

The American Board of Surgical Assistants

Candidate Information Booklet and Certification Examination Review Guide

2011-2012

“25 Years of Excellence to the Surgical Community”

1987 - 2012



Code of Ethics

As an ABSA Surgical Assistant-Certified:

I pledge to pursue and uphold the highest attainable ethical standards.

I will place the physical and psychological well being of my patients above all else.

I will continue to improve my medical knowledge and surgical skills.

I will conduct myself in a manner that is honest and above reproach, at all times, especially when dealing with my patients, colleagues and medical staff.

I will assist my colleagues when requested and will seek their guidance when my own abilities are in doubt.

Finally, I will support and strive to advance the objectives and goals of the surgical profession and specifically those of the

American Board of Surgical Assistants.

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Introduction:

The American Board of Surgical Assistants (ABSA), was founded in 1987, by Paul F. Weeks, M.D.* as a national credentialing agency for surgical assistants. The ABSA strives to develop and maintain quality standards for the surgical assistant, thereby promoting safety and protection of the public. These standards include the furtherment of knowledge, education and ethical conduct of the surgical assistant through the continuation of the credentialing process. The ABSA promotes professional development by supporting pre and post educational training. This support also includes preparation, implementation and administration of the credentialing examination and recertification. The ABSA will maintain high standards along with responsible and ethical leadership in all endeavors and affiliations. A surgical assistant, certified by the ABSA, is entitled to use the designation **SA-C** or **Surgical Assistant-Certified**. *The ABSA shall not discriminate, at any time, among applicants as to age, sex, race, religion, national origin, handicap, marital or other protected status.*

Purpose & Scope of Practice Statement:

The primary purpose of the American Board of Surgical Assistants is the protection of the public through the establishment and maintenance of standards for the surgical assistant. To attain these objectives, the ABSA has established definable qualifications for initial examination and further recertification. Certification as a surgical assistant is not intended to define requirements for employment or scope of practice, nor does it restrict who may or may not function as a surgical assistant. Certification does not guarantee employment nor does it relieve an employer from determining the background or professional responsibilities of the assistant.

Note: The ABSA and its officers neither endorses nor rejects any scope of practice established by any physician, hospital or medical facility. Each SA-C must abide by the rules and regulations established for their scope of practice.

ACS Definition:

The American College of Surgeons defines the function of a surgical assistant, in part, as follows: "The first assistant to the surgeon during a surgical operation should be a trained individual who is capable of participating in the operation and actively assisting the surgeon as part of a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions, thereby helping 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 hospital. It is the surgeon's responsibility to designate an individual who is most appropriate for this purpose." **Full text link:** http://www.facs.org/fellows_info/statements/stonprin.html#2b

Eligibility Requirements:

You are eligible to take the ABSA Certification Examination for Surgical Assistants, if you completely meet one of the following criteria. Each candidate must possess more than a basic surgical and anatomical knowledge, along with the manual and technical skills necessary to function effectively, in the role of a surgical assistant. Eligibility criteria and requirements have been set by the American Board of Surgical Assistants, which has final authority, regarding who may or may not sit for the examination.

1. Physicians (U.S. or Foreign Trained)

- a. Provide a notarized copy or translated copy of Medical School Graduation. The medical school must be listed in the *International Medical Education Directory* (IMED). (The IMED lists recognized U.S. and foreign medical schools. <http://imed.ecfmg.org>)
- b. Provide a notarized copy or translated copy of Residency and/or Advanced Training.
- c. Successful completion of TOEFL examination or equivalent exam and/or coursework, documenting English proficiency.
- d. Provide a copy of Curriculum Vitae (Resume).
- e. If TOEFL: **Internet-Based** = 88-89 or greater, **Computer-Based** = 230 or greater, **Paper-Based** = 570-573 or greater

Or

- a. Provide documentation of having first assisted, for a minimum of two years.
 - b. Provide documentation of having **first assisted** on at least **400** clinical surgical cases or **1500** clinical surgical hours, during the last two years, where you were listed as the first assistant, on the operative record. **(Case Log or Computer Printout required)**
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2. Licensed and Non-licensed Allied Health Professionals

PA's, RN's, LPN's CST's and ST's must provide documentation of successful completion of an ABSA approved or CAAHEP approved formal surgical assistant training program; And

Licensed and Non-licensed Allied Health Professionals (continued)

Documentation of successful completion of an Associate Degree Program, or higher.

Your transcripts must document successful completion of **All** of the following college level courses, with a grade of "C" or better.

Required Courses:

- 1 year, English Composition or Technical Writing (English Literature is not acceptable)
- 1 year, Human Anatomy & Physiology
- 1 semester, General Biology
- 1 semester, Microbiology
- 1 semester, Pathophysiology
- 1 semester, Pharmacology
- 1 semester, Verbal Communications course (i.e. Public Speaking or Corporate Speaking)
- 1 semester, College Algebra or higher

Additional recommended courses:

- 1 semester, Ethics
- 1 semester, Medical Terminology
- 1 semester, General Psychology

Note: The ABSA and its officers, make the final determination as to who may or may not sit for the certification examination.

Examination Schedule Information:

The ABSA Certification Examination for Surgical Assistants will be given only in the locations and on the dates depicted, in this guide or our web site, at www.absa.net.

Applications must be postmarked at least thirty (30) days prior to the examination date and must be accompanied by the appropriate examination fee and *all* required materials. Incomplete applications will be returned, to the applicant for correction.

It is advisable that you do not mail your application too close to the postmark date. If you mail your application close to the postmark date, have a postal clerk hand stamp your envelope.

Note: Scheduled Test Dates and Locations are located on page thirteen (13) of this booklet.

After receiving your application, our staff will review it and if approved, you will receive your study guide and an admission card with times, location and directions to the examination. If your application is disapproved, your check and an explanation will be returned to you.

Accommodations for Candidates with Disabilities:

All test centers are fully accessible. If you require a special accommodation, include with your application a letter from your licensed physician (on their letterhead) describing the nature of the limitation, as it applies to writing a standardized, multiple-choice examination. The letter must state the accommodations needed for testing. The accommodations, if approved by the ABSA, will be provided at no extra charge. The Office of the ABSA must receive the application and letter at least forty-five (45) days prior to the examination.

Fee Schedule:

The examination fee for the ABSA Certification Examination for Surgical Assistants is \$345.00. This fee includes a comprehensive study guide. **Payment must be in the form of a cashier's check or money order, payable in U.S. funds and drawn on a bank in the United States.** Do not send cash or personal checks. Checks or money orders should be made payable to the ABSA and must be submitted with the application materials. You may also pay by credit card on-line at: www.absa.net.

- – New Application for Certification _____ (fee - \$365.00)
- – New Application for Certification, plus Overnight / International fee (fee - \$415.00)
- - Recertification Application, without examination (fee - \$100.00)
- - Recertification Application, with examination (fee - \$180.00)

Refunds:

If you are unable to appear for the scheduled examination and/or wish to cancel your application, a written request for a refund must be sent to the American Board of Surgical Assistants within ten calendar days, following the examination date. The request must include your full name, mailing address, social security number and signature. An administration fee of \$100.00 will be withheld, along with any optional or late fees. Refunds will be mailed approximately six to eight weeks following the examination date.

Areas of Examination:

The ABSA Certification Examination for Surgical Assistants is comprised of three separate and independent sections:

1. **A 180 question multiple-choice written examination**
2. **A 20 question multiple-choice specialty examination**
3. **A practical examination (suturing and tying, administered at time of examination, at the testing center)**

The candidate **must score a minimum of 70% on each section**, to successfully pass the examination. The final score is an average of the three section scores.

The written phase of the examination is comprised of 180 multiple-choice questions, covering all areas of perioperative medicine and all surgical disciplines. The specialty section of the examination further evaluates the candidate's knowledge of surgical practice and assisting by requiring completion of an additional 20 very detailed multiple-choice questions regarding a candidate selected surgical procedure. The practical examination phase, conducted by ABSA designated examiners, at the testing center, evaluates the manual skills, of the applicant, and permits the ABSA to evaluate the candidate, in areas that do not readily lend themselves to written examination.

The Written Examination:

The written portion of the examination consists of 180 multiple-choice questions. The questions are derived generally from the following outline.

1. **General Surgery**
 - A. Surgical Anatomy
 - a. Abdomen
 - i. Abdominal Walls
 - ii. Esophagogastrintestinal Tract
 - iii. Gallbladder
 - iv. Liver
 - v. Spleen
 - vi. Surgical Considerations
 - vii. Great Vessels & Blood Supply to the Gut
 - b. Pelvis
 - i. Muscles
 - ii. Vascular Structures
 - iii. Ureters
 - c. Thorax
 - i. Breasts
 - ii. Ribs & Muscles
 - iii. Lungs
 - iv. Mediastinum
 - B. Surgical Procedures
 - a. Cholecystectomy
 - b. Gastrectomy
 - c. Appendectomy
 - d. Hernia Repairs
 - C. Surgical & Procedural Terminology

2. Gynecological Surgery

- A. Surgical Anatomy
 - a. Uterus & Adnexa
 - b. Placenta
 - c. Vagina
- B. Surgical Procedures
 - a. Abdominal Hysterectomy
 - b. Caesarian Section
- C. Surgical & Procedural Terminology

3. Urological Surgery

- A. Surgical Anatomy
 - a. Kidneys & Ureters
 - b. Bladder
 - c. Prostate
 - d. External Genitalia (male & female)
- B. Surgical Procedures
 - a. Bladder Catheterization
 - b. Bladder Suspensions
 - c. Nephrectomy
 - d. Renal Transplantation
- C. Surgical & Procedural Terminology

4. Cardio-thoracic Surgery

- A. Surgical Anatomy
 - a. Sternum
 - b. Diaphragm
 - c. Heart
 - i. Coronary Arteries
 - ii. Valves
 - iii. Congenital Defects
- B. Cardiac Equipment (general knowledge of function)
 - a. Heart-Lung Machine & Cardiac Cannulation
 - b. Cell Saver
 - c. Intra-aortic Balloon Pump
 - d. Defibrillator
 - e. External Pacemaker
- C. Surgical Procedures
 - a. Mitral & Aortic Valve Replacement
 - b. Coronary Artery Bypass Graft
- D. Surgical & Procedural Terminology

5. Orthopedic Surgery

- A. Surgical Anatomy
 - a. Superior Extremities
 - i. Shoulder
 - ii. Elbow
 - iii. Forearm
 - iv. Wrist
 - v. Hand
 - b. Inferior Extremities
 - i. Hip
 - ii. Knee
 - c. Fractures
 - i. Long Bone
 - ii. Hip
 - iii. Wrist
- B. Surgical Procedures
 - a. Total Hip Replacement
 - b. Total Knee Replacement
 - c. ACL Reconstruction
- C. Surgical & Procedural Terminology

6. Neurological Surgery

- A. Surgical Anatomy
 - a. Head
 - i. Skull
 - ii. Brain
 - iii. Cranial Nerves
 - b. Vertebral Column
 - i. Cervical Spine
 - ii. Thoracic Spine
 - iii. Lumbar Spine
 - iv. Sacrum & Coccyx
 - c. Spinal Cord
 - i. Nerve Roots
 - ii. Dermatomes
- B. Surgical Procedures
 - a. Anterior Cervical Discectomy
 - b. Lumbar Laminectomy
- C. Surgical & Procedural Terminology

7. EKG Interpretation

- A. Normal Sinus Rhythm
- B. Atrial Arrhythmias
 - a. Sinus Bradycardia
 - b. Sinus Tachycardia
 - c. Sinus Arrhythmia
 - d. Atrial Fibrillation
- C. Ventricular Arrhythmias
 - a. Ventricular Tachycardia
 - b. Premature Ventricular Contractions
 - c. Ventricular Fibrillation

8. Laboratory Data

- A. Normal Values
 - a. Serum Electrolytes
 - b. Arterial Blood Gas
 - c. Complete Blood Count (CBC)
 - d. Urinalysis
- B. Critical Values
 - a. Serum Potassium
 - b. Oxygen Saturation

9. Radiological Interpretations

- A. X-ray
 - a. Hip
 - b. Wrist
 - c. Intra-operative Cholangiograms
- B. MRI
 - a. Brain
 - b. Cervical Spine

Radiological Interpretations (continued)

- c. Lumbar Spine
- d. Shoulder
- e. Hip
- f. Knee

10. Microbiology

- A. Asepsis & Infection Control
- B. Hepatitis, HIV / AIDS
- C. Wound Healing
- D. Sterilization Techniques
 - a. High-Speed Steam Sterilization
 - b. Cold Sterilization (Liquid)

11. Pharmacology

- A. Antibiotics
 - a. Bacitracin
 - b. Ancef (cefazolin)
- B. Local Anesthetics
 - a. Lidocaine
 - b. Marcaine
- C. Coagulation / Anticoagulation Drugs
 - a. Heparin
 - b. Protamine
 - c. Thrombin
- D. Miscellaneous Pharmacologicals
 - a. Normal Saline Solution
 - b. Dantrolene
 - c. Epinephrine

12. General Operating Room Knowledge

- A. Patient Safety
 - a. Moving & Positioning
 - b. Restraint
 - c. Transportation
 - d. Psychological
- B. General Operating Room Equipment
 - a. Electrocautery Devices
 - b. Suctions
 - c. Warming Blankets
- C. OSHA Regulations & Personal Safety
 - a. Personal Protection
 - i. Glasses
 - ii. Gowns, Gloves & Masks
 - b. Handling of Biologicals
 - c. Fire & Safety in the Operating Room Environment
- D. HIPAA , Government Regulations regarding Patient Information and Privacy Issues

The Specialty Procedure Examination:

The specialty section of the examination consists of 20 very detailed multiple-choice questions regarding a selected surgical procedure. This section is provided in-lieu of an oral examination, often viewed as subjective in nature. Required items consist of, but are not limited to, each of the following:

- A. Correct Medical, Surgical and Procedural Terminology
- B. Pre-operative Diagnosis
- C. Positioning, Prepping and Draping of the Patient
- D. Type of Incision
- E. Surgical Procedure, Anatomy and Tissue Handling
- F. Potential Intra-operative Complications and Actions
- G. Wound Closure and Suture Selection & Dressings

The following is the list of ABSA selected surgical procedures from which you must select one, at time of application. You will be required to answer 20 additional very detailed multiple-choice questions that will be added to the written examination.

- A. Cholecystectomy
- B. Carotid Endarterectomy
- C. Caesarian Section
- D. Total Knee Replacement
- E. Lumbar Laminectomy
- F. Open Heart Surgery

Note: These are the only choices available and allow no substitutions.

The Practical Examination:

The practical portion of the examination, evaluates the candidate's ability to competently and smoothly perform tying and sewing. The following is a list of the items that are to be evaluated, by an ABSA designated examiner, at the testing center.

- A. One Handed Tying
- B. Two Handed Tying
- C. Instrument Tying
- D. Deep Tying
- E. Tying Under Tension
- F. Surgeons Knot
- G. Figure-of-Eight Stitch
- H. Simple Running Stitch
- I. Mattress Stitch
- J. Running Subcuticular Stitch

Disciplinary Actions:

The following is adapted from the *ACS Statement of Principles* regarding disciplinary actions.

Upon receiving written information that a surgical assistant, certified by the ABSA, is violating any principle of the American Board of Surgical Assistants, the Board will investigate the charges. If disciplinary action is imposed, it may take one of the following forms:

- A. **Admonition** - A written notification, warning, or serious rebuke.
- B. **Censure** - A written judgment, condemning the SA-C's action as wrong. This is a reprimand.
- C. **Probation** - A punitive action for a stated period of time, following which the SA-C will be reconsidered for full privileges.
- D. **Suspension** - A severe punitive action for a stated or indefinite period of time, during which the SA-C will lose their ABSA certification. The SA-C must return their certificate. When suspension is lifted the SA-C will be returned to full privileges and a new certificate issued.
- E. **Expulsion** - The certificate of the SA-C and all other indicia of certification, previously issued by the ABSA, must be forthwith returned to the ABSA. The assistant shall not claim nor pretend to be an SA-C of the American Board of Surgical Assistants. The assistant will not be eligible to resit for certification, by the ABSA.

Recertification:

Recertification is designed to ensure that the Surgical Assistant-Certified strives to continue their education in health science and medicine. The following section describes the procedures by which certification can be maintained:

Each Surgical Assistant - Certified, is required to acquire eighty (80) recertification points in a two (2) year period. He or she must submit a professional activity report every two (2) years. Recertification forms are mailed approximately 6 months prior to certification expiration. The appropriate filing fee must accompany this report.

Each Surgical Assistant - Certified, must have assisted on a minimum of four hundred (**400**) clinical surgical procedures or **1500** clinical surgical hours every two years, in the role of a first assistant. This documentation must be submitted with the professional activity report. (**Case Log or Computer Printout, is required**)

Acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. It is understood and acknowledged that certification as a surgical assistant through the ABSA (SA-C) does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories

An individual will lose certification if he or she:

- Falsifies a report (never eligible again, for ABSA recertification or a new ABSA certification)
- Violates the ABSA "Code of Ethics" or speaking out against or defaming the ABSA, in any manner actual or perceived
- Fails to meet professional experience
- Does not acquire the eighty (80) recertification points within the two (2) year period

Recertification is granted provided each and all point requirements are fulfilled, with documentation and appropriate filing fees received, on time.

The following is a listing of sample point allocations and documentation required for recertification, without examination. Each ABSA, Surgical Assistant – Certified must obtain **a minimum of 40 points each year, for recertification.**

Documentation of Activities:

Each individual is responsible for providing written documentation of his or her professional activity. Credit will not be awarded for activities not properly documented. Documentation procedures are outlined below:

- A. Major medical meetings may be documented by registration receipts or a copy of the meeting program.
- B. Local meetings or seminars must list dates, times and topics.
- C. Copies of the program showing the topic and the presenters must document presentations.
- D. Publications authored must be documented by full reference to the journal or book.

Recertification Point Allocations:

Points are assigned on a per contact hour basis. Below is a sample partial listing of categories and points allocated.

<u>Category</u>	<u>Maximum points / year</u>
Attendance at a national medical meeting	20 pt. / yr.
Attendance at regional medical meetings, seminars or hospital based conferences	10 pt. / yr.
Publication in a professional journal or proceedings	20 pt. / yr.
Presentation at a national or regional medical meeting	15 pt. / yr.
Presentation at hospital seminar or conference	5 pt. / yr.
Listening to or viewing a medical audio-visual aide	6 pt. / yr.
Reading professional journals (must list volume and issues)	6 pt. / yr.
<u>First Assisting on four hundred (400) clinical surgical procedures or 1500 clinical surgical hours, every two years (Required)</u>	25 pt. / yr.
ACLS, PALS or CPR certification (Required)	4pt. / yr.

MAKE ADDITIONAL COPIES OF THE **PROCEDURE LOG** SHEET AS NEEDED.
THERE ARE SPACES FOR 40 CASES ON EACH SIDE OF THE PROCEDURE LOG SHEETS.

Note: If you send a computer printout, it must contain the same information as our Procedure Logs and it **MUST NOT contain any patient information**, i.e. Name, Social Security Number or Hospital ID etc.

It is important to retain copies of all information sent to the ABSA, for your own records.

Do Not Send Original Documents!

References:

The examination questions were prepared, generally, from the following or similar texts:

Blackbourne, L.

Surgical Recall

5th Ed. Philadelphia: Lippincott Williams & Wilkins, 2009

Moore, K.

Essential Clinical Anatomy

4th Ed. Philadelphia: Lippincott Williams & Wilkins, 2011

Netter, F.

Atlas of Human Anatomy

5th Ed. Philadelphia: Elsevier Health Sciences, 2011

Rothrock, J.

Alexander's Care of the Patient in Surgery

13th Ed. St. Louis: C.V. Mosby, 2006

Weinstein, S.

Turek's Orthopaedics: Principles and Their Application

6th Ed. Philadelphia: Lippincott Williams & Wilkins, 2005

Skandalakis, J.

Surgical Anatomy and Technique

2nd Ed. New York: Springer, 2002

Becker, J..

Essentials of Surgery

Philadelphia: Elsevier Health Sciences, 2006

Katzung, G.

Basic & Clinical Pharmacology

11th Ed. New York: Appleton & Lange, 2009

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www.absa.net

E-mail:

office@absa.net

American College of Surgeons (ACS)

Statement on Principles (excerpted), relating to Surgical Assistants

Section G. Surgical Assistants

The first assistant during a surgical operation should be a trained individual who is able to participate in and actively assist the surgeon in completing the operation safely and expeditiously by helping to provide exposure, maintain hemostasis, and serve other technical functions. The qualifications of the person in this role may vary with the nature of the operation, the surgical specialty, and the type of hospital or ambulatory surgical facility.

The American College of Surgeons supports the concept that, ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical education program. Residents at appropriate levels of training should be provided with opportunities to assist and participate in operations. If such assistants are not available, other physicians who are experienced in assisting may participate.

It may be necessary to utilize nonphysicians as first assistants. Surgeon's Assistants (SA's) or physician's assistants (PA's) with additional surgical training should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently. Formal application for appointment to a hospital as a PA or SA should include:

Qualifications and Credentials of Assistants

- Specification of which surgeon the applicant will assist and what duties will be performed.
- Indication of which surgeon will be responsible for the supervision and performance of the SA or PA.
- The application should be reviewed and approved by the hospital's board.
- Registered nurses with specialized training may also function as first assistants. If such a situation should occur, the size of the operating room team should not be reduced; the nurse assistant should not simultaneously function as the scrub nurse and instrument nurse when serving as the first assistant. Nurse assistant practice privileges should be granted based upon the hospital board's review and approval of credentials. Registered nurses who act as first assistants must not have responsibility beyond the level defined in their state nursing practice act.

Surgeons are encouraged to participate in the training of allied health personnel. Such individuals perform their duties under the supervision of the surgeon.

Link to the above ACS Document:

http://www.facs.org/fellows_info/statements/stonprin.html#2b

American Medical Association (AMA)

Policy, [H-475.986](#) - Surgical Assistants other than Licensed Physicians

Our AMA: (1) affirms that only licensed physicians with appropriate education, training, experience and demonstrated current competence should perform surgical procedures;

(2) recognizes that the responsible surgeon may delegate the performance of part of a given operation to surgical assistants, provided the surgeon is an active participant throughout the essential part of the operation. Given the nature of the surgical assistant's role and the potential of risk to the public, it is appropriate to ensure that qualified personnel accomplish this function;

(3) [policy related to surgical assistants, consistent with the American College of Surgeons' Statements on Principles](#) states: (a) The surgical assistant is limited to performing specific functions as defined in the medical staff bylaws, rules and regulations. These generally include the following tasks: aid in maintaining adequate exposure in the operating field, cutting suture materials, clamping and ligating bleeding vessels, and, in selected instances, actually performing designated parts of a procedure. (b) It is the surgeon's responsibility to designate the individual most appropriate for this purpose within the bylaws of the medical staff. The first assistant to the surgeon during a surgical operation should be a credentialed health care professional, preferably a physician, who is capable of participating in the operation, actively assisting the surgeon. (c) Practice privileges of individuals acting as surgical assistants should be based upon verified credentials and the supervising physician's capability and competence to supervise such an assistant. Such privileges should be reviewed and approved by the institution's medical staff credentialing committee and should be within the defined limits of state law. Specifically, surgical assistants must make formal application to the institution's medical staff to function as a surgical assistant under a surgeon's supervision. During the credentialing and privileging of surgical assistants, the medical staff will review and make decisions on the individual's qualifications, experience, credentials, licensure, liability coverage and current competence. (d) If a complex surgical procedure requires that the assistant have the skills of a surgeon, the surgical assistant must be a licensed surgeon fully qualified in the specialty area. If a complication requires the skills of a specialty surgeon, or the surgical first assistant is expected to take over the surgery, the surgical first assistant must be a licensed surgeon fully qualified in the specialty area. (e) Ideally, the first assistant to the surgeon at the operating table should be a qualified surgeon or resident in an education program that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA). Other appropriately credentialed physicians who are experienced in assisting the responsible surgeon may participate when a trained surgeon or a resident in an accredited program is not available. **The AMA recognizes that attainment of this ideal in all surgical care settings may not be practicable. In some circumstances it is necessary to utilize appropriately trained and credentialed unlicensed physicians and non-physicians to serve as first assistants to qualified surgeons (emphasis added).** (BOT Rep. 32, A-99; Reaffirmed: Res. 240, 708, and Reaffirmation A-00)

Link to the above AMA Document:

http://www.ama-assn.org/apps/pf_new/pf_online?f_n=browse&doc=policyfiles/HnE/H-475.986.HTM

IMPORTANT INFORMATION

The American Board of Surgical Assistants defines First and Second Assistants as follows:

First Assistant

The first assistant, on a surgical procedure, is defined as the individual providing primary assistance to the primary (main) surgeon, during a surgical procedure. This individual **CANNOT** be involved in any other role or function, during the surgical procedure (i.e. first or second scrub and/or passing instruments). This individual must also be listed on the operative record as the first assistant, not as a first or second scrub!

Although descriptions may vary from institution to institution, the role of the first assistant requires active participation, during the surgical procedure. This involves providing exposure, hemostasis, tying or sewing plus other functions (excluding acting as the scrub nurse or technician) as determined by the primary surgeon, responsible for the patient and procedure.

An individual may not act as a first assistant, for example, on a simple hernia repair or similar case with only themselves and the surgeon. This is a surgeon/scrub role and not a surgeon/assistant role.

Second Assistant

This individual is not the primary assistant to the primary surgeon and is hereby defined and designated as a retractor holder. An assistant as defined under this section does not qualify as a first assistant, for surgical procedure / case requirements for initial or recertification purposes.

Important Note

We acknowledge that the role and function of a surgical assistant is to assist the surgeon, in the performance of a surgical procedure. It is understood and acknowledged that certification as a surgical assistant through the ABSA (SA-C) does not allow for any independent performance of any medical or surgical procedures, within the United States of America or its territories

2011 Schedule of Examinations & Links to Locations

Miami, Florida ([Holiday Inn - Miami International Airport](#))

November 05, 2011

Chicago, Illinois ([Holiday Inn - Willowbrook](#))

December 03, 2011

2012 Schedule of Examinations & Links to Locations

(CLICK ON TEST LOCATION, TO THE RIGHT OF THE CITY & STATE, FOR DIRECTIONS & TELEPHONE NUMBERS)

Miami, Florida ([Holiday Inn - Miami International Airport](#))

February 11, 2012

May 12, 2012

August 11, 2012

November 10, 2012

Chicago, Illinois ([Holiday Inn - Willowbrook](#))

March 10, 2012

June 09, 2012

September 08, 2012

December 08, 2012

West New York, New Jersey ([Office of American Training School for Medical Professionals](#))

January 21, 2012

April 21, 2012

July 21, 2012

October 20, 2012

Houston, Texas ([Office of American Surgical Assistants](#))

January 14, 2012

April 14, 2012

July 14, 2012

October 13, 2012

Please visit our web page at www.absa.net for applications.

Applications must be postmarked at least thirty (30) days prior to the examination date.

History

The American Board of Surgical Assistants was founded 30 December 1987, in the State of Colorado, as a Non-Profit Organization.

On 01 October 1998 the American Board of Surgical Assistants was "Administratively Dissolved", by the Colorado Secretary of State's Office, after not receiving our mailed 1998 *two year corporate report*.

On 27 January 2000, the American Board of Surgical Assistants, after discovering being "Administratively Dissolved," was reincorporated, as a privately held corporation, under the name ABSA, Ltd.

On 24 September 2003, the American Board of Surgical Assistants, operating under the name ABSA, Ltd. was renamed American Board of Surgical Assistants, Inc.

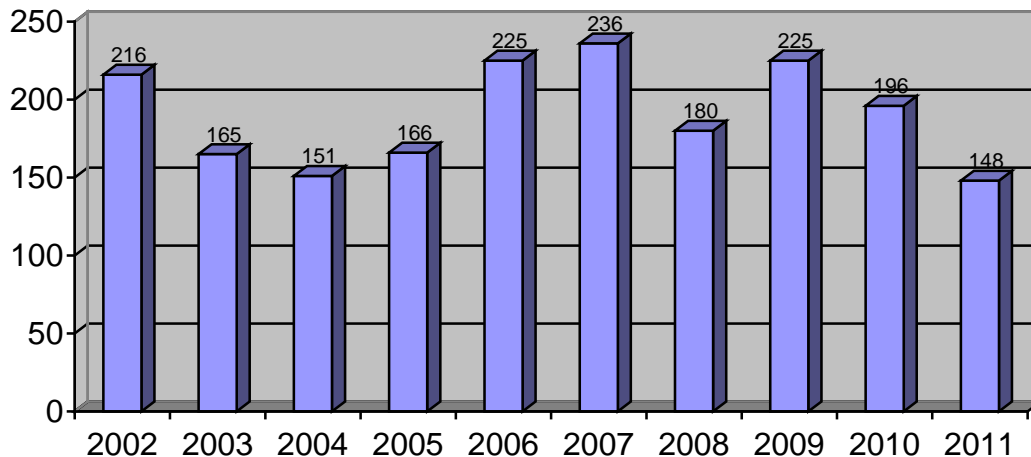
The American Board of Surgical Assistants, Inc., Colorado Secretary of State ID Number 20001018434, is still operated as a privately held corporation, functioning as a national credentialing organization, for surgical assistants.

Our mission has not changed since our initial incorporation in 1987. We will continue to require [formal training](#) as a prerequisite for [ABSA certification](#) (as we have since January 2002) and require documented performance as a surgical assistant, in the clinical setting, as a requirement for [recertification](#). Additionally we will continue to *raise-the-bar* on [educational requirements](#), in-order to further promote safety and protection of the public, by mandating higher levels of knowledge, in the ever-changing world of surgical medicine.

Statistics

Candidates Certified, by year, for last 10 years

as of 08 Nov 2011



2010: 212 Candidates, 196 passed, 16 failed, --- Pass Rate: 92.5%, Failure Rate: 7.5%

2009: 243 Candidates, 225 passed, 18 failed, --- Pass Rate: 92.6%, Failure Rate: 7.4%

2008: 202 Candidates, 180 passed, 22 failed, --- Pass Rate: 89.1%, Failure Rate: 10.9%

Note: These pass/fail statistics are comparable to physician, medical / surgical specialty boards.

1571 Active Surgical Assistants – Certified (SA-C's)

*** 2729 candidates certified as SA-C's since 1987 ***

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Aurora, CO

**Doctor of Medicine*

Windsor University School of Medicine

Basseterre, St. Kitts

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Parker, CO

Accountant

Associated Business Services, Inc.

Educational Psychologist

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Longmont, CO

Psychometrician / Consultant

University of Colorado - Denver

Denver, CO

Office Manager

Veronica M. Stewart

Aurora, CO

Medical Transcription & Billing Specialist

Office Representative

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Educator

Colorado College

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Director

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Sugarland, TX

**Doctor of Medicine*

C.E.T.E.C. University School of Medicine

Santo Domingo, Dominican Republic

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*Doctor of Medicine

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Havana, Cuba

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Specialty: Cardio-thoracic

The Christ Hospital

2139 Auburn Avenue

Cincinnati, OH 45219

Robert Bradley, M.D.

Specialty: General Surgery

The Christ Hospital

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Cincinnati, OH 45219

Fernando R. Bueso, M.D.

Specialty: Obstetrics & Gynecology

Saint Joseph Hospital

President, Quality Assurance

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Houston, TX 77002

Sergio Gonzalez-Arias, M.D., PhD

Specialty: Neurosurgery

Baptist Hospital of Miami

Medical Director, Baptist Neuroscience Center

8940 North Kendall Drive, Suite 707-E

Miami, FL 33176

Nishitkumar S. Patel, M.D.

Specialty: Orthopaedics

Mt Sinai Hospital Medical Center

California Avenue at 15th Street

Chicago, IL 60608

Examiners

Eugene D. Donchev, M.D. *, SA-C

Jamie A. Olmo, M.D. *, SA-C

Margie Cruz (written only)

Daniel Segui, M.D. *, SA-C

Patricia A. Major, BS, RNFA