

STANDARDS FOR AN ACCREDITED EDUCATIONAL PROGRAM IN SURGICAL ASSISTING

Editor' Note: In 2001, the AST House of Delegates adopted the bachelor's degree as the educational model for surgical assisting. Since then, AST's education department has been working with various committee members to establish standards for educational programs for the surgical assistant. These standards have now been adopted by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), the American College of Surgeons and the Association of Surgical Technologists. CAAHEP will approve these standards in April. We thought members would benefit from reviewing the standards.

These standards are the minimum levels of quality used in approving programs that prepare individuals to enter the profession of surgical assisting. The extent to which a program complies with these standards determines its accreditation status; therefore, the Standards constitute the minimum requirements to which an accredited program is held accountable. The standards are printed in regular typeface in outline form. The guidelines accompanying the standards provide examples intended to assist in interpreting the standards. The guidelines are printed in italic typeface in narrative form.

OBJECTIVE: The Commission on Accreditation of Allied Health Educational Programs (CAAHEP), the American College of Surgeons, and the Association of Surgical Technologists cooperate to establish, maintain, and promote appropriate standards of quality for educational programs

in surgical assisting, and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these standards. These standards are to be used for the development, evaluation, and self-analysis of surgical assisting programs. On-site review teams assist in program evaluation for compliance with these standards.

SECTION I: REQUIREMENTS FOR ACCREDITATION

Sponsorship

Sponsoring Institution and Affiliates

The sponsoring institution and affiliates, if any, must be accredited by recognized agencies or meet equivalent standards.

In programs in which didactics and supervised clinical practice are provided by two or more institutions, responsibili-

ties for program administration, instruction, supervision, evaluation, and other functions of the sponsoring institutions and of each affiliate must be clearly described in written documents, such as an affiliation agreement or memorandum of understanding.

Guideline: Recognized agencies are those acceptable to the United States Department of Education. Hospitals accredited by the Joint Commission on the Accreditation of Healthcare Organizations, American Osteopathic Association, or the United States Health Care Financing Administration are acceptable as clinical affiliates. Other institutions may also be acceptable if they meet equivalent standards.

Programs Eligible for Accreditation

Educational programs eligible for accreditation shall be established in one of the following:

- a. Community, technical and junior colleges, senior colleges, and universities
- b. Hospitals and clinics
- c. Post-secondary vocational/technical schools and institutions, including educational programs within all branches of the armed services
- d. Proprietary schools
- e. Other institutions or consortia that meet comparable standards for education in surgical assisting.

Sponsoring Institution Responsibilities

The sponsoring institution assumes primary responsibility for student admission, curriculum planning, selection of course content, coordination of classroom teaching and supervised clinical practice, appointment of faculty, receiving and processing applications for admission, and granting the certificate or degree documenting satisfactory completion of the educational program. The sponsoring institution shall also be responsible for

providing assurance that the practice activities assigned to students in a clinical setting are appropriate to the program.

The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.

Guideline: A copy of the written affiliation agreement, signed by appropriate officers, should be maintained by each institution. This agreement should be periodically reviewed and should also include a termination clause with sufficient notice to protect enrolled students.

Resources

Personnel

a. Administrative Personnel

The program must have adequate leadership and management.

b. Program Director/Coordinator or Equivalent

(1) Responsibilities. In addition to other assigned responsibilities, the director/coordinator of the educational program shall be responsible for the organization, administration, continuous review, planning, development, and general effectiveness of the program. The director/coordinator shall be sufficiently free from service and other non-educational responsibilities to fulfill the educational and administrative responsibilities indicated.

(2) Qualifications. The director/coordinator of the educational program shall be qualified in terms of academic preparation, teaching abilities, and knowledge of the surgical environment and shall meet the educational standards for faculty as required by the institution.

Guideline: It is recognized that there are organizational differences and that the director/coordinator may not be an operat-

ing room professional; however, he/she should possess a working knowledge of the program's clinical activities.

c. Medical/Surgical Director

(1) Responsibilities. The medical/surgical director shall provide continuous competent guidance for the clinically-related program components and for clinical relationships with other educational programs. The medical/surgical director shall actively elicit the understanding and support of practicing surgeons.

(2) Qualifications. The medical/surgical director shall be a licensed physician and certified or board eligible to be certified in a surgical specialty approved by the American Board of Medical Specialties. The physician must be experienced in the type of health care services for which the student is being trained.

d. Faculty/Instructional Staff

(1) Responsibilities. In each location where a student is assigned for didactic instruction or supervised laboratory practice, there must be a qualified individual designated to provide instruction, supervision, and evaluation of each student's progress in achieving program requirements.

Guideline: Instructors in didactic courses should be aware of the overall organization and objectives of the educational program and should be familiar with the outcome knowledge and skills expected or students in the clinical facilities.

A method should be established for providing adequate communication between the clinical affiliate sites, clinical preceptors, and the sponsoring institution.

(2) Qualifications. The instructors must be knowledgeable in course content and effective in teaching their assigned subjects.

Guideline: Instruction should be conducted by faculty who meet the educational

and work experience requirements of post-secondary educational institutions. Programs should assure that all courses are taught by instructors having qualifications appropriate to the course being taught and that those instructors have current knowledge in that subject.

In securing qualified faculty, careful attention should be given to communication skills such as listening, interviewing, counseling and a knowledge of behavioral sciences.

Instructors who have had no surgical assisting experience may be qualified to provide didactic instruction in such subjects as anatomy, physiology, pathology, microbiology, and pharmacology. Programs should exercise care in selecting faculty for these subjects.

A faculty member who is teaching surgical assisting didactic courses should be a certified surgical technologist (CST®), certified surgical assistant (CSA), certified nurse-operating room (CNOR), physician assistant certified (PA-C), or physician. The faculty member should have appropriate educational background and clinical knowledge of the role of the surgical assistant. Each instructor should be qualified to teach clinical skills and should be sufficiently free from non-educational responsibilities to fulfill the instructional responsibilities required. In addition, the instructor should understand the teaching and evaluation methodologies being used in the total instructional process.

Current curricula vitae for the surgical assisting faculty should be on file with the program.

(3) Number. There shall be sufficient faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competencies needed for entry into the profession.

Guideline: The ratio of students to faculty will vary according to the learning objec-

tives and teaching methods used in any given instructional period. Of principal concern is that the students receive not only the group and individualized instruction required to accomplish the defined learning objectives, but also that tutorial/individualized instructional opportunities should be available for students requiring assistance in attaining the stated objectives of the program.

Determination of faculty teaching loads should be consistent with institutional policy for other faculty.

e. Clinical Preceptors

(1) Responsibilities. Clinical preceptors are responsible for understanding the content and scope of the students educational preparation prior to the clinical practicum. Preceptors shall be responsible for providing clinical assisting experience opportunities, evaluation of student performance in an ongoing manner, informing the program director/coordinator about student performance that is less than satisfactory, and attesting to the level of student achievement during each rotation.

(2) Qualifications. A clinical preceptor shall be a doctor of medicine or doctor of osteopathy who has current surgical privileges at an appropriately accredited institution/healthcare facility. The preceptor may utilize other healthcare professionals who are experienced in the provision of surgical patient care services.

f. Clerical and Support Staff

Adequate clerical and other support staff shall be available.

g. Professional Development

Programs shall provide the opportunity for all program staff and faculty to pursue continuing professional growth. Faculty and staff have a responsibility to make optimal use of these opportunities.

Guideline: Planned programs of professional development should be designed to enhance the instructors' backgrounds in the areas of their greatest need. The focus of professional development should be the educational process and should include formal credit and noncredit experiences. Individuals having no previous instructional experience should be given initial education in learning theory, instructional methods, evaluation, and an overview of the learning and teaching process. Professional development should also stress current knowledge regarding clinical practices and standards.

Faculty and staff should provide documentation of participation in professional development.

Financial Resources

The sponsoring institution shall ensure adequate financial resources to fulfill obligations to matriculating and enrolled students.

Guideline: The program should have the financial and attitudinal support of senior administrative officers. Financial support through budgetary allocations should allow for the salaries of administrative, instructional, secretarial, clerical, and other support staff, as well as for instructional materials, office supplies, staff travel associated with clinical coordination and instruction, staff participation in professional development, and student and alumni services.

Physical Resources

a. Facilities

Adequate classrooms, laboratories, clinical and other facilities, and administrative offices shall be provided for students, program staff, and faculty.

Guideline: Classrooms should meet or exceed state requirements regarding such factors as adequate lighting, ventilation,

and furnishings for student use. Adequate space should be provided for interviewing, counseling, and student faculty conferences.

If a laboratory setting is within a clinical facility, the affiliation agreement should document assurance of adequate availability of appropriate resources.

Offices for instructional staff should be reasonably accessible and suitably private for planning, evaluation, and counseling activities. Security for student records, instructional materials, examinations, and other appropriate program-related materials should be provided.

b. Equipment and Supplies

Appropriate and sufficient equipment, supplies, and storage space shall be provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, reference materials, supplies and equipment, and demonstration materials must be provided when required by the types of learning experiences delineated for either the didactic or supervised clinical education components of the curriculum.

Guideline: The laboratory setting should contain the following items of furniture and supplies: operating table with standard attachments, instrument/back table, Mayo stand, prep stand, IV pole, transport stretcher, ring stand, sitting stool, basic instruments, scrub sink, catheters, blood pressure device, draping materials, sutures and needles, wrappers, gowns, gloves, mass. caps, sheets, antiseptic soap, soap dispenser, brushes, and other appropriate items.

Equipment should reflect what is currently in use in the clinical area. A plan for increasing inventory and replacing outmoded equipment should be in place.

There should be a posted schedule of hours when laboratory facilities are available to students to foster self-instruction.

c. Learning Resources

(1) Library. Students shall have ready access to an adequate supply of current books, journals, periodicals, and other reference materials related to the curriculum.

Guideline: The library should contain standard and contemporary texts as well as related articles and periodicals in surgical procedures and treatment relative to surgical assisting. There should be services of a staff librarian available to assist students. The library should be accessible when the students have free time, and the flow of materials should be controlled to allow opportunity for them to circulate among students.

Faculty should provide guidance and direction in the purchase of publications, periodicals, and other resources pertinent to surgical assisting.

(2) Instructional Aids. Any related reference materials, models, computer hardware and software, and audiovisual resources shall be available in sufficient number and quality to enhance student learning.

Students

Admission Eligibility Requirements

Admission of students shall be made according to clearly defined and published practices of the institution. Because this is an advanced level course, students must be able to show proof of successful completion of basic science (college level) instruction that includes the following: microbiology, pathophysiology, pharmacology, anatomy and physiology, and medical terminology.

Students must possess a working knowledge of operating room fundamen-

tals before moving on to the advanced levels of the program. Operating room fundamentals must include aseptic principles and techniques.

Operating room fundamentals and basic sciences may be included as a part of the program's core curriculum as long as they are presented as an introduction for advanced level core courses.

Guideline: Recommended eligibility requirements for admission into a surgical assisting program are: Bachelor of Science degree (or higher); Associate Degree in an allied health field with three years of recent experience; CST, CNOR, or PA-C, with certification currency; three years of current operating room scrub and/or assisting experience within the last 5 years; military medical training with surgical assistant experience; proof of liability insurance; current CPR/BLS certification; acceptable health and immunization records; and computer literacy.

Admission Policies and Procedures

Admission of students shall be made according to clearly defined and published practices of the institution. Any specific requirements for admission to the program shall be clearly defined and published and readily accessible to prospective students and the public.

Any policies regarding advanced placement, transfer of credit, and credit for experiential learning shall be readily accessible to prospective students.

Guideline: In academic institutions, selection of students should be made according to the generally accepted practice of the institution. In hospital-sponsored programs, selection of students should be made by an admissions committee in cooperation with those responsible for the educational program.

Selection criteria should be evaluated periodically to determine the correlation

with student performance and attrition. Admissions data should be on file.

Applicants lacking prerequisite competencies should be counseled for appropriate remediation prior to program acceptance in order to reduce potential attrition and to permit the program faculty to concentrate on the didactic and clinical education required by the curriculum.

Evaluation of Students

Criteria for successful completion of each segment of the curriculum and for graduation shall be given in advance to each student. Evaluation methods (systems) shall include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical preceptorship components. They shall be employed frequently enough to provide students and program officials with timely indications of the students' progress and academic standing and to serve as a reliable indicator of the effectiveness of course design and instruction.

Guideline: Keyed copies of written and practical examinations should be maintained on file and continually evaluated in terms of their validity, reliability, interpretability, and appropriateness.

Students should be evaluated through clinical observations and written evaluations on a regular basis during the clinical components of the program.

These evaluations should be provided at appropriate intervals relative to the distribution of clinical hours. Evaluation results should be shared with the student to provide him/her with the opportunity to respond and to focus on areas needing improvement.

A satisfactory record system should be provided for all student performance. Enrolled students should have ample time to correct identified deficiencies in knowl-

edge and/or performance prior to completion of the program.

Health

The program officials shall establish a procedure for determining that the applicants' or students' health will permit them to meet the requirements of the program and the clinical sites. Students must be informed of and have access to the health care services provided to other students of the institution.

Guideline: Successful applicants should be required to submit evidence of good health and appropriate immunizations. In both didactic and clinical settings, health services should be provided for the evaluation and maintenance of students' health. When students are in a clinical setting, they should have the same physical examinations and immunizations as are required of hospital employees in the same clinical setting.

Guidance

Guidance shall be available to assist students in understanding and observing program policies and practices, to provide counseling or referral for problems that may interfere with the students' progress through the program, and to provide career counseling.

Guideline: Students should have ready access to faculty for advice regarding their academic concerns and employment opportunities and to professionally qualified staff for help with personal concerns and problems. Resource personnel should be available to advise students regarding implementing a job search, writing a resume, completing employment applications, and preparing for the employment interviewing process.

Operational Policies

Fair Practices

a. Publication of Information

Publications and advertising must accurately reflect the program offered.

Guideline: Official publications should include information regarding the organization of the program, a brief description of required courses, number of credit hours required, names and academic rank of faculty, entrance requirements, tuition and fees, and information concerning hospitals and other facilities used for clinical experience.

b. Nondiscriminatory Practices

Student recruitment and admission and faculty recruitment and employment practices shall be nondiscriminatory with respect to race, ethnicity, creed, sex, age, disabling conditions (handicaps), and national origins.

Guideline: Reasonable accommodation should be provided to applicants with disabling conditions. Applicants should be provided with a clear understanding of the physical demands required by the program, based on tasks performed by a graduate surgical assistant.

c. Student Costs

Tuition, fees, and other costs to students shall be accurately stated, published, and made known to all applicants.

Guideline: Materials should describe all costs to be borne by the students and all services to which the costs entitle the students. Student travel and transportation requirements should be clearly stated.

d. Student or Faculty Grievances

The program or sponsoring institution shall have a defined and published policy and procedure for processing student or faculty grievances.

Guideline: Students should be informed of due process practices with regard to admission/retention policies, unfavorable evaluations, and disciplinary policies such as those for suspension and dismissal. A faculty grievance policy should be defined and the stages of the process should be clearly outlined.

e. Student Withdrawal

Policies and processes for student withdrawal and for refunds of tuition and fees shall be published and made known to all applicants.

f. Student Substitution for Paid Personnel

Student must not be substituted for paid personnel to conduct the work of the clinical facility. However, after demonstrating proficiency, students may be permitted to undertake certain defined activities with appropriate supervision and direction.

Guideline: Clinical phases of instruction should be educational. The substitution of students for regular departmental staff in performing departmental services is not considered to be educationally directed and therefore should not be used to fulfill the clinical requirements of the program.

g. Health and Safety

The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded.

The clinical affiliate site(s) should have written policies that reflect the implementation of current Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) guidelines.

Student Records

Each student shall provide evidence of having satisfied admission eligibility requirements.

Records shall be maintained for student admission, health, attendance, and evaluation of all academic and clinical activities. Grades and credits for courses shall be recorded on each student's transcript and permanently maintained by the sponsoring institution in a safe and accessible location.

Guideline: A report of medical examination upon admission and records of any subsequent illness or injury should be retained by the sponsoring institution. Attendance and grades should be suitably recorded. Appropriate classroom, laboratory, and clinical records for each student should be maintained by the faculty and retained in the institution for a minimum of three years. Locked storage should be provided to assure the maintenance of confidentiality for student and program records.

Program Evaluation

The program must have a continuing system for reviewing the effectiveness of the educational program and must prepare timely self-study reports to aid the staff, sponsoring institution, and accrediting agencies in assessing program qualities and needs.

Outcomes

Programs shall routinely secure sufficient qualitative and quantitative information regarding the program's graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduation competencies specified by the educational program.

Guideline: The manner in which programs seek to comply with this criterion may vary. However, there should be timely efforts made to document the input, data, and analyses utilized. Sources of data may include, but should not be limited to, surveys of graduates and employers on such matters as employment settings, type and

scope of practice, salary, job satisfaction, education and skill sufficiently and inadequately addressed in the educational program; interviews with program graduates and employers of graduates; and data on the evaluation of graduate performance on the national certifying examination.

Results of Ongoing Program Evaluation

The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program.

Guideline: Program evaluation should be a continuing systematic process with internal and external curriculum validation in consultation with employers, surgeons, faculty, preceptors, students, and graduates, with follow-up studies of their employment and national certifying examination performance. Other dimensions of the program merit consideration as well, such as the admission criteria and process, the curriculum design and content, and the purpose and productivity of an advisory committee. If an advisory committee is utilized, it should function according to the policies of the sponsoring institution.

SECTION II: REQUIREMENTS FOR SURGICAL ASSISTING

Description of the Profession

As defined by the American College of Surgeons (ACS), the surgical 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. This role will vary considerably with the surgical operation, specialty area, and type of facility. Clinical skills performed under direct supervision of a surgeon include:

Positioning the Patient

- A. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The surgical assistant will carry out this order. Consideration will be given to the patient's comfort and safety.
- B. Points of pressure shall be padded: elbows, heels, knees, eves, face, and axillary region.
- C. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
- D. Nerve damage shall be guarded against.
- E. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain desired temperature range.
- F. The surgical assistant shall be familiar with common positions as they relate to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:
 - (1) Fracture tables
 - (2) Head stabilizers
 - (3) Body stabilizers
 - (4) C-arm extensions
 - (5) Any other equipment needed
- G. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning, which shall include assessment of skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.

Providing visualization of the operative site by the following:

- A. Appropriate placement and securing of retractors with or without padding.
- B. Packing with sponges.
- C. Digital manipulation of tissue.
- D. Suctioning, irrigating, or sponging.
- E. Manipulation of suture materials (e.g., loops, tags, running sutures).

- E. Proper use of body mechanics to prevent obstruction of the surgeon's view.

Utilizing appropriate techniques to assist with hemostasis.

- A. Permanent
 - (1) Clamping and/or cauterizing vessels or tissue.
 - (2) Tying and/or ligating clamped vessels or tissue.
 - (3) Applying hemostatic clips.
 - (4) Placing local hemostatic agents.
- B. Temporary
 - (1) Applying tourniquets and demonstrating awareness of the indications/contraindications for use with knowledge of side effects of extended use.
 - (2) Applying vessel loops.
 - (3) Applying noncrushing clamps.
 - (4) Applying direct digital pressure.

Participating in volume replacement or autotransfusion techniques as appropriate.

Utilizing appropriate techniques to assist with closure of body planes.

- A. Utilizing running or interrupted subcutaneous sutures with absorbable or nonabsorbable material.
- B. Utilizing subcuticular closure technique with or without skin closure strips.
- C. Closing skin with method indicated by surgeon (suture, staples, etc.).
- D. Postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon.
- E. Other

Selecting and applying appropriate wound dressings, including the following:

- A. Liquid or spray occlusive materials.
- B. Absorbent material affixed with tape or circumferential wrapping.
- C. Immobilizing dressing (soft or rigid).

Providing assistance in securing drainage systems to tissue.

Curriculum

Program Description

Faculty and student shall be provided with a clear description of the program and its content, including learning goals, course objectives, supervised clinical practice assignments, and competencies required for graduation.

Instructional Plan

Instruction must follow a plan that documents the following:

- a. Appropriate learning experiences and curriculum sequencing to develop the competencies necessary for graduation, including appropriate instructional materials, classroom presentations, discussions, demonstrations, and supervised practice.
- b. Clearly written course syllabi that describe learning objectives and competencies to be achieved for both didactic and supervised clinical practice components.
- c. Frequent, documented evaluation of students to assess their acquisition of knowledge, problem identification and problem-solving skills, and psychomotor, behavioral, and clinical competencies.

Guideline: A master copy of the complete curriculum should be kept on file with the program director/coordinator and should include all modifications and recent changes. Copies of course outlines, class schedules, records of clinical experience, multimedia instructional aids, and teaching plans should be on file and available for review.

Students and instructors should be familiar with the behavioral and educational objectives of the program. Objectives should be developed for both the didactic and clinical courses and should be utilized

when evaluating the cognitive, psychomotor, and affective skills included in the curriculum.

The requirements for a degree or certificate of completion should be consistent with the requirements for other degrees or certificates awarded by the institution.

Curriculum Content

a. Preclinical Didactic (lecture and laboratory) course content

(1) Advanced Surgical Anatomy: regional study of anatomy related to surgical procedures; to also include review of physiology relevant to surgery and introduction to basic embryology, histology, and pathology.

(2) Surgical Microbiology: review of infectious processes and organisms, immune responses, risks to patients and personnel, and universal precautions.

(3) Surgical Pharmacology: review of drugs used in surgery and emergency drugs; review of anaphylactic and toxicity reactions

(4) Anesthesia Methods and Agents: review of anesthetic agents and their methods of administration; how the surgical procedure may be affected by the agents used.

(5) Bioscience: wound healing and complications; understanding diagnostic tests; care and handling of surgical specimens; management of the critically ill patient; use of hypo/hyperthermia; fluid balance; skin assessment.

(6) Ethical and Legal Considerations: basic patient and caregiver rights; surgeon-assistant relationship; liabilities; responsibilities for reporting and documentation.

(7) Fundamental Skills: placement of monitoring devices; review of bladder catheterization, surgical positioning, application of tourniquets, prepping and draping; operative instrumentation; visu-

alization techniques; hemostasis; suturing and knot tying techniques; dressings and drainage systems; postoperative pain control methods; use of special equipment.

(8) Complications During Surgery: recognition and appropriate action.

(9) Interpersonal Skills: including team relationships, stress management and recognition of limitations.

(10) Clinical Application of Computers
Guideline: 250 to 270 clock hours of instruction (lecture and laboratory) should be adequate for the course content listed above. Because the student population for this advanced level program is likely to be professionals who are concurrently employed in an operating room or surgical environment, sponsoring institutions are strongly encouraged to offer the curriculum courses on an evening and/or weekend schedule.

b. Supervised Clinical Preceptorship

The purpose of the clinical preceptorship is to provide training in basic surgical skills of assisting, under the direct supervision of

the qualified preceptor, to be accomplished within an appropriate time frame. The student shall demonstrate a safe level of practice and knowledge in each of the areas listed below. A statement of proficiency from the clinical preceptor is required upon completion of each rotation.

- (1) General surgery
- (2) Orthopedic surgery
- (3) Peripheral vascular surgery
- (4) Endoscopic procedures
- (5) Electives in two other surgical specialties

Guideline: It is anticipated that demonstration of proficiency in general and orthopedic surgery will require a minimum of 20-25 major open cases and 10-15 minor cases in each area, a minimum of 10-15 cases in peripheral vascular surgery, 20 cases in endoscopy, and 20 cases from the two specialty surgery electives. Although not mandatory, it is recommended that the graduate be clinically proficient in the more complicated surgical procedures, such as cardiovascular and neurosurgery.

ASA SPOTLIGHT

**The Association of Surgical Assistants has a new URL:
Visit our web page at
www.surgicalassistant.org.**

ASA Sponsors Two Events at AST National Conference in Las Vegas, May 29-31, 2002

ASA members will have two special opportunities at the AST 33rd Annual National Conference. Tuesday before conference, "The Business of Surgical Assisting: A Learning and Network Opportunity," will focus on business issues faced by established surgical assistants, surgical assisting businesses, and those just starting out in

the field. This six-hour workshop will examine how the hot-button topics of reimbursement and regulation are being addressed regionally and nationally and enjoy the opportunity to exchange experiences with surgical assistants from around the country. Friday, ASA will host "Politics, Power and You: A Grassroots Training Workshop." The session will be lead by Michael Dunn, president of a leading Washington, DC, lobbying organization. Don't miss these two big events. See the ASA web site for details.

**ASA Forum and Lobby Day:
September 2002, Washington, DC.
Watch for details.**