

Independent action

ACS lists surgeons' assistant standards

Standards aimed at promoting high-quality training of surgeons' assistants have been adopted by the American College of Surgeons and published in the August issue of the college's *Bulletin*.

C. Rollins Hanlon, MD, director of the college, said that in publicizing the essentials the college was "regretfully acting independently" of the American Medical Association.

The step, he said, "is taken deliberately after more than three years of efforts" at cooperation by the college's Committee on Allied Health Personnel, which "has meticulously followed the AMA suggestions as it worked to set high standards for the surgeon's assistant."

DR. HANLON said the college first believed the AMA would "join with us" in publication of approved essentials of educational standards for the surgeons' assistant, but subsequently "withheld approval on various grounds, most prominently the presumed lack of fully demonstrated need."

According to Dr. Hanlon, more than 8,000 of the college's 15,500 Fellows, in response to a survey question, indicated that they would utilize "a medically trained, experienced, and competent non-MD" to assist them with surgical procedures. He added that the college has "been under heavy pressure to set standards for these educational programs."

AN AMA SPOKESMAN expressed disappointment that ACS established its own essentials rather than collaborating with the AMA, but said chances are good that a compromise can be worked out in the near future.

Francis C. Coleman, MD, Tampa, Fla., chairman of the AMA Council on Health Manpower, said the AMA is not convinced there was a national need for surgical assistants and said the ACS, itself, had some reservations about such a need.

He noted, however, that in the council's opinion, the ACS questionnaire did not differentiate between surgeons' assistants and such existing occupations as the operating room nurse.

Dr. Coleman said he hoped that the primary-care physician's assistant, with suitable changes in selection and training, could fill whatever local need might be found to exist, and that this mechanism might be acceptable to both ACS and AMA.

John B. Dillon, MD, Los Angeles, chairman of the AMA council's Committee on Emerging Health Manpower, said the need for surgical assistants is "a local problem, restricted to isolated areas of the country . . . there is no national need."

NOTING THAT the U.S. has plenty of surgeons and the only shortages are caused by maldistribution, Dr. Dillon said the AMA is concerned about the establishment of essentials for a new category of surgical assistants for which the need is limited and perhaps transient.

Dr. Dillon said the level of skill called for in the essentials may exceed the educational requirements; the essentials do not appear to have the wholehearted support of all surgeons;



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William Sodeman, MD
... says accreditation must follow normal procedures ...

and surgical assistants, like orthopedic assistants, may in some cases not be "hirable." He added, "We are concerned about creating something for which there may be, in general, no real future."

William A. Sodeman, MD, Philadelphia, chairman of the AMA Council on Medical Education, pointed out that the AMA could not act on accreditation of the ACS essentials until they were cleared through the usual channels.

Those channels, Dr. Sodeman said, would be for the AMA Council on Health Manpower, working with the appropriate specialty group, to determine the need for such an allied health worker, and then to gain the approval of the AMA House of Delegates. At this point, he said, the Council on Medical Education would develop and accredit training programs.

DR. HANLON said the ACS essentials have been designed "to set high standards so that the public and the profession will be able to recognize a high-quality product in this category of health worker." Then he pointed out, "Everyone should realize that the surgeon's assistant is not the same as the operating room technician."

In the essentials, the college's AHP

Committee said such an assistant "should be a skilled person qualified by academic and clinical training to provide patient services under the supervision and responsibility of a surgeon who is, in turn, responsible for the performance of that assistant."

Essential qualities for an assistant were listed as "intelligence, the ability to relate to people, a capacity for calm and reasoned judgment in meeting emergencies, and an orientation towards service."

The college's standards note that, "The ultimate role of the assistant to the surgeon cannot be rigidly defined because of the variations in practice requirements due to geographic, economic, and sociologic factors."

THE STANDARDS recommend that an assistant, prior to entering a training program, should have two years of college or its equivalent, with courses in biology, physics, chemistry, algebra, and geometry.

The suggested training program would have one year of pre-clinical work and one of clinical training, with a curriculum including courses in: gross anatomy, medical terminology, medical physiology, introduction to medicine, medical history and physical examination, sterile technique and introduction to the operating room, principles of

surgical patient care, surgical care techniques, introduction to x-ray interpretation, electrocardiogram recording technique and interpretation of cardiac problems, pulmonary function tests, and inhalation therapy.

The standards also set forth a suggested clinical curriculum to provide the assistant with a variety of training experiences under the guidance of a surgeon or surgical resident.

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