ASANEWS
ASSOCIATION OF SURGICAL ASSISTANTS
SUMMER 2009 15 NUMBER 3

THE VOICES OF SURGICAL ASSISTANTS

At the ASA Annual Meeting, a survey was distributed to all attendees, who were requested to complete the survey and submit the results onsite. The purpose of the survey was to find out what advanced practitioners wanted from a professional membership organization and determine their priorities.

This survey was the initial step in exploring the establishment of an organization that is dedicated to the profession of surgical assisting and its practitioners—whatever their credential: CFA, CSA, SA-C, AS-C or any of those who currently fulfill the role of the surgical assistant.

Ten questions were posed and ranged from single response answers to short essays. Highlights of the survey responses will be provided here.

If the ASA Annual Conference was not held in conjunction with the AST Conference, would you still attend?

Yes	82.8%
No	13.8%
Other	3.4%

If the ASA Annual Conference was held in conjunction with the AST Conference, but separate educational tracks were provided, would you still attend an annual meeting in the fall that was scheduled independently?

Yes	83.3%
No	14.8%
Other	1.9%

Which benefits would you like to have with your membership?

Responses varied here and included:

"Equal representation for all states and legislative support."

"Equal treatment for all surgical assistants, regardless of title."

"Monthly literature. Tracking CEs. Credit Cards. Malpractice Insurance."

"Good conference. Good organization."

"Working toward national exposure of the profession."

"Updates for practice guidelines."

"Increased emphasis on strict legislative measures for licensure and reimbursement."

"Opportunity for CME."

"More hands-on things to benefit surgical assistants."

"Group malpractice."

"Information for new assists to help get started."

"More information about my career."

Opportunity for CEs and forums (online). Opportunities to meet other surgical assistants. Direction for new graduates in getting ready to take the certifying exam. Taxonomy codes.

"Unity between all practitioners"

How can a professional surgical assisting organization assist you?

"Provide information on the future of the profession and information for increasing collection of billing services."

"Help with credentials and national recognition."

"Prepare you for future challenges. Help with finding a better job."

"Lobby insurance to pay is the main thing. Lower rates for malpractice."

"By working with state and federal governments to legislate certification, licensure qualifications. Working with government and HMO/PPO organizations to aid in billing/reciprocity."

"Support training. Legislation to become licensed. Advance my skill levels. Promote profession with credibility. Respect. Become united in all states and not divided."

"Educating the public about our title and role and encouraging young people to become surgical assistants."

"Increased recognition, education, networking, legislation."

"Help me learn more about being a surgical assistant to become a better surgical assistant. To feel that I belong to an organization that cares about people and their welfare."

"Strength in numbers. Solidarity among the different credentials."

Why did you attend the surgical assisting meeting?

"Information on billing, coding and information on ASA."

"Networking. See what others are doing."

"Credits. Knowledge of what is happening outside California."

"Insight on new legislation for my area. CEs and education."

"Good information. Tips for the job."

"Networking. New techniques."

"To gain information about current practices."

"Only attended the forum for networking. Want to know/learn which direction we're heading."

Which of the following membership options would you like to have?

Membership in a specialty surgical organization, such as ACS or AAOS?

Yes 55.9%

Improved access to billing companies?

Yes 47.1%

If ASA becomes independent of AST, would you still remain an AST member?

Yes 74.5%

Still attend AST conference?

Yes 66.7%

Did you become a surgical assistant through a formal program or OJT?

Formal program 52.9%

OJT 47.1%

Survey responses related to the type of surgical assistant education experienced ranged from specific programs that included American Center for Excellence in Surgical Assisting, Madisonville Community College, Meridian Institute of First Assisting, National Institute of First Assisting and Vincennes University.

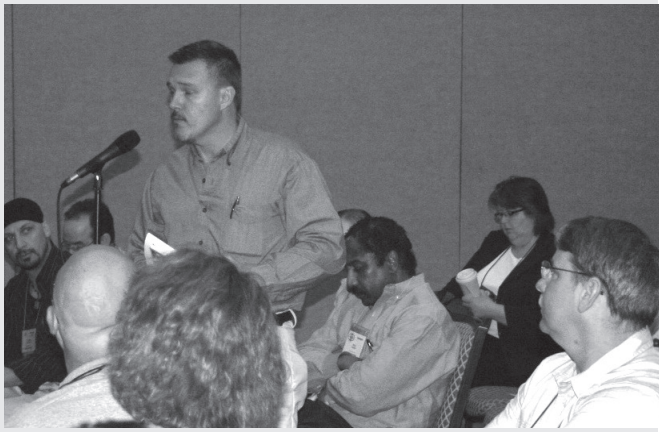
A wide array of credentials were listed by participants and included: Assistant at Surgery—Certified (AS-C), Certified First Assistant (CFA), Certified Surgical Assistant (CSA), Surgical Assistant—Certified (SA-C) and others who are performing in the role of surgical assistant.

The ASA Advisory Committee wants all surgical assistants to know: "We hear you." Based on this feedback, plans and options are now being explored. In the next issue of the newsletter, we intend to present new directions and opportunities for all surgical assistants.

If you are interested in becoming more involved, please contact us at *ASAAdvisoryCommittee@AST.org.*

ASA 11TH ANNUAL MEETING NETWORKING AND LEARNING IN LAS VEGAS

Attendees of the ASA 11th Annual Meeting enjoyed the opportunity of hearing Jorge Lazareff, MD, Director of UCLA Pediatric Neurosurgery, who is internationally recognized for leading surgical teams on young patients who have developed a second head.



In addition, other topics included *Bloodless Transfusion-free Cardiac Surgery, Surgical Assistants and the Law, Robotics in the O.R.* and *Paranasal Sinuses.*

Attendees were able to hear the latest updates in the legislative field and exchange information with colleagues from across the country—one of the most important benefits of this event. All credentials were represented—CFA, CSA, AS-C and SA-C, as well as practitioners who performed the responsibilities of the surgical assistant role. Individual attendees were self employed, hospital employed, working in surgery centers, educators and in the military. A diverse group representing many interests joined together to advance their knowledge and enjoy the opportunity to connect with their peers.

Discussions are already underway for next year's surgical assistant educational opportunities. The response to the educational presentations in Las Vegas was very positive, and we will be working to provide surgical assistants with the most advanced education presentations possible in the Dallas-Ft Worth area. Ifyou have any suggestions for speakers, please contact Christine Robertson, *christine.robertson@ast.org.*

PROGRAM NAME	LENGTH	ACCREDITATION	CERTIFICATION EXAM
American Center for Excellence in Surgical Assisting	16 months	CAAHEP accredited	Eligible for CFA Exam
Eastern Virginia Medical School	22 months	CAAHEP accredited	Eligible for CFA Exam
Macomb Community College	21 semester hours	CAAHEP accredited	Eligible for CFA Exam
Madisonville Community College	16 semester hours	CAAHEP accredited	Eligible for CFA Exam
Meridian Institute of Surgical Assisting	12 months	CAAHEP accredited	Eligible for CFA Exam
National Institute of First Assisting	21.5 semester hours	CAAHEP accredited	Eligible for CFA Exam
Tulsa Technology Center	650 Hours	CAAHEP accredited	Eligible for CFA Exam
University of Cincinnati—Clermont	27 semester hours	CAAHEP accredited	Eligible for CFA Exam
Vincennes University	29 semester hours	CAAHEP accredited	Eligible for CFA Exam
Wayne County Community College	3 semesters	CAAHEP accredited	Eligible for CFA Exam

NIFA
firstassisting.com

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Nationally Accredited Distance Learning Program leading to the CFA® title.
CAAHEP
Enroll now for only $2995
when paid in full; or ask about our payment plan as low as $120.85 a month.
Enrollment Bonus: 34 Hrs of hands-on simulated labs.

SCOPE OF PRACTICE AND THE PHYSICIAN'S DELEGATORY AUTHORITY

Catherine Sparkman, AST Director of Government Affairs

When it comes to the role of surgical assistants, there is only one defining answer—there are no policies that are consistently observed in all 50 states. Scope of practice is recognized in some states. In others, surgical assistants function under the delegatory authority of the physician. Even that's not always so clear cut when individual states have enacted some specific statutes governing licensure for performing individual functions in an invasive surgical procedure. This brief article is intended to provide an introductory framework to the multiple layers of regulations that determine the parameters of the surgical assistant's responsibilities in the operating room.

The authority to practice as a surgical assistant is governed by state law. A spectrum of statutes, agency rules, medical practice act provisions and board of medicine opinions collectively address the scope of practice of surgical assistants and the delegatory power of the surgeon to assign tasks, functions and responsibilities to assistants at surgery, both unlicensed and licensed. An independent scope of practice is recognized in those few states where surgical assistants are licensed, ie, the District of Columbia, Illinois, Kentucky, Texas and Washington. The District of Columbia requires all persons practicing as surgical assistants to obtain a license; and the regulations list the tasks a surgical assistant may perform and provide that the physician must directly supervise the surgical assistant and remain within the surgical suite (although not the operating room), while the surgical assistant performs. Illinois registers surgical assistants; however, the registration rules amount to a title protection program, as the statute specifically notes that health care facilities and licensed physicians are not required to use registered surgical assistants. Kentucky provides state certification for surgical assistants; however, surgical assistants employed by a hospital and under the direct supervision of a registered nurse are exempt from the certification requirement. A surgical assistant is defined by the Kentucky Board of Medical Examiners as a person who provides aid under direct supervision in exposure, hemostasis, closures, and other intraoperative technical functions that assist a physician in performing a safe operation with optimal results for the patient. Texas law provides for the licensure of surgical assistants; however, exemptions to the licensure requirement are broad and render the program, in practice, voluntary. The list of exemptions includes a person acting under the delegated authority of a licensed physician, who must be physically present in the operating room and directly supervise the surgical assistants.

The authority of an unlicensed surgical technologist to practice is circumscribed in four states: California, Connecticut, New Jersey and New York. A legal note promulgated by Counsel for the California Medical Board in 1999 stated that since California law and regulations provide no definition of, or scope of practice for, surgical first assistants, it is unlawful for any person to practice medicine without a license and specified that clamping, cutting, tying, and suturing tissue would constitute the practice of medicine. In 1992, the Connecticut State Department of Education stated that physicians "can delegate certain licensed functions to other licensed health care providers under his/her supervision, but not to unlicensed persons."

Absent statutes, regulations or other authority that prohibit the practice of surgical assisting, surgical assistants derive their authority to practice from the delegatory authority of the physician recognized in most every jurisdiction. This delegatory authority may appear in state board of medicine opinions, administrative codes or statutes, medical practice acts, or administrative rules.

EXAMPLES OF THE PHYSICIAN'S AUTHORITY

Opinions by State Boards of Medicine

MONTANA: "The medical practice act contemplates that persons "who assist physicians in the practice of medicine may do so "provided they render services under the appropriate amount

and type of supervision… No statute or other authority exists that restricts either the type of tasks which may be delegated or to whom they may be delegated by a licensed physician." (Montana Board of Medical Examiners Opinion dated November 20, 1999).

Administrative Codes or Other Statutes

Iowa: "Nothing in this chapter affects or limits a physician's existing right to delegate various medical tasks to … assistants acting under the physician's supervision or direction." Chapter148C.8, Subtitle 3, Iowa Public Health Code.

Georgia: "Nothing in this Code shall be construed to limit or repeal any existing authority of a licensed physician to delegate to a qualified person any acts, duties or functions which are otherwise permitted by law or established by custom" GA Code Sec. 43-34-26.1 "The roles, responsibilities and qualifications for any non-physician first and second assistants participating in surgery shall be defined by the hospital medical staff, including any limitations to their roles in patient care." GA Code Sec. 290-9-7.28

Oklahoma: The Oklahoma Allopathic Medical and Surgical Licensure Supervision Act shall not prohibit the services rendered by a physician's unlicensed trained assistant, if such service is rendered under the supervision and control of a licensed physician…" Title 59, O.S. Sec. 492E.

Medical Practice Acts

Colorado: It is the responsibility of the physician to ensure that the delegatee has the necessary education, training or experience to perform each medical service. The delegating physician must provide personal and responsible direction and supervision of delegatees consistent with generally accepted standards of medical practices. Rule 800, Board of Medicine, Colorado Medical Practice Act.

New Mexico: The licensure provisions of the medical practice act do not apply to, "A properly trained … surgical assistant performing under the physician's employment and direct supervision … a medical act that a reasonable and prudent physician would find within the scope of sound medical judgment to delegate … The delegating physician shall remain responsible for the medical acts of the person performing the delegated medical acts."

North Carolina: "This subdivision shall not limit or prevent any physician from delegating to a qualified person any acts, tasks and functions that are otherwise permitted by law or established by custom." NC Medical Practice Act Sec. 90-18(13)

Pennsylvania: "Delegation of duties to health care practitioner or technician: (a) A medical doctor may delegate to a health care practitioner or technician the performance of a medical service if (1) the delegation is consistent with the standards of acceptable medical practice embraced by the medical doctor community in this Commonwealth; (2) the delegation is not prohibited by regulations promulgated by the board; (3) the delegation is not prohibited by statutes or regulations relating to other licensed health care practitioners." A technician is defined as, "a person, other than a health care practitioner or physician assistant, who through training, education or experience has achieved expertise in the technical details of a subject of occupation which is a component of the healing arts."

Virginia: "A practitioner shall not: (1) knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised." 18VAC85-20-29.

Wisconsin: Exception to requirement of a license to perform medical acts, "(2)(e) any person … who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide or oversee the implementation of the patient services rendered."

Administrative Rules

Florida: Performance of Delegated Tasks by Non-licensed Personnel: "A licensee shall be responsible for all delegated acts performed by persons under either direct or indirect supervision." Florida Administrative Code, Rule No. 64B8-44.008

Minnesota: A surgical assistant is a "person who assists a physician … in surgery but is not licensed." Minnesota Administrative Rules, Ch. 9505

CONCLUSION

The issue of lawful delegation of surgical tasks and functions to qualified unlicensed surgical assistants may be presented in a myriad of ways. For a complete compilation of statutes, rules, opinions and other official pronouncements regarding the delegatory authority of the physician regarding surgical assistants, and the responsibility of the practitioner for delegated act, visit the public policy website at www.ast.org.

CONGRATULATIONS! YOU'RE A CFA!!

Kathy Duffy, CST, CFA

Three… two… one… Congratulations, you passed the CFA examination!!! What a relief! Are you sure? How many did I get wrong? How can I find out? Does it matter?

The very first thing I did was call my husband and scream. The second call I made was to my mentor and scream. I think it took about two weeks for my feet to hit the floor. I was on such a high. I don't think I'll ever take another test that is as challenging.

Now, what can I do with this new certification? Well, at my hospital, CFAs cannot work as CFAs. Quit my job? Lose my benefits? How do I get business? How do I set up a business? Do I really want to? What surgeons will work with me? What surgeons will trust me? What to do, what to do?

Discussing my dilemma with my surgeon mentors, it came to my attention that in order to practice as a CFA, I needed to be credentialed and have a sponsor. What does that mean? It means that you need to have permission by a facility's credentialing committee to be on their allied health staff. Easy, right? Wrong. I found out that applying for credentialing involves many, many hurdles.

Initially, I went to the medical staff office of my employer, introduced myself with my title and asked for a packet for credentialing. I was very kindly told that my hospital does not credential CFAs. What??? Why, what do you mean? How can I work as a CFA, if you don't credential CFAs? I was directed to go to contracts administration and ask for a vendor contract. I was unaware that in prior years, CFAs were credentialed through medical staffing, but there was a change in policy that stated that non-licensed surgical assistants must be considered a vendor and must sign a contract before proceeding. Fine… send me the contract.

The contract was a 30-page document with articles, addenda, signature pages and requirements. I need malpractice insurance? How can I afford that if the surgeons can't afford it? I'm cooked, was my first reaction — but not for long. I looked for malpractice insurance and began my search online, Googling "Malpractice Insurance" and received pages of search results. After a few phone calls and quotes, (the lowest was $2,500 annually), I checked out the AST offer for malpractice insurance.

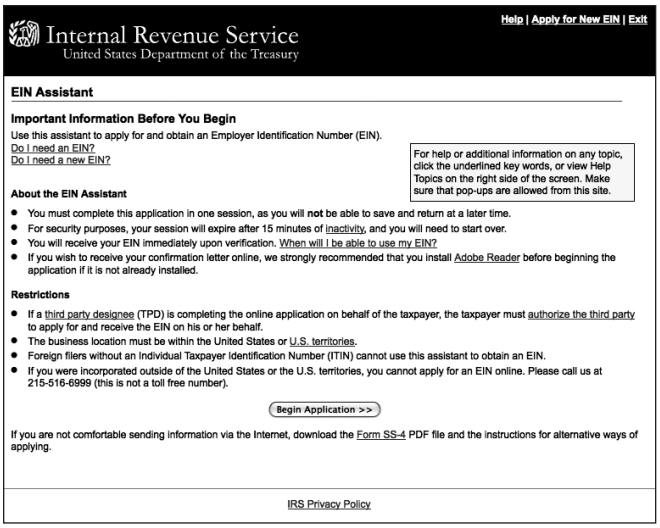
As an AST member benefit, I was quoted an extremely reasonable rate for malpractice insurance. They offer a minimum coverage of $1,000,000/$3,000,000 and depending on how the business is set up, the rate varies from $90 per year to $320. What a deal!! E-mail me the application and I'll email it back, and have coverage within 24 hours!!

I can do this… but wait… I guess I need a business name. Originality and creativity are not my forte and I ended up with KAD (my initials) Surgical Assisting Inc. I also need an EIN number (tax id number) and what the heck is an NPI number? This is not going to be as easy as I thought!

Should I incorporate or not? (YES). Thank goodness for the Internet!! It has made registering a corporation very easy and, depending on what state you live in, very inexpensive. I found Florida's business website (www.sunbiz.org) and followed the instructions for registering my business name. Typically, a Google search for your state's official "business" website will get you to the site that you need and instructions for registering your business name. There is a fee involved, but most can be paid by credit card or Pay Pal.

Now for the EIN number. Having a business in a prior life helped in knowing how to get an EIN. I applied at www.irs.gov. There is no charge for registering and I received my EIN number immediately.

Now I needed an NPI number. What is that? After another Google search for NPI number, I was directed to www.nppes.cms.hhs.gov. This website explains what it is and how to apply for it. It's the National Provider Identification number, which identifies me as a CST, CFA. It is exclusive to me, so that I cannot be mistaken (on paper) for a PA, RNFA, MD, DO or DPM. Every provider (person or facility) must have an NPI number in order to do business with anyone. After application, it can up 14 days to assign a number, but I received mine right away via email. (Visit www.surgicalassistant.org and click on the NPI link posted on the front page.)



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Help | Apply for New EIN | Exit

EIN Assistant

Important Information Before You Begin

Use this assistant to apply for and obtain an Employer Identification Number (EIN).
Do I need an EIN?
Do I need a new EIN?

For help or additional information on any topic, click the underlined key words, or view Help Topics on the right side of the screen. Make sure that pop-ups are allowed from this site.

About the EIN Assistant

- You must complete this application in one session, as you will **not** be able to save and return at a later time.
- For security purposes, your session will expire after 15 minutes of inactivity, and you will need to start over.
- You will receive your EIN immediately upon verification. When will I be able to use my EIN?
- If you wish to receive your confirmation letter online, we strongly recommended that you install Adobe Reader before beginning the application if it is not already installed.

Restrictions

- If a third party designee (TPD) is completing the online application on behalf of the taxpayer, the taxpayer must authorize the third party to apply for and receive the EIN on his or her behalf.
- The business location must be within the United States or U.S. territories.
- Foreign filers without an Individual Taxpayer Identification Number (ITIN) cannot use this assistant to obtain an EIN.
- If you were incorporated outside of the United States or the U.S. territories, you cannot apply for an EIN online. Please call us at 215-516-6999 (this is not a toll free number).

Begin Application >>

If you are not comfortable sending information via the Internet, download the Form SS-4 PDF file and the instructions for alternative ways of applying.

IRS Privacy Policy

So, with business name, EIN and NPI numbers in hand, I apply for the malpractice s insurance. The application was approved, and a certificate was emailed to me right away,

Let the credentialing process begin!!

Most facilities in the vicinity of my home (except my home hospital!) would allow me to apply to be credentialed on their allied health staff. The process is the same regardless of title. The question before me at this point was, "Who will sponsor me?" "Who will want to work with me?" I approached my surgeon mentors, a group of surgeons, who really don't need an assistant. Their practice is set up in such a way, that they assist each other. That being said, my approach to them was, "What about weekends/holidays?" After discussion with each of them, they agree to sponsor me at all the hospitals where they work. I have already signed the vendor contract my hospital requires and provided them with proof of certification and malpractice insurance, so I'm good to go at that facility. I contacted the medical staff office of two other hospitals to request a packet. One of the hospitals requires a pre-application, and the other hospital needs a copy of my CV before they will send out a packet. After much angst and research, I figured out that a CV (Curriculum Vitae) is like a resume but includes more detailed background information.

Both hospitals required approximately the same information. I found that my history is important to the facility. I needed to provide information on my background, including my training, experience, certifications, CEUs, along with proof of insurance, liability cases pending against me and an entire range of things. I also needed to provide signatures and evaluation letters from my sponsoring surgeons. As an independent practitioner, I must have evaluation forms signed by the sponsoring surgeons I plan on assisting. Many facilities will only let you work with your sponsors. Other facilities are a little more lenient, especially if there is an emergency situation, where experienced hands are needed. Once I provided all the documentation required by the application, and the application fee ($200-$400), the information was reviewed for completion, then presented to the credentialing committee for review and approval. This process often requires 60 to 120 days, because most credentialing committees meet only once per month. One facility required an interview in front of the credentialing committee, before making their final decision.

As grueling as this process may seem, it's really the easy part. Jumping into full-time assisting as an independent practitioner was not something I was financially ready for. Consequently, I made myself available to any surgeon who needed an assistant on the weekends and on my days off. What I realized early on is that most surgeons already had an assistant. I certainly wasn't crazy enough to think that just because the surgeons knew me as a tech, that they would automatically want to use me as an assistant. And the transition from tech to assistant is not always smooth. When walking the fence between the two, it's easy to slip into tech mode when working as an assistant and vice versa.

Even though I've been certified since 2007 as a CFA, to be successful as a CFA in business, in the beginning, you must be available 24/7. As my experience grew and my contacts with surgeons grew, I was being utilized as a backup assistant. But availability is the key to growing any business and having a full-time job as a tech really limited my availability to work as a CFA. I made the decision to leave my full-time job, and all the benefits, and concentrate on growing my independent practice. It was a big decision with very big rewards. Scary? Of course! Especially since I really don't know how this will play out, especially in this economy.

I'm of the belief that if you love what you do, the rest falls into place. But there are always pitfalls.

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NATIONAL INSTITUTE OF FIRST ASSISTING

In 1995, the National Institute of First Assisting was launched to fulfill a mission to provide quality surgical first assistant training to non-physician surgical assistants.

At the time, many practitioners were performing the role of the surgical assistant without access to formal training and education to prepare them for the national certification examination.

The program utilizes an online, distance learning format and includes basic to advanced wound closure presentations. Early in the institute's history, workshops were conducted in many cities across the country in order to accommodate as many practitioners as possible.

Since receiving CAAHEP accreditation, the program is expecting only a few enrollments per month, but hopes to grow the enrollment exponentially as more hospitals seek skilled advanced practitioners.

Currently, NIFA is not able to offer any placement services to new graduates but as the role of the non-physician surgical assistant continues to expand, employers will be increasing their hiring commitments to respond to the economic pressures of rising health care costs and the needs to utilize economic alternatives when possible.

The program director, Rodney Jensen, CST, CFA, was formerly director of surgical assistants at Kaiser Permanente. He strongly believes in education and certification as the ideal pathway for a career in surgical assisting. In order to alert students about future career possibilities, he is looking forward to working with surgical technologist program directors in assisting them educate students about considering surgical assisting as part of their career path.

While the program does not have a relationship with the local state assembly, the intent is to establish one in the near future.