



JOURNAL
OF THE
AMERICAN ASSOCIATION
OF
SURGEON'S ASSISTANTS

VOLUME I, ISSUE II

SEPTEMBER 1977

JOURNAL
OF THE
AMERICAN ASSOCIATION
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SEPTEMBER 1977

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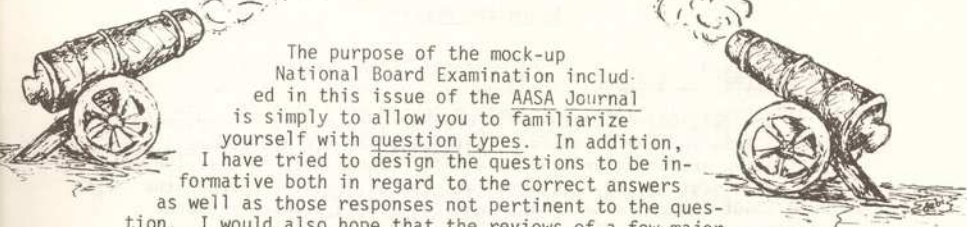
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To This Year's "Light Brigade"...)



The purpose of the mock-up National Board Examination included in this issue of the AASA Journal is simply to allow you to familiarize yourself with question types. In addition, I have tried to design the questions to be informative both in regard to the correct answers as well as those responses not pertinent to the question. I would also hope that the reviews of a few major topics included herein will allow you to assess your own requirements in terms of material needing a "brush-up".

By no means is the examination meant to be all-inclusive nor is it intended to be a perfectly accurate replication of the actual National Board Examination. Needless to say, that would be impossible since the test questions for each year are different. However, I would hope that some success was reached in coming as close to the scope and difficulty of the National Board test questions as possible so that those of you planning to take the examination in October of 1977 would be able to assimilate the flavor of the examination.

As to how long you should set aside to prepare for the examination beforehand, I do not believe there is a hard and fast line. Of the surgeon's assistants taking the examination last year, the time spent preparing for the exam ranged from two days to four months. All individuals involved managed to survive and now carry the distinction, whether desirable or not depends upon your viewpoint, of "P.A.-C".

In short, I would suggest that you spend as much time in preparing for the examination as will allow you to feel relatively comfortable in terms of your general overview of primary care medicine and the expenditure of \$165.

Finally, in closing, although from my personal experiences I realize that it is difficult, I would urge you not to allow your anxiety to get the better of you in anticipation of the National Board Examination. It is my personal conviction that anyone who can stand the rigors of a two-year surgeon's assistant training program can at a minimum survive the examination and in most instances excel.

I would ask one further service of those who intend to take the examination this fall. Try to compare this year's examination with the mock-up National Board Examination published herein. I would hope that we would be able to improve on the practice examination so that upcoming surgeon's assistants might have the opportunity of a more representative and accurate sample national board examination.

Charge on...

Best of luck!

David Bissonette, S.A., P.A.-C



Executive Reports

An Informative A.A.S.A. Brochure

Several hundred copies of a brochure explaining the purposes of the AASA and the benefits of belonging to this professional organization are being printed this fall. These will be distributed at C.M.E. meetings and regional conferences to help "spread" the word about Surgeon's Assistants and to rally a broader national roster of members. If you will be attending any meetings where you'll be in contact with other S.A.'s or with P.A.'s who are employed by surgeons, you may obtain free brochures from Jacques Hall (Birmingham), Jean Cary (Lexington), or Dave Bissonette (Pittsburgh).

Cancellation of Fall Cardiology Conference

Dean Blietz regretfully reports that the cardiology conference that was tentatively planned for this autumn in Grand Rapids, Michigan has been cancelled.

We are considering having the next A.A.S.A. national meeting in Lexington, Kentucky at the turn of the year. This would be a more geographically central location than Birmingham; thereby stimulating larger attendance. Dean Blietz, chairman of the planning committee, will be soliciting the help of everyone to make this an informative and fun conference. If you have any suggestions regarding speakers, activities, displays, movies or paper presentations, please contact him at 559 Charlotte, N.W., Grand Rapids, Michigan, 49504.

Treasurer's Report

All A.A.S.A. members who graduated after 1974 should receive their membership certificates this fall. Please notify Chris Spivey (Route 4, Box 1385, Pell City, Alabama, 35125) if you graduated prior to 1974 and have not received any certificates. All members will be receiving new membership cards. In the future, these cards will be issued to individuals at the time members in good standing pay their dues or when new members have met the approval of the membership committee.

Any dues paid to AASA prior to November 15, 1977 will be applied to 1977. After that time dues will be applied to 1978.

Chris Spivey, S.A.
Treasurer, A.A.S.A.

New Mailing Address

There is now a central location for all A.A.S.A. business so that it can be forwarded to the appropriate committee chairman or officers. This is a permanent address that will not change with each staff; thereby eliminating mail mix-ups and hopefully decreasing the amount of lost mail.

American Association of Surgeon's Assistants
Department of Surgery
Central Baptist Hospital
1740 South Limestone Street
Lexington, Kentucky 40503

Journal Sponsors Needed

Like all medical journals, the A.A.S.A. Journal needs a list of competent medical consultants on surgical, legal, political, and literary matters related to our profession. These advisors would also serve as a sounding board for ideas related to this journal and the direction of our professional organization. If you or your employer would like to honor your colleagues with your experience, please write to Jean Cary (central A.A.S.A. address).

If you and/or your employer are working on a project that you think would be of mutual interest to your peers, please contact one of the Journal Editors.

27 Hours C.M.E. Credit at Stanford University

October 3 - October 7, 1977, at Stanford University School of Medicine, Stanford, California, a postgraduate primary care medical course will be offered. Of special interest to Surgeon's Assistants are lectures on breast cancer, phlebitis, problems related to athletic activity, acid-base problems, water-electrolyte problems and new diagnostic techniques. Register with:

Office of Postgraduate Medical Education
Stanford University School of Medicine
TA 145
Stanford, California 94305
Telephone: 415/497-5594

New Addresses

Jean Cary
109 Toronto Road
Lexington, KY 40503

Steven Burger
3001 S. Martin Luther King Drive
Apartment 1804
Chicago, IL 60616

Becky Starkey Roten
1071 Armstrong Mill Road
Lexington, KY 40503

AASA Membership Referendum Passed

With twenty-four members voting, the membership referendum has passed, opening up AASA membership to Physician's Assistants who graduated from accredited primary care programs and who have worked in surgery for twelve months. The AAPA has continually ignored (actively or passively) the special needs of Surgeon's Assistants. Hopefully, by opening up our membership we can get a broader national base from which to loudly voice concerns regarding BC/BS reimbursement and national certification exams for Physician's Assistants employed in the surgery field.

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LETTERS TO THE EDITORS

Acceptance of the S.A. Role

I have just read the first issue of the Journal of the American Association of Surgeons' Assistants. You are to be congratulated on an ambitious undertaking. It is good to know there is another source of information on Continuing Education for Physician's and Surgeon's Assistants.

If I were a surgical assistant, I would also applaud Mr. Bissonette and his poison pen notes in which he points out the worth of the surgical assistants casting their lot with the physician assistant organization, especially now while the acceptance and entire concept is still tenuous. Within the next ten years the output of family physicians and nurse clinicians will overtake and pass the number of physician assistant graduates. I believe that physician assistants and surgical assistants should play down the mini-doctor image in which most P.A.'s are trained and pull toward goals involved in helping to provide health care that is needed.

Patient's want to be seen without waiting too long, to talk about their problems, whether medical, surgical or psychosocial and be evaluated carefully and sensitively. Surgical Assistants have much to offer in augmenting the care of surgical patients. Both surgical assistants and physician assistants will probably survive indirect relationship to how well they meet the needs of society. We need to talk about better acceptance of the P.A. - S.A. role and how it really can be achieved. Legal recognition is not the same as acceptance by societal groups. Hospital administrators, nurses, physicians and other question the P.A. experiment and we ourselves need to understand the role of innovator in society.

These considerations lead back to training and forward to practice and could provide very worthwhile items for discussion in your journal.

Surgical assistants will find many things to do to supplement surgeon's activities but will fare poorly if they define their role incorrectly.

H.T. Wilson, M.D.
Director Clinical Associate Prog.
University of Kentucky
Lexington, Kentucky

Medical Manpower and Time

The medical profession is accused and with some justification - of failing to deliver efficient, convenient, and economical care to the public. Patients complain of appointment delays of weeks to months, of quick and at times abrupt examinations, of inadequate explanations of diagnostic and surgical procedures, and of excessive charges for, at times, abbreviated services. Harried physicians, on the other hand, blame their heavy case loads for the consequent, but necessary, restriction of time spent with each patient, and emphasize their own family requirements, both temporal and financial.

In essence, the public is demanding more manpower and the physicians more time. Now enter the recommendations of the recently completed "Study of Surgical Services in the United States," (SOSSUS), and the new Health Professions Educational Assistance Act of 1976. The former recommends marked cut-backs in surgical manpower, particularly in the fields of general surgery, orthopedic surgery and neurosurgery. The latter markedly restricts those doctors who immigrate to the United States, perform services as members of the medical profession and who presently constitute a major manpower reservoir of physicians in this country. Both the SOSSUS study and the Health Education Act aim to increase the quality of care, but concurrently they will reduce significantly physician manpower.

To better serve the patient and aid the physician, a much expanded use of paraprofessionals-physician assistants, nurse practitioners and surgical assistants - is called for. Such and

increased utilization is at one and the same time a utilization is at one and the same time a confession of failure for the profession and a noble attempt to meet a glaring need.

Ten years ago Stead recognized that the average practicing physician was markedly limited in time because of the necessity of performing many tasks which could or should be delegated to trained personnel. He then boldly introduced the first training program for physician assistants at Duke University. Subsequent experience with such trained paraprofessionals from over 135 programs is excellent, both in terms of public acceptance and of physician needs. There are now over 10,000 licensed PA's, NP's and SA's sanctioned by the AMA and American College of Surgeons.

No longer, however, should their function be confined to "rural practice" as was initially planned. A much broader role is required in both medical and surgical training programs. When one critically examines the activities of interns and residents, one finds many nonproductive hours consumed by nonlearning, non-teaching and non-patient care activities. The University of Pittsburgh, on a limited basis, presently employs nurse practitioners, physician assistants and the first surgeon assistant in the area. Critical appraisal by their staff preceptors, by house officers and by other hospital personnel has revealed overwhelming acceptance and praise for their high-quality work.

Their activities include the taking of the patient's medical history, performing examinations, scheduling various diagnostic procedures, supplementing physician instruction with explanations

to family and patients, making follow-up phone calls after hospital discharge, assisting with outpatient screening and performing the endless paperwork involving discharge summaries, recertification, etc. . .

Medical-legally, although legislation is still pending in the state of Pennsylvania, many states have initiated laws which closely define the activities of such paraprofessionals. To date there have been few, if any, suits filed against physician assistants or their employers for malpractice by a paraprofessional. Indeed, legal counsel for the AMA at a recent national meeting stated that physician assistant, nurse practitioners and surgeon assistants, appear to be "one of the best malpractice preventive tools" available to physicians. Furthermore, they definitely are instruments of "increased efficiency and cost reduction" in the medical care delivery system.

Obviously, paraprofessionals are not a panacea for all the patient's complaints nor for the physician's harriedness, but they can, when properly used, effect major improvements in the present time and manpower dilemma.

Joseph C. Maroon, M.D.
Dept. of Neurosurgery
University of Pittsburgh
Medical Center
Pittsburg, PA.

EMPLOYMENT OPPORTUNITIES

Alaska - Provide emergency medical aid and general treatment of minor medical and dental problems to all personnel in remote sites. Salary in excess of \$500 a week with free lodging.

Contact: RCA Service Company
Cherry Hill Offices, Building 201-1
Camden, NJ 08101
(609) 779-6583

New Hampshire - National certification is necessary for a P.A./S.A. with strong background in surgery and emergency medicare to share responsibilities with an existing P.A./M.D. team. Salary is negotiable.

Contact: Joseph Kaplowe, PA-C
Dunning Street
Claremont, New Hampshire 03743
(603) 543-3501

Illinois - Work with three pathologists in a 430-bed general community hospital. Training or experience in pathology is not required.

Contact: Decatur Memorial Hospital
2300 North Edward
Decatur, Illinois 62526

CONTINUING MEDICAL EDUCATION

New York - October 29-31, 1977

Category I - 21-1/2 credits

Contact: Elaine Friedman, Center for C.M.E.
P.A. Program, Health Science Center
S.U.N.Y. at Stony Brook
Stony Brook, NY 11794

Political Update

Prescription Writing Privileges for N.Y. P.A.'s

In the June issue of A.A.S.A. Journal there was an article regarding attempts to revoke prescription writing privileges from Physician Assistants in New York State. Earlier this summer, after listening to lengthy testimony from directors of various P.A. programs, Assemblyman H. Miller withdrew his original Act. This aspect of a P.A.'s responsibility is no longer in jeopardy in New York State.

Malpractice Insurance for Surgeon's Assistants

Since the April 1977 meeting of the American Academy of Physician Assistants (A.A.P.A.) the Academy has contracted with a new insurance writer in hopes of ending the dichotomy (of rates) between medical and surgical P.A.'s except in California. A separate insurance program is being investigated in California because of its unique malpractice situation. Malpractice insurance is available to all members of the American Academy of Physician's Assistants.

A Physician's Assistants Union in New York State?

The 1199 Union, a member of the Guild of Professional Technical and Office Employees National Union of Hospital and Health Care Employees, RWDSU, AFL-CIO, has attempted to organize the Physician's Assistants since 1971 when the first P.A.'s were employed in surgery at Montefiore. These attempts met with no success until June of 1976 when P.A.'s employed by Montefiore to work at the Riker's Island Prison health facilities agreed to join the 1199 Union and the Union petitioned the National Labor Relations Board for the right to represent the P.A.'s. Montefiore contested the petition, their argument being that P.A.'s are professional and not technical employees and that this Union represents nonprofessional and technical employees. Testimony was presented by Montefiore on PA education and training as well as a comparison of the services of the PA and MD in an effort to prove the P.A.'s are professionals. After much argument, Roger Whittaker agreed to let Don Fisher testify as to education of the P.A.; however, it was his decision at the time that Fisher could not actually speak against unionization of P.A.'s. The same union approached the NLRB in June 1977, in another district, attempting to organize P.A.'s working for Albert Einstein College of Medicine in the Bronx State Mental Hospital and Jacobi Hospital Emergency Room. Albert Einstein's argument was the same as Montefiore's—the P.A. is a professional and should not be represented by a technical union. Physicians from Einstein and C. Vanderbilt, P.A., had appeared at NLRB hearings to offer testimony against the union when the union withdrew the petition due to loss of support from the P.A.'s at Bronx State and Jacobi after the possible repercussions of joining the union were explained to them.

No decision was sought by 1199 or the hospital on a national level from the NLRB and both these petitions were left at the regional district level. The one in which a decision was actually rendered in 1976 can be used in future hearings as precedent setting and in fact was introduced as evidence in this year's hearings.

There are P.A.'s who are members of CD37, a union representing employees of city hospitals in NYC. There are also some P.A.'s, working in an emergency room at one of the hospitals in Philadelphia, who belong to a union. Attempts have been made also to unionize the P.A.'s working for Kaiser Permanente in Colorado.

The Physician Assistant magazine will be printing a questionnaire, in the near future, about unions. It is the hope of those of us who have spent our time, money, and efforts lobbying against P.A.'s in unions, that the other P.A.'s in the country will support our efforts by filling out this questionnaire opposing the efforts of the unions and those P.A.'s who would join unions.

Clara Vanderbuilt, P.A.-C
Montefiore Medical Center
Bronx, New York

Editor's Note

Dr. Samuel Brown from the Office of Educational Development at the University of Alabama has provided S.A.'s this year with an opportunity to prepare for the national board examination in a unique manner. Utilizing small group seminars, various aspects of testing are examined and discussed.

A manuscript by Dr. Brown is presented below describing in greater detail the format and purpose of the seminar held in Birmingham on August 18 and 19.

The AASA membership and Journal staff thank Dr. Brown for his interest and efforts in behalf of S.A.'s.