

ESSENTIALS OF AN APPROVED EDUCATIONAL PROGRAM FOR THE
SURGEON'S ASSISTANT

Established by

AMERICAN MEDICAL ASSOCIATION
COUNCIL ON MEDICAL EDUCATION

in collaboration with

AMERICAN COLLEGE OF SURGEONS

"ESSENTIALS OF AN APPROVED EDUCATIONAL PROGRAM FOR THE
SURGEON'S ASSISTANT"

PREAMBLE

These Essentials are submitted for recognition by the appropriate councils and bodies of the American Medical Association (AMA) as part of the continuing effort of the American College of Surgeons (ACS) to establish high standards for educational programs involving care of the surgical patient.

The desire of the ACS to establish Essentials of an Approved Educational Program for the Surgeon's Assistant in collaboration with the AMA is based on two premises:

1. THAT THE ALLIED HEALTH EDUCATION PROGRAM DEVELOPED BY THE AMA OFFERS A SOUND AND ACCEPTABLE METHOD OF ACCREDITATION FOR ALLIED HEALTH PERSONNEL.
2. THAT WE MUST DELINEATE STANDARDS FOR HIGH QUALITY PROGRAMS OF EDUCATION FOR THE SURGEON'S ASSISTANT.

The Subcommittee Essentials should help establish with the AMA a collaborative effort to improve surgical care. Our co-sponsorship with the American Hospital Association, the Association of Operating Room Nurses and the Association of Operating Room Technicians on "Essentials of an Approved Educational Program for the Operating Room Technician" exemplifies this collaboration with the AMA.

Unsurveyed educational programs are now producing surgeon's assistants in various settings. These Essentials are submitted by the College to the AMA with no implication that there is well documented need for any specific number of surgeon's assistants. The Fellowship of the College has been polled and responded favorably to the concept of and need for the surgeon's assistant. Comprehensive data on surgical manpower anticipated from The Study on Surgical Services for the United States (SOSSUS) are not yet available. These Essentials should play a significant part in assurance that programs of education for surgeon's assistants produce a high quality product.

OBJECTIVE

The education and health professions cooperate in this program to establish and maintain standards of appropriate quality for educational programs for surgeon's assistants, and to provide recognition for educational programs which meet or exceed the minimal standards outlined in these Essentials.

These standards are to be used as a guide for the development and self-evaluation of programs for the training and education of surgeon's assistants. Lists of these approved programs are published for the information of employers and the public. Surgeon's assistants enrolled in the program are taught to work with and under the direction of physicians in providing health care services to patients.

DESCRIPTION OF THE OCCUPATION

The assistant to the surgeon 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. The assistant may be involved with the patients of the surgeon in any medical setting for which the surgeon is responsible.

The function of the assistant to the surgeon is to perform under the responsibility and supervision of the surgeon diagnostic and therapeutic tasks in order to allow the physician to extend his services through the more effective use of his knowledge, skills and abilities. The assistant to the surgeon will not supplant the surgeon in the sphere of the decision making required to establish a diagnosis and plan therapy but may assist in gathering the data necessary to reach the decision and in implementing the therapeutic plan for the patient.

Intelligence, the ability to relate to people, a capacity for calm and reasoned judgment in meeting emergencies and an orientation towards service are qualities essential for the assistant to the surgeon. As a professional he must maintain respect for the person and privacy of the patient.

The tasks performed by the assistant will include transmission and execution of the surgeon's orders, performance of patient care tasks and performance of diagnostic and therapeutic procedures as may be delegated by the surgeon.

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 high degree of responsibility an assistant to the surgeon may assume requires that at the conclusion

of his formal education he will possess the knowledge, skills and abilities necessary to provide those services appropriate to the surgical setting.

The surgeon's assistant may become highly trained and specialized in the areas in which his immediate supervisor has interest, i. e. thoracic or head and neck surgery, or he may remain in an area of surgery requiring a wide variety of procedures such as performed by general surgeons in a community hospital. The frequency of performance of certain duties will in part determine the degree of special expertise such an individual obtains in the care of patients. Since no one individual could participate in all the categories of work outlined, it is expected that a certain degree of limitation will occur.

ESSENTIAL REQUIREMENTS

- I. Educational programs should be established in medical schools in relationship to a department of surgery, or in other surgical facilities acceptable to the American Medical Association and the American College of Surgeons, in order to provide optimal conditions for the clinical training of the surgeon's assistant.
- II. CLINICAL AFFILIATIONS:
 - A. The clinical phase of the educational program must be conducted in a clinical setting and under competent clinical direction.
 - B. In programs where the academic instruction and clinical teaching are not provided in the same institution, accreditation shall be given to the institution responsible for the academic preparation (student selection, curriculum, academic credit, etc.) and the educational administrators will be responsible for assuring that the activities assigned to students in the clinical setting are, in fact, educational.
 - C. In the clinical teaching environment, an appropriate ratio of students to physicians shall be maintained.

III. FACILITIES:

- A. General - Adequate classrooms, laboratories, and administrative offices should be provided.
- B. Laboratory - Appropriate modern equipment and supplies for directed experience should be available in sufficient quantities for student participation.
- C. Library - A library should be readily accessible and should contain an adequate supply of up-to-date and scientific books, periodicals, and other reference materials related to the curriculum.

IV. FINANCES:

- A. Financial resources for continued operation of the educational program shall be assured through regular budgets.
- B. The institution shall not charge excessive student fees.
- C. Advertising must be appropriate to an educational institution.
- D. The program shall not substitute students for paid personnel to conduct the work of the clinical facility.

V. FACULTY:

- A. Program Director
 - 1. Qualifications - The director must be a licensed physician. Medical teaching experience is a desirable prerequisite.
 - 2. Responsibilities - The director of the program should provide competent medical direction for all academic and clinical instruction and should further be responsible for the over-all effectiveness of the entire surgeon's assistant program.

B. Change of Director

If the director is changed, immediate notification should be sent to the A. M. A. Department of Allied Medical Professions and Services. The curriculum vitae of the new director, giving details of his education, training, and experience in the field, must be submitted, and, if the new director's credentials are in order, accreditation of the program will be continued.

C. Instructional Staff

The faculty should be qualified, through academic preparation and experience, to teach the subjects assigned. A planned program for their continuing education should be provided.

D. Advisory Committee

An advisory committee should be appointed to assist the director in continuing program development and evaluation, in faculty coordination, and in coordinating effective clinical relationships.

VI. STUDENTS:

A. Requirements for Selection

1. Selection of students should be made by an admissions committee in cooperation with those responsible for the educational program. Admissions data should be maintained on file.
2. Selection procedures should include an analysis of previous performance and experience and may seek to accommodate candidates with a health related background and give due credit for the knowledge, skills and abilities they possess.

3. Candidates for admission must have completed two years of college or the equivalent. Courses in biology, physics, chemistry, algebra, and geometry are recommended. Education beyond the high school at the vocational, nursing, or collegiate level is helpful.
- B. Health - Applicants shall be required to submit evidence of good health and successful vaccination. A student health service should be available for evaluation and maintenance of the student's health.
- C. Number - The number of students enrolled in each class should be commensurate with the most effective learning and teaching practices and should also be consistent with acceptable student-teacher ratios.
- D. Counseling - A student guidance and placement service should be available.

VII. RECORDS:

Satisfactory records should be kept on all work accomplished by the student in the training program. An annual report should be prepared on the general operation of the program.

- A. General Student Information
 1. Transcripts of high school and any college credits and other credentials must be available.
 2. A report of the medical examination given upon admission should be retained. Records of subsequent illnesses and medical examinations, including chest x-rays, should also be kept on file, or readily accessible.
- B. Academic Training - A record of the class and laboratory participation and accomplishment of each student during academic training should be maintained in accordance with the requirements of the institution.

C. Clinical Work

1. An effective method of evaluating individual student performance during clinical work sessions shall be utilized, and complete records of these evaluations shall be maintained.
2. Copies of practical and written examinations should be maintained and continually evaluated.

D. Curriculum

1. A copy of the complete curriculum should be kept on file.
2. Copies of class schedules, course outlines, and teaching plans should be on file and available for review.

VIII. CURRICULUM:

- A. The length of the educational program for the surgeon's assistant may vary from program to program. The length of time an individual spends in the training program may vary on the basis of the student's background and in consideration of his previous education, experience, knowledge, skills and abilities, and his ability to perform the tasks, functions, and duties implied in the "Description of the Occupation."
- B. Instruction should follow a planned outline which includes:
 1. Assignment of appropriate instructional materials;
 2. Classroom presentation, discussions, and demonstrations;
 3. Supervised practice sessions;
 4. Examinations, tests and quizzes -- both oral and written -- for both didactic and clinical aspects of the program.

C. Curriculum Content -- an example of a suggested curriculum is as follows:

1. Preclinical Curriculum

Gross Anatomy. An advanced study of the human body by means of dissection, lectures, demonstrations and prosections. Lecture and Lab.

Medical Terminology. Lecture

Medical Physiology. A study of human physiology, including the cell and general physiology; blood and immunity, heart and circulation, the body fluids and kidney, respiration, gastrointestinal and metabolic systems, endocrinology and reproduction, and the central nervous system. Lecture.

Introduction to Medicine. A study of the pathophysiology, clinical manifestations, and therapeutic management of disorders affecting the respiratory tract, heart, blood and blood forming organs, endocrine system, genitourinary tract, nervous system, bones, joints and connective tissue, the common infectious diseases, and allergies.

Pharmacology. A study of the use and effects of drugs which act on the various body systems.

Anatomy of the Nervous System.

Fundamentals of General Surgery. A study of the pathophysiology, clinical manifestations, and therapeutic management of surgically related disorders of the peritoneum, alimentary tract, biliary tract, liver, pancreas, spleen, head and neck, endocrine glands, breast, blood vessels, chest and lung, heart and great vessels; basic considerations in benign and malignant tumors; acute conditions in infants and children; fractures; head injuries.

Medical History and Physical Examination. A study of the information to be obtained in the medical history and the technique of the physical examination, with clinical application.

Sterile Technique and Introduction to the Operating Room. Lecture; Clinical.

Principles of Surgical Patient Care. A study of specific aspects of the care of the surgical patient, including wound healing and care of wounds, systemic response to injury, fluid and electrolyte balance, nutrition in surgery, shock and hemorrhage, surgical infections and their treatment, management of thermal injury, care of the surgical patient in the pre-, intra-, and post-operative period, recognition and management of post-operative complications. Lecture.

Surgical Care Techniques. Instruction in the basic skills needed for care of the surgical patient, including subcutaneous and intramuscular injection, venipuncture, cut-down, gastrointestinal intubation, urethral catheterization, cardiopulmonary resuscitation, knot-tying.

Introduction to Roentgenogram Interpretation. Includes a study of the chest roentgenogram, abdominal roentgenogram for signs of obstruction and pneumoperitoneum, roentgenographic evidence of fractures of the long bones.

Electrocardiogram Recording Technique and Interpretation of Arrhythmias.

Pulmonary Function Tests and Inhalation Therapy. A study of oxygen administration, humidity control, breathing exercises, postural drainage, percussion techniques, intermittent positive pressure breathing, management of ventilators, bedside ventilation measurements.

2. Clinical Curriculum

Students are assigned to surgical services, preferably with a two-month rotation, with responsibility for history and physical examination, assisting in surgery, and carrying out pre-operative and post-operative care procedures as assigned by, and under the supervision of the surgeon or the resident surgical staff. The student should have a rotation in the emergency department, to gain experience in the care of acutely injured patients.

- D. A synopsis of the complete curriculum should be kept on file. This instructional program should include the rotation of assignments, the outline of the instruction supplied, and lists of multi-media instructional aids used to augment the experience of the student.

IX. ADMINISTRATION:

- A. Catalog -- An official publication including a description of the curriculum should be issued. It should include information regarding the organization of the program, a brief description of required courses, entrance requirements, tuition and fees, and information concerning hospitals and facilities used for clinical training.
- B. Accreditation -- The evaluation of an institution or a program of study can be initiated only by the express invitation of the chief administrator of the sponsoring institution or his officially designated representative. The evaluation shall be carried out through the cooperation of the American Medical Association Council on Medical Education and the American College of Surgeons.
- C. Withdrawal -- The institution may withdraw its request for initial accreditation at any time (even after evaluation) prior to final action. The AMA Council on Medical Education and the American College of Surgeons may withdraw accreditation whenever:
 - 1. The educational program is not maintained in accordance with the standards outlined above, or
 - 2. There are no students in the program for two consecutive years.

Accreditation is revoked only after advance notice has been given to the head of the institution that such action is contemplated, and the reasons therefor, sufficient to permit timely response and the use of established procedures for appeal and review.

D. Re-evaluation

1. Review -- The head of the institution being evaluated is given the opportunity to become acquainted with the factual part of the report prepared by the American College of Surgeons, and to comment on its accuracy before final action is taken.
2. Appeal -- At the request of the head of the institution, a re-survey may be made. Accreditation decisions may be appealed by letter first to the American College of Surgeons and then to the Council on Medical Education of the American Medical Association.

E. Reports -- An annual report should be made to the AMA Council on Medical Education. A report form is provided and should be completed, signed by the director, and returned promptly.

F. Re-survey -- The AMA and the American College of Surgeons will re-survey all educational programs at appropriate intervals.

IX. APPLICATION AND INQUIRIES:

A. Accreditation -- Application for accreditation of a program should be made to:

Department of Allied Medical Professions and Services
Division of Medical Education
American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610