

DRAFT
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
PUBLIC HEARING ON EMERGING PROFESSIONS
JULY 10, 2009

TIME AND PLACE: The public hearing was called to order at 9:12 a.m. at the Department of Health Professions. The purpose for the hearing was to receive public comment pursuant to its study into the need to regulate the emerging professions: Surgical Assistants and Surgical Technologists.

PRESIDING CHAIR: Elizabeth A. Carter, Ph.D., Executive Director, Board of Health Professions

MEMBERS PRESENT: Damien Howell, P.T.

STAFF PRESENT: Sandra Ryals, Director, Department of Health Professions
Justin Crow, Research Assistant
Carol Stamey, Operations Manager

OTHERS PRESENT: Ira Gantt, ST
Mark Polson, CSA
Henry Jacobs, CSA
Tracee Gamon
Susan M. Andrews
Mary Armstrong, CFA, CSA, CST
Theresa Cooper, CFA, CSA, CST
Rebecca Music, AD, CST
Catherine Sparkman
Bonnie P. Vencill, RN, CNOR
Kevin Browne, CST, SAAAS
Boris Feldman
Catherine Church, St. Marys
Susan Ward, VHHCA

COURT REPORTER: Lynn Aligood, Capitol Reporting, Inc.

PUBLIC COMMENT: Ira Gantt, ST, Reston Surgical Center, spoke of two types of accreditation. He inquired of the Board which type of accreditation the Board was considering regulating and requested clarification on recertification and grandfathering.

Mark Polson, SA, representing himself and also currently

serving in the Army Reserves, presented comment in favor of regulation. Further, he requested that if the Board recommends regulation, then it should consider military training equivalency or grandfathering for military trained personnel.

Henry Jacobs, CSA, representing himself, presented comment in favor of regulation. He stated that the surgical assistants serve as the right hands of the surgeons.

Mary Armstrong, CSA, CST, presented comment in favor of regulation to insure baseline knowledge. She further requested that the Board consider grandfathering. Ms. Armstrong informed the Board that there were various programs, including those at Sentara, that offered educational courses to assist in obtaining certification. Ms. Armstrong provided a handout of Sentara's Surgical Technology Program, and it is incorporated into the minutes as Attachment 1.

Theresa Cooper, CSA, apprised the Board of an article in the newsletter, *The Edge*, entitled "What You Don't Know Could Hurt (Kill) You." The newsletter is sponsored by the National Board of Surgical Technology and Surgical Assisting and is incorporated into the minutes as Attachment 2. Ms. Cooper further reported on the various invasive surgeries that surgical assistants may perform and stated that the profession must be policed. Further, she stated that it was her belief that the profession should be regulated through the Board of Medicine.

Rebecca Music, AD, CST, representing the Association of Surgical Technologists, stated that the goal of the surgical assistants was to provide good patient care and good outcomes. Ms. Music reported that she would research the issue of patient outcome and provide the data to Mr. Crow. She further expressed her support of regulation.

Catherine Sparkman, Esquire, Director of Public Affairs for the Association of Surgical Technologists provided data on the number of graduating students and an update on other states' regulation at various levels. She further advised that data was being gathered on patient harm issues relating to medical errors, adverse events, infection reporting and cost analysis. Ms. Sparkman reported that there is little outcome data on non-certified versus

certified surgical assistants and surgical technologists. Further, that the Association is seeking outcome data from the hospitals for review. With regard to higher education and mortality, Ms. Sparkman described a study by Linda Aiken from Johns Hopkins. Ms. Sparkman stated that the Association of Surgical Technologists supports regulation across all states.

Susan Bonbotch, R.N., informed the Board that surgical assistants perform delegated medical tasks, and she supports regulation of the profession.

Bonnie Vencill, R.N., representing herself, advised that she supported certification and would be willing to assist the Board in its study.

Kevin Browne, CST, stated that he supports certification of surgical technologists as well as continued competency assurance. Further, he stated that the associations, hospitals and the annual national conference offered continuing education at minimal cost.

Boris Feldman, CSA, M.D., representing surgical assistants from INOVA Fairfax Hospital and Capital Surgical Services, a private company providing surgical assistant services, informed the Board of his support of regulation. With regard to non-certified surgical technologists, he expressed concern over a variety of issues, such as as scope of practice restrictions, personnel relations, education, and malpractice insurance. He also offered to provide a list of other surgical assistant private contractors.

David Jennette, CSA, Sentara Hospital, President of National Surgical Assistant Association, stated that he was in support of regulating surgical assistants and surgical technologists. Further, he stated that he supports grandfathering and accepting military credentials if the required military forms are provided. Additionally, Mr. Jennette noted that he did not favor long distance or on-line education. Specifically, that these educational courses may not include the clinical skills component. Mr. Jennette provided a certification pamphlet provided by the National Surgical Assistant Association. The pamphlet is incorporated into the minutes as Attachment 3.

Dr. Carter informed the public that an additional public hearing is scheduled for August 11, 2009 at 9:00 a.m. with a deadline of August 15, 2009 to receive written comment. She further stated that that the Regulatory Review Committee will review the draft report at the August meeting and may make its recommendations to the full Board at that time.

The public hearing transcript will be incorporated into the minutes as Attachment 4 upon receipt from Capital Reporting, Inc.

ADJOURNMENT:

The Hearing adjourned at 11:00 a.m.

Elizabeth A. Carter, Ph.D. Executive Director
Board of Health Professions

**Sentara School of
Health Professions**

**Advanced
Placement Option
for the**

Surgical Technology Program



Advanced Placement Option – A Pathway to Certification

You've worked long and hard. Your skills and technique are among the best in the business. You are respected by your peers, manager, and surgeons. You want to advance but you must sit for the National Board of Surgical Technologist and Surgical Assistant (NBSTSA) exam.

For the first time all experienced Surgical Technologists have an avenue to attain certification status. Improve yourself, your department, your patient care skills, and how you are viewed by peers and management by becoming a Certified Surgical Technologist through the Advanced Placement Option at the Sentara School of Health Professions.



WHO SHOULD ADVANCE PLACE?

Any Surgical Technologist who has:

- Been unable to sit for the certification exam because of education constraints.
- Been trained on the job.
- Attended a non-accredited military training program.
- Attended a non-accredited health programs school.
- Current enrollment in another program and wishes to transfer.

If you meet any of the criteria, you qualify to be eligible to advance place. Through Advanced Placement you will challenge out of each semester with an exam.

WHERE DO I BEGIN?

- Apply to the Sentara School of Health Professions as a student.
- Meet the prerequisites of the ST Program. (High School Diploma or GED & 3-8 credit Non-lab Anatomy and Physiology or Human Biology)
- Take the admissions exam (HOBET).
- Become an accepted student.
- For additional admissions information, contact Student Services at 757.388.2666 or link to www.sentara.com/healthprofessions.

WHAT'S NEXT?

- Submit a letter of reference from your direct supervisor as to the number of cases on average you have done in the last three years.
- Submit a letter of reference from a currently practicing surgeon validating your skills and technique.
- Recommended purchase of the current textbook in use - Surgical Technology Principles and Practice, 4th Ed. Fuller.
- Schedule an appointment with the Program Director to receive the first semester syllabus and plan a completion map.
- Upon successful completion of each exam you will automatically be eligible to take the next. Using your syllabus and text you must prepare for these exams. Exams are offered twice a semester. You can progress at your own pace, however the Program must be completed within twelve months.
- With each passing grade of 77% you can move on to the next module. There are three exam modules. Prior to completion, every student must take a Program Assessment Exam (PAE) as required by our accrediting body, Accrediting Bureau of Health Education Schools (ABHES).

WILL I BE CONSIDERED A GRADUATE?

Yes. You will receive a diploma stating you are a graduate of the Sentara School of Health Professions Surgical Technology Program.

WHAT ABOUT CERTIFICATION?

- You will be eligible to sit for the certification exam.
- You may be given the opportunity to test with a graduating class at the School in May or November of each year, OR
- You may test at a NBSTSA approved testing center.

Refer to: www.NBSTSA.org
www.AST.org



Total Cost of Tuition and Fees
\$1,200.00



SENTARA®

School of Health Professions

Your community, not-for-profit health partner.

Surgical Technology Program

Advanced Placement:

Tel: 757.388.4240

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Sentara Norfolk General Hospital*

December 2007

What You Don't Know Could Hurt (Kill) You

The operating room is a cloistered, mysterious place where gory, scary, invasive, and yes- even life and death events occur. If you've watched *House*, *Gray's Anatomy*, *Nip Tuck*, or any number of "reality" programs on Discovery Health or TLC, you are already aware of the growing fascination with this often misunderstood realm of health care. Nearly always, the storyline involves the doctors/surgeons. Lately, the focus is on the nurses. How often do the writers explain to you who all of the other people decked out in green or blue garb are? Isn't everyone in the operating room a surgeon, a nurse, or a patient? Doesn't everyone who works in the operating theatre hold an advanced degree and a form of professional licensure, certification, or registration? Of course one would think so. One would be wrong.

When you go to the beauty salon, you expect to see the state issued license of the person who is cutting and styling your hair proudly displayed at his or her station. Much is made about whether the person teaching your child is a certified teacher. When you look for a plumber or an electrician, do you check their credentials? What about your real estate agent? Have you ever been swayed by the fine print in commercials for attorneys saying that they are "Board Certified" or not in their area of legal practice? Do we not pride ourselves on checking out the qualifications and track records of people who work on our various forms of "stuff"? Likely, most of the answers to these questions would be YES. The old adage, "Buyer Beware!" is an example of "informed consent".

What does this have to do with your surgical procedure? There is a little known allied health field called Surgical Technology. Why is this designated as an allied health field? Because it is not Nursing. It is not Medicine. It is made up of people specially trained to: prepare and protect the integrity of the sterile field, handle sterile instrumentation, identify the needs of the surgeon, perform the necessary checks and balances (counting sponges, sharps, and instruments), check and label

all medications used intraoperatively, assist the registered nurse in proper positioning or transfer techniques, and be an informed, aware, and integral part of the surgical team. As much as anyone else in the operating room, the surgical technologist is responsible for being the patient's advocate. The fundamental concept taught first, foremost, and continuously reinforced is "AEGER PRIMO". Translation: "the patient first."

With all of this responsibility, surely this is a highly regulated, compensated, and valued profession. Think again. The public-at-large has no idea that there is little or NO regulation at this time for the oversight of those practitioners of this mysterious and misunderstood vocation. In some areas of the country, hospital employees working in non-patient care areas such as central supply, housekeeping, or medical records can be reassigned to be on-the-job trained or "OJT'd" at a lower salary with quicker access than hiring educated and Certified Surgical Technologists (CSTs). The people put in charge of making sure that your loved one's surgical procedure is performed with sterile instruments; that nothing is left behind to cause injury or potential death; or the medications used during the operation are not mixed up, do not currently need to be held to a professional standard. Some corporate "wisdom" has tried to rationalize the practice by stating that it is safe because there is a professional registered nurse (RN) overseeing any and all unlicensed assistive personnel (UAPs) in the room.

The shortage of qualified nurses to work in all areas of healthcare facilities is what has spawned the explosion of allied health professions. Nurses used to be expected to be proficient in nearly every aspect of patient care. However, nowadays, there are respiratory therapists, radiological technologists, pharmacy technicians, medical laboratory technicians, phlebotomists, ultrasonography technologists, perfusionists, sterile processing technicians, and patient care technicians to name a few. These are highly specialized, non-nursing, allied health professionals. There are training

programs for all of these offered at community colleges, universities, or technical schools throughout the country. Most of them have some form of mandatory state regulatory practice requirements and oversight. Laboratory and on-site clinical practice curricula are structured, monitored, and irreplaceable educational criteria for the "real world" recipients of these various caregivers: the patients.

Just because surgery goes on behind closed doors by people in scrubs, masks, gowns, and gloves, it does not mean that what you don't know about them might not impact on you or your loved one. Do you think you have cause for concern that the person doing your manicure might be risking your health with poorly cleaned instruments? You could get an infection. Transfer that concern to the person in charge of the instruments that are going to be used to replace your hip or your knee. What about those used for coronary bypass, for excision of your diseased gallbladder or uterus? If your baby is born via Cesarean section, should that person be skilled in that procedure? Many facelifts, tummy tucks, or liposuction procedures are now being done in doctors' offices. Who cleans and sterilizes those instruments and passes them during the procedure? The surgeon performs the actual procedure. Everyone knows that. The paperwork—consents, history, assessment, and O.R. records—are filled out by the registered circulating nurse (RN). The anesthesia provider is either an anesthesiologist (MD) or a certified registered nurse anesthetist (CRNA). Doesn't it then make sense that your surgical technologist should be a certified surgical technologist (CST), not just a convenient "body"? Patients can suffer prolonged treatment and even die from hospital acquired illnesses (HAIs) and surgical site infections (SSIs). That's a bit more concerning than a scalp rash or fingernail fungus.

Why has the public not known about this glaring hole in the fabric of surgical care before? The reasons are complex and yet very basic. Money is often a reason. It is more cost effective for hospitals to hire >>

What You Don't Know... *Continued*

non-certified surgical technologists to fill positions in the operating room than to try to hire all RNs or well-trained CSTs. Another reason is title protection. The nurse in the O.R. has traditionally been known as the patient's advocate. This means that they are still duty-bound to follow the surgeon's or anesthesiologist's orders, but they have the ability and responsibility to question those orders in order to protect the patient from mistakes or malpractice. This role and duty of the RN in the operating room is not in question. However, some have maintained that the RN is the only qualified person to advocate for the proper care of the patient simply because of the title and license they hold.

Nurses can receive an Associate's Degree in Nursing (ADN) from a community college or a Bachelor's of Science in Nursing (BSN) from a university. In very few cases does the curriculum of either the four-year or two-year nursing program allow for any real time in surgery. The student nurse may have one or two visits to the O.R., when the focus is on a particular patient's continuum of care, following the patient from admission to discharge. There are some elective courses in perioperative nursing taught at some schools. But, the vast majority of graduate nurses who come to work behind the closed doors, past the red line, have little or no experience in the highly structured techniques and subtle nuances of the surgical suite. They gain skills by being mentored by experienced RNs. The quality of their on-the-job training hinges on the quality of the O.R. nurse educator.

Surgical technologists, on the other hand, have intensely focused surgical training. They are taught many of the same skills that the registered nurse performs. This is not to try to eliminate the need for the nurse, but to understand the inherent interconnections of the various duties and responsibilities. Once the surgical technologist has performed the surgical scrub and donned the proper sterile attire, he or she can only interact with and touch other sterile items. The circulating nurse is the unsterile person who "circulates" around the sterile field and interacts with only the nonsterile items/areas. Both team members share dual responsibility for protecting the patient by keeping focused on all aspects of the surgical procedure.

The CST is guided by a "Surgical Conscience" which basically states that he or she is responsible for recognizing, admitting, and correcting any breaks in aseptic

(without infection) or sterile (absence of all living microorganisms) technique, regardless of whether anyone else witnessed it. In more colloquial terms, it means: "When in doubt, throw it out." and "If you mess up, you 'fess up." This sense of duty and accountability is the cornerstone and foundation of the practice of Surgical Technology. These professionals: stand for long periods, carry heavy sterile instrument trays, come in on call at any hour of the day/night or on holidays, witness the heartbreaks of child or elder abuse, traumatic injuries, and results of bad life-choices. They witness and participate in the human miracles of birth, death, organ donation, curative measures, and re-establishment of bodily functions. And lastly, they are, for all intents and purposes, completely unnoticed or unrecognized, but certainly worthy of a professional status and title.

Surgical technologists are underpaid for the intensity of the work they do on a daily basis. Dedication and a pure love of the job are what keep people in this field, despite the disproportionately low wages as compared to the other surgical team members. Nearly any surgeon you ask will tell you that a good surgical technologist can contribute greatly to the success of the procedure. They may use the term "scrub nurse" or "scrub tech", ORT or CST, but the person to whom they are referring is, in all likelihood, a surgical technologist.

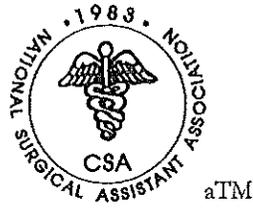
What you don't know can hurt you. Do you want to chance it that the person behind the mask and gown is an educated professional or someone trained in a few easy lessons on how to simply respond to a command? You must give informed consent, for all kinds of possible untoward events related to your surgery, before you go under the knife. Shouldn't you have the right to insist that you have a Certified Surgical Technologist (CST) assisting your surgeon and RN during your procedure? The hospital associations are not going to tell you they train from within or hire non-certified surgical techs in order to save money. Surgeons do not usually want to get involved with the hospital's personnel issues. They just want to know that they have someone to give them what they need—before they ask for it. Nurses will assure you that they oversee and monitor everything that goes on in the O.R., even the unlicensed folks. That can be tricky when they are not part of the sterile field and may have to be in and out of the room during the procedure.

Surgical technologists are trying to raise the bar and their own standards of practice. This will create a higher level of professional status to work in concert with the already highly regulated and educated professional nurses and physicians who practice in surgery. Competition with the other team members is not the intent. Collegiality and shared patient advocacy by all parties are the ultimate goals.

The professional membership organization, the Association of Surgical Technologists (www.AST.org) has been in existence for forty years. It currently has over 27,000 members. AST has helped to form individual state assemblies, which offer continuing education seminars and provide guidance in pursuing legislation in all states for standardized educational levels, certification, and/or registration of practitioners as a condition of employment. The national certification exam and credential are offered by the National Board of Surgical Technology and Surgical Assisting (www.NBSTSA.org). The Accreditation Review Committee on Education handles the accreditation process for surgical technology and first assisting programs for Surgical Technology and Surgical Assisting (www.ARCSTSA.org). The ARCSTSA comes under the umbrella of the Commission on Accreditation of Allied Health Education Programs (www.CAAHEP.org). CAAHEP is, in turn, recognized by the Council for Higher Education Accreditation (www.CHEA.org).

A successful surgical procedure is a wonder to behold. The teamwork and cooperation that goes into the performance of these highly technical interventions is paramount to good surgical patient outcomes. It just makes logical sense that EVERY member of the team be recognized for the unique individual strengths and talents they bring to the O.R. table and expected to carry a professional credential in order to function in that capacity. Consider yourself informed.

Margaret Rodriguez, CST, CFA, FAST, BS
Vice President, Association of
Surgical Technologists
Associate Professor, Surgical Technology
Program, El Paso Community College
Council on Surgical and Perioperative
Safety (CSPS), Board of Directors
Texas State Assembly of AST, Board
of Directors



National Surgical Assistant Association



Providing the Gold Standard in
certification of the Non Physician
Surgical Assistant since 1983.

CSA—Certified Surgical Assistant

National Surgical Assistant Association and the Certified Surgical Assistant

National Surgical Assistant Association (NSAA) was established in 1983 for the purpose of setting standards of professionalism, assuring competency testing and certifying competency through their CSA (Certified Surgical Assistant) designation. NSAA was the first organization in the nation to test the competency of the non-physician surgical assistant and provide a professional certification. NSAA mandates continuing education for Certified Surgical Assistants throughout the country and re-certification of the CSA credential, by the establishment of continuing medical education standards and verification.

The Certified Surgical Assistant:

- The Certified Surgical Assistant possesses a working knowledge of all operating room procedures with respect to attire, infection control, and is familiar with individual requirements and recommended practices of compliance.
- The Certified Surgical Assistant accepts responsibility for his/her integrity with respect to maintenance and compliance, to and of these policies.
- The Certified Surgical Assistant must have the ability to anticipate the needs of the surgeon, and other team members, with respect to the requirements of a particular surgical procedure.
- The Certified Surgical Assistant must be able to demonstrate and maintain dexterity sufficient to successful completion of his/her assistant duties on each particular procedure.
- The Certified Surgical Assistant must maintain a professional attitude with respect to the dignity, privacy, and safety of the patient.
- The Certified Surgical Assistant must possess the ability to only function within the limits of his/her ability, and within the scope of practice set forth by the medical facility.

Education and Training

The Non-Physician Surgical Assistant comes from a variety of disciplines, including military training with an emphasis on surgical assisting, formal surgical assistant programs at universities and colleges, nursing surgical assisting specialty programs, physician assistant surgical assisting specialty programs, foreign trained medical doctors with surgical training, as well as US trained medical doctors with surgical training who choose to work in the surgical assisting profession.

Although standards for surgical assisting programs have been developed by CAAHEP (Council for Accreditation of Allied Health Education Programs) and NSAA was instrumental in the development of the entry level standards, NSAA chooses to approve all accepted programs through our own approval process, to insure they meet the high standards and quality of education that is required to meet the stringent standards of the Certified Surgical Assistant.

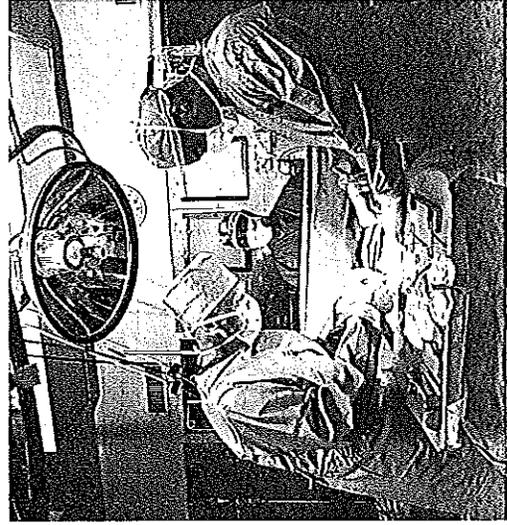
Surgical Assisting is a specialty profession that requires specific training over and above a degree in science, nursing, allied health, physician assistant and more. The National Surgical Assistant Association requires RNs, PAs, NPs, etc. to have clinical training—"at the table" to reach the advanced skill level requirements to be eligible to sit for the CSA examination.

NSAA Members are a vital part of the OR Team

Working under the direction of the surgeon in the capacity of the non-physician surgical assistant, NSAA CSAs offer the gold standard in patient safety, technical skills, professionalism and efficiency. Surgeons across the country request CSAs to assist them in the OR!

About NSAA

The National Surgical Assistant Association (NSAA) began its roots in Norfolk, Virginia at the Norfolk General Hospital. A group of Surgeons and Surgical Assistants felt strongly that certification was needed to distinguish the Surgical Assistant from other positions within the OR. In order for this credential to have the full impact—it need to include an extension, comprehensive examination. This type of credential would assure patients, Surgeons and hospitals that the individual carrying the CSA credential had the training, knowledge and skills needed to perform in the Surgical Assistants role. These Surgeons and Surgical Assistants worked together to develop the first certification examination for Non-physician Surgical Assistants in the country. They formed the Virginia Surgical Assistant Association in the early 1970s and in 1983 became the National Surgical Assistant Association—offering the examination nationwide. NSAA was the first to establish standards and continues to this day to hold the "gold standard" for certification for the Non-Physician Surgical Assistant.



The Second Pair of Hands

Certified Surgical Assistants (CSA) provide that second pair of hands needed in surgery to assure patient safety and efficiency. The CSA credential assures the patient, surgeon, and hospital that a professional with highly honed skills at the advanced level will be assisting in the surgery!



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