least 350 surgical cases with minimally two (2) full years of surgical assisting experience during the last four (4) years.

Like CAAHEP-accredited programs in surgical assisting, accredited surgical technology programs must meet established standards for education in surgical technology. In addition to curriculum in anatomy and physiology, surgical pathology, microbiology, pharmacology, and medical terminology, accredited surgical technology programs must offer instruction in operating room environment, sterile technique, wound healing and surgical procedures. Comparative to other health career education opportunities related to operating room practice, accredited surgical technology programs offer an extensive education for practice in the operating room. This educational process not only forms a fundamental base for a solid professional career as a CST, but also provides for career advancement within the operating room, including the opportunity for advancement into surgical assisting. While the CST credential establishes a solid and credible foundation for potential career advancement into surgical assisting, verifiable experience is a critical component to establishing examination eligibility for the CFA credential. The requirement of supervised experience to establish examination eligibility through this pathway provides solid supplemental evidence of surgical assisting experience, and is a critical component of a candidate's preparation for the CFA examination.

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

is in the best interest of surgical assisting to grow the number of candidates, and ultimately Certified First Assistants. It would be helpful to examine how graduates perform on the CFA examination and determine additional pathways to generating success of the credential.

One argument that has been made is that there are those who have been assisting for many years as Certified First Assistants, yet have never been through a formal course. CAAHEP started accrediting surgical assistant program just a few years ago, so the option was not available for those who became certified previously. As a profession grows and strategically positions itself for growth, recognition and credibility, it must then make changes to ensure continued success. The biggest change needed now in the surgical assisting specialty is formalized training, coupled with mandatory certification gained through this training.

I believe that surgical technologists, who are formally trained and certified as first assistants can, and will emerge, as the premier choice for surgeons and hospitals. However, this will only happen if we work together collectively to hold the bar high. When we can present ourselves to legislative bodies, hospitals, and our patients as formally trained and certified, then we can make the strongest of arguments possible for our credibility and legitimacy. Inherent in the philosophy of AST is that every patient deserves a CST. Now is the time to instill good patient advocacy and recognize that every patient deserves a formally trained Certified First Assistant.

**Share your comments on the ASA discussion board. Visit [www.surgicalassistant.org](http://www.surgicalassistant.org).**

For the foreseeable future, in addition to accredited surgical assisting programs, the clinical preceptorship pathway to the CFA credential remains available for two reasons. Currently the NBSTSA tests approximately 300 candidates annually in the CFA program. Approximately 90% of those candidates establish eligibility to test by way of the clinical preceptorship pathway. Nine CAAHEP-accredited surgical assisting programs, which enroll approximately 235 students annually, account for roughly 30 candidates, or 10%, of the total CFA candidates testing. Restricting eligibility to 10% of viable candidates will stifle growth of the surgical assisting profession and further frag-

ment the surgical assisting community among alternative credentials. The best hope for consolidation of the profession under one recognized credential lies with the development, ongoing validation, and support of the CFA credential. We simply cannot afford to drive candidates to alternative credentials which make little investment in examination development and validity.

Inevitably, just as in the surgical technology profession, CFA examination eligibility will be graduation from a CAAHEP-accredited surgical assisting program. As the profession develops and demand for surgical assistants grows, so will the educational community support it. During these early years, there is a need to build not only the profession of surgical assisting but also a valid and recognized credential. We cannot afford to adopt only one perspective but instead practitioners and educators must seek to build consensus and strategies that will support the growth of surgical assisting through certification, education and legislation. More CAAHEP-accredited programs will develop in response to the demands created. More graduates will test. And like surgical technology, the profession will reach a point in time when eligibility requirements will be built around graduation from a CAAHEP-accredited surgical assisting program.

The best hope for consolidation of the profession under one recognized credential lies with the development, ongoing validation, and support of the CFA credential. We simply cannot afford to drive candidates to alternative credentials, which make little investment in examination and validity.

# MEET THE MEMBERS OF THE ASSOCIATION OF SURGICAL ASSISTANTS COMMITTEE

## **BILL BRESNIHAN, CST, CFA, FAST**

I am proud to have made a lifelong career as a CST and a CFA. I graduated as a surgical technologist with honors from the US Army Academy of Health Sciences in 1982. After my military service, I worked as a CST for eight years in south Florida. I became a CFA in 1992, and I am currently self-employed as a CFA, specializing in orthopaedic surgery, since 1993.

Throughout my career, I have been an active member of AST by serving on numerous AST and NBTSA committees and serving as a member of the AST Board of Directors in 1996. Currently, I am the vice president of the Florida Association of Surgical Assistants, and at the 2008 AST national conference, I had the honor of being recognized as a Fellow of the Association of Surgical Technologists (FAST).

## **CHRISTINA JORDAN, CST, CFA**

My name is Christina Jordan, CST, CFA, and I am currently the president of the Maine State Assembly. I am self-employed as a Certified First Assistant and am primarily engaged in GU Robotics and General Advanced Laparoscopy. In addition, I stay current in the CST role by working one day a week as a scrub for Maine Medical Center, the largest hospital and trauma center in the state.

I began working in the operating room in 1995, as an orderly and was trained on the job for the role of second surgical scrub. This was an experience I didn't even know existed. After a year of second scrubbing I went to school and became a CST. I loved this job very much but knew I needed more. It was obvious what was needed at my hospital, and it was also obvious the challenges that were to be faced getting what we needed. I became a CFA in 2004. I have been working for myself ever since.

I was a member of AST as a student and have continued my membership. I became more involved when I realized Main was one of the last states without a formed assembly. I helped form the Maine State Assembly and am currently the president. This is my second year with the ASA committee and I am delighted to be serving as chair.

This is an exciting profession with only room to grow.

## **FRED SCHAEFER, CST, CFA-OS**

My name is Fred Schaefer, and I work for ORTHO INDY in Indianapolis, Indiana, as the first assistant pool manager. Currently, 11 CSTs and CST, CFAs are working in the first assistant pool. I have been in this position for the last 28 years. Altogether I've hired 46 CSTs and CFAs, who have special skills, training and expertise in a variety of musculoskeletal disorders providing complete orthopedic care.

I chose orthopedics, or maybe it chose me, because it's educational while having fun. I would eventually become a CFA-OS (Orthopedic Specialist). I'm very proud of this achievement. I'm a 1973 Indianapolis IVY Tech Community College graduate. As a Certified Operating Room Technician (CORT) in 1974, I started out as a member of the Association of Operating Room Technicians (AORT), working as an Operating Room Tech at Methodist Hospital in Indianapolis. "Yes I'm one of them."

Positions I have held in AST include state assembly president (current), vice president, Board member and legislative chair. I sit on the ASA Advisory Committee and worked with the NBSTSA Job Analysis Advisory Committee (JAAC).

I have a passion for military medical history, particularly, Civil War Medicine. I belong to the National Society of Civil War Surgeons. I perform a living history impression and volunteer for many presentations at schools and Civil War round tables throughout the Midwest.

My biggest joy as a first assistant is teaching our profession. Our future in surgical technology/first assisting will continue to grow. I have witnessed it first hand for the last 35 years, I've found that it's hard to stop a continuing educated process with a purpose.

"There is a place set for us at the table."

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# from the chair

## **Christina Jordan, CST, CFA**

Hello Surgical Assistants! I am so excited for the coming year with our profession, and where it is going, as well as where it has been. As you will see this issue of your *ASA Newsletter* has been expanded, and the hope is that it will continue this way, with more articles not only about procedures but topics that affect our everyday careers as surgical assistants. Although there is a brief overview of me in this issue, I wanted to take the time to let you all know who I am, where I have been, and what excites me about this profession.

My name is Christina Jordan, CST, CFA, and not only am I the president of the Maine State Assembly, but I helped form it three years ago, when I learned that Maine was one of the last states without a state assembly. Sometimes, it takes a little longer to get things done in the Northeast, but we did accomplish it. We are very active hosting two

workshops a year with great attendance. This was an exciting challenge for me, and it gave me the opportunity to learn more about AST and what they do for us and how I wanted to become more involved. I was given the chance to be more involved after the ASA meeting in New Orleans. This will be my first year serving as chair of this committee, but I assure you I am not doing it alone. There are several highly motivated and dedicated surgical assistants, who sit on this committee with me. As a team, we will be working together with AST to promote progress for our profession.

Okay, so who am I and where did I come from? I started my journey in this profession as an orderly in a small hospital in central Maine. I was fresh out of high school trying to figure out what I wanted to do. I had been accepted to veterinary school but wasn't sure if that was exactly what I wanted. So, I decided to take a year off before going to college and see what happened. Becoming a Certified Surgical Technologist is what happened. I was trained on the job as an orderly to be a surgical second scrub, doing a variety of things, such as driving the camera for laparoscopic cholecystectomies, holding retractors

for total hips and knees, and cleaning instruments in the sterile processing department. I was enjoying my role as the second scrub until one of the Certified Surgical Technologists gave me a brochure for the program, and I signed up immediately. My thought was if I can do what I am doing and more—sign me up. I became a Certified Surgical Technologist in the spring of 1997. I worked at the hospital I began at for a year and then decided to work as a traveling CST. I did that for a year and decided I liked living in Maine and found my way to Maine Medical Center where I have been employed since 1999. During my time as a CST, I found many instances when I was asked to do more than just what the role of the CST was. I enjoyed doing that, but at the same time I thought is this appropriate? Should I be doing this? I also realized that fewer surgical residents were available, and the need for surgical assistants was increasing. I was approached by a general surgeon who was starting a bariatric program at our hospital. He asked if I would be interested in working on these cases as the surgical assistant. And did I ever. I soon realized it wasn't as easy as saying yes. The obstacles that were ahead of me were endless. However, with time, changing policies, and the development of credentials, surgical assisting was soon what people came to know. For two solid years, I assisted on hundreds of lap gastric bypasses. I learned so much during that time, not just about assisting but everything that came along with

it—such as nurses not wanting me to assist, because I didn't have a license; hospital administrators saying it was not accepted because no one else was doing it; surgical assistants were not necessary, because a CST could do the job if they just wrote it into the job description and many others.

Suddenly, the resident program decided that it was losing a great opportunity by not having the residents assist on these procedures and eventually my role faded away. At the same time, the urology department lost its funding for residents, and a new role I knew nothing about came my way. I was approached about becoming the assistant for the urology group in town. I would continue to be self employed, and they were willing to teach me. I could not have asked for anything better, but you guessed it—more obstacles.

We have since started a robotics program, and now there are other CSTs at this hospital who are becoming CFAs. If someone had asked me back in 2004 where do you think you will go with this, I would have hoped where I am today but wouldn't have believed it then.

Being a CST started out as what do I want to do with my life and has grown to become the most exciting profession I could have chosen. There have been many obstacles and challenges, but my personality wouldn't have enjoyed anything less. I am so inspired by the many CFAs who have come before me, and what they have done for this profession. I am thrilled to be a part of this organization and feel honored to chair this committee. I am an open minded individual with lots of self motivation. I look forward to the year ahead, as I think there will be many new challenges and exciting changes.

I think you all may see a pattern with me describing myself, this profession and the people involved, EXCITING! What other career would allow you the opportunities being a surgical assistant has offered—not to mention having a well established organization like AST to stand behind us.

I hope this gives you an idea of who I am and what I am about. I hope you are as excited about our profession as I am.

MEET THE MEMBERS,  
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### **DENNIS STOVER, CST, CSA**

My interest in medicine began when I was enrolled in an EMT program and subsequently a surgical technology program over 20 years ago. At the beginning of my professional career, I worked as a surgical technologist and surgical assistant. I continued scrubbing and assisting for nearly 10 years, until I decided it was time to share my experience and knowledge in the classroom with future practitioners.

I established a surgical assistant education program nine years ago and have not looked back—or had the time. I now am responsible for the educational programming, budget development and staffing decisions.

In 2000, I was a member of the AST State Assembly Task Force and was elected vice president of the Tennessee State Assembly.

Outside the profession, I have served on the national Board of Directors for the Spina Bifida Association since 2000.

### **VALERIE THOMPSON, CST, CFA**

My name is Valerie Thompson and I have been a CFA since 1994. I work for a busy peripheral vascular practice in Louisville, Kentucky. I have worked for them for 15 years, and it has opened many doors for me around the state.

I have been educated in endovascular procedures and am currently educating CSTs in them. We are on the cutting edge repeatedly with this group. We have patients from all over the region, visiting us about procedures that other groups would not consider.

I'm on the advisory committee for Brown Mackie College, and I precept many surgical assistant students from Madisonville College.

I look forward to serving on the ASA Advisory Committee.

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*Please contact any of the members of the  
ASA Advisory Committee by emailing  
[information@surgicalassistant.org](mailto:information@surgicalassistant.org).*



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## UNIVERSITY OF CINCINNATI, CLAREMONT COLLEGE

Our program started when hospital representatives expressed a need for surgical assistants and the certifying bodies seemed to shift to formally trained surgical assistants from work-experienced practitioners for taking the certifying examination. Initially, our program saw three students enroll and in our second year, the number rose to 10; eight are expected to graduate this December. Our program is designed for a maximum of 12 students to maintain an optimum student/instructor ratio.

Our program is targeting CSTs with three or more years of varied experience in the operating room. Initially, all potential candidates submit an application packet. We conduct individual interviews by phone or in person. Our primary market is currently local students, who are supported by their current employer.

Most students seem to be enrolling to advance their education, learn another role in the operating room and acquire more responsibilities. Another motivating factor is the higher compensation that surgical assistants earn. In addition, graduation from this program enhances the student's marketability and appeal to prospective employers who are looking for practitioners who can function in many roles. The majority of our students received tuition reimbursement for the program.

Since most of our students receive employer support, the issue

of searching for jobs is not a high priority. Some clinical sites have been hiring our students when employers are unable to provide the variety of cases in clinical that is required. All students completing the program have been placed in jobs with their clinical site.

In the immediate future, we are exploring a greater relationship with the local hospitals beyond their status as clinical sites. We currently have a hands-on robotics workshop, and we are working toward a laparoscopic workshop. We are also investigating the use of distance learning for the program with a one-week onsite workshop.

Several challenges confront the practice. The first is transitioning from the historic work-related training to a learning environment that relies on more formally trained programs. The second challenge is legislation and recognition of the surgical assistant's right to practice. A third is the need to push insurance companies to recognize the non-physician surgical assistant and provide fair compensation for their services. Regionally, there are several states that do not utilize the non-physician surgical assistant. An enormous task will be reaching out to these states and convincing them that surgical assistants provide substantial health care benefits and cost savings to their citizens.

Brenda Welch, CST, CFA, is the surgical assistant program director at the University of Cincinnati.