

**DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
FEBRUARY 3, 2009**

TIME AND PLACE: The meeting was called to order at 10:40 a.m. on Tuesday, February 3, 2009, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Room 4, Henrico, VA.

PRESIDING OFFICER: David Boehm, L.C.S.W., Ex-officio, Chair

MEMBERS PRESENT: Damien Howell, P.T.
Vilma Seymour, Citizen Member

MEMBERS NOT PRESENT: Paula H. Boone, O.D.
Susan G. Chadwick, Au.D.
Meera Gokli, D.D.S.

STAFF PRESENT: Elizabeth A. Carter, Ph.D., Executive Director for the Board
Emily Wingfield, Chief Deputy Director
Elaine Yeatts, Senior Regulatory Analyst
Eric Gregory, Assistant Attorney General, Board Counsel
Justin Crow, Research Assistant
Carol Stamey, Operations Manager

OTHERS PRESENT: John F. Miller, Legislative Chair, VPTA
Steve Fletcher, ABC
Cathy Carter, ABC
Alicia M. Beech, St. Mary's Hospital
Dallice Joyner, Northern VA AHEC

QUORUM: With three members present, a quorum was not established.

AGENDA: No additions or changes were made to the agenda.

PUBLIC COMMENT: John F. Miller, MBA, PT, representing the Virginia Physical Therapy Association, spoke in opposition of regulating the professions of Orthotists, Prosthetists & Pedorthists. Mr. Miller provided a hardcopy of his public comment for reference.

UPDATE ON EMERGING PROFESSIONS: **Orthotists and Prosthetists Discussion**
Steve Fletcher, Director of Clinical Resources, American Board for Certification in Orthotics, Prosthetics & Pedorthics, Inc., spoke in favor of regulating the professions of Orthotists, Prosthetists, and Pedorthists. Mr. Fletcher provided a handout of his public comment as well as a copy of ABC's model licensure act for the Committee's reference.

Staff Briefing on: Medical Interpreters, Polysomnographers, Surgical Assistants and Surgical Technologists

Justin Crow, Research Assistant, presented a slide presentation on the above referenced emerging professions. The slide presentation is incorporated into the minutes as Attachment 1.

Medical Interpreters

The Committee requested that Mr. Crow continue the study and obtain the following additional information:

- 1) the number of medical interpreters and their availability, how many located in hospital settings, effect of licensure on budgets and burden issues;
- 2) avenues of telehealth; and
- 3) non-profit federal funding.

Polysomnographers

The Committee requested that Mr. Crow continue the study due to the sleep study's recent reimbursement policies and the rapid growth of the industry. Further there is concern that polysomnographers who attend patients alone may not be sufficiently supervised to adequately ensure patient safety.

Surgical Assistants and Surgical Technologists

The Committee requested that Mr. Crow continue the study and provide data relating to sterile and non-sterile groups.

It was the consensus of the Committee to prioritize the studies as follows:

- 1) Medical Interpreters;
- 2) Surgical Assistants and Surgical Technologists; and
- 3) Polysomnographers.

NEW BUSINESS: No new business was presented.

ADJOURNMENT: The meeting adjourned at 11:35 a.m.

David R. Boehm, L.C.S.W.
Ex-Officio, Chair

Elizabeth A. Carter, Ph.D.
Executive Director for the Board



Emerging Professions Review

Medical Interpreters
Polysomnographers
Surgical Assistants
Surgical Technologists



Medical Interpreters

Medical interpreters provide language services to health care patients with limited English proficiency. Medical interpreters help patients to communicate with doctors, nurses, and other medical staff. . . . Medical interpreters need a strong grasp of medical and colloquial terminology in both languages, along with cultural sensitivity regarding how the patient receives the information. They must remain detached but aware of the patient's feelings and pain.

–Bureau of Labor Statistics

- Limited English Proficiency (LEP)
- Healthcare Setting
- Medical Terminology in both Languages
- Cultural Awareness
 - US Healthcare System
 - LEP patient's Culture of Origin
- Build professional and sympathetic relationships



Central Issues

- 1964 Civil Rights Act
 - Forbids Reduction/Impairment of Services due to National Origin
- Documented Negative Outcomes from Untrained Interpreters
- International/national certifications are quickly becoming available



Polysomnographers

- Polysomnogram
 - Brain Waves
 - Heart Rate
 - Oxygen Saturation
 - Eye Movement
 - Airflow
- Sleep Clinics
- Scored by Polysomnographer
- Interpreted by licensed Practitioner
- Over 80 Sleep Disorders
 - 94% Apnea (breathing) related diagnosis at sleep clinics
- RT Related Procedures
 - Continuous Positive Airway Pressure
 - Bi-level Positive Airway Pressure
 - Low-flow oxygen
 - Capnography
 - Oximetry

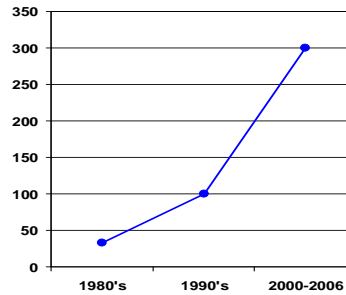


Polysomnography

- Multiple Disciplines
 - Electroneurodiagnostics
 - Cardiology
 - Respiratory Therapy
 - Psychology

- Rapidly Growing Field

**Diplomates of Sleep Medicine
Average Annual Certifications**



Operating Room Team

Role	Who Performs	Tasks
Sterile		
Surgeon	Surgeon, Dentist, Podiatrist	Perform surgery, manage care
First Assistant	Surgeon, Physician, PA, Resident, RNFA, Surgical Assistant	Provide exposure, control bleeding, close wounds, apply dressing
Scrub	Surgical Technologist, RN, LPN	Maintain sterile field, hand and count instruments, prepare supplies
Non-sterile		
Anesthesia Provider	Anesthesiologist, RN, Dentist, Physician, PA	Provide and maintain anesthesia, maintain vitals
Circulator	RN or Surgical Technologist	Patient advocate, patient comfort, manage team members, maintain sterile field, emergency assistance
Perianesthesia	RN, Surgical Technologist	Pre- and postoperative patient assessment and preparation



Surgical Technologist

- Scrub Role
 - Prepare OR
 - Pass/Count Instruments
 - Maintain Sterile Field
 - May hold retractors
 - Circulator Role
 - Usually Performed by RNs
 - Manage Surgical Team
 - Maintain Sterile Field
 - Pre-surgical Assessment
 - Patient Advocate
 - CAAHEP Recognized Programs
 - Associates, Diploma or Certificate
 - Decreasingly, OTJ Training
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Surgical Assistants

- First Assistant Role
 - Closure at all levels
 - Provide Exposure
 - Tie off / cauterize vessels
 - Harvest, bifurcate veins
 - Assist in all types of surgery.
 - Credentials Vary
 - Four Certification Boards
 - Require Surgical Tech experience
 - Various eligibility routes
 - CAAHEP Programs
 - Certificate Programs
 - 250 lecture/lab hours
 - At least 120 cases
 - Non-CAAHEP Programs
 - Enhanced OTJ training
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