

**DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS
REGULATORY RESEARCH COMMITTEE
December 17, 2008**

TIME AND PLACE: The meeting was called to order at 10:05 a.m. on Wednesday, December 17, 2008, Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Room 1, Richmond, VA.

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

MEMBERS PRESENT: Paula H. Boone, O.D.
Susan G. Chadwick, Au.D.
Damien Howell, P.T.
Vilma Seymour, Citizen Member

MEMBERS NOT PRESENT: 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
Justin Crow, Research Assistant
Carol Stamey, Operations Manager

OTHERS PRESENT: Lee Germain, VACS
Ray Taurasi, IAHCMM
Lorraine Jenkins, VACS
Erle Shepard, VACS
Richard Parisi, VASM
Michelle Sartelle
Angela Sawyer
Larry Womack
Karl Berling

QUORUM: With five members present, a quorum was established.

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

PUBLIC COMMENT: Ray Taurasi, International Association of Healthcare Central Service Material Management (IAHCMM), presented public comment in favor of mandated certification of Central Service/Sterile Technicians.

Richard Parisi, M.D., Virginia Academy of Sleep Medicine,

presented comment in favor of mandated credentialing of polysomnographic technologists.

APPROVAL OF MINUTES: Mr. Howell moved to approve the minutes of the August 14, 2008 Public Hearing. The motion was seconded and carried unanimously.

Mr. Howell moved to approve the minutes of the September 9, 2008 ~~full-board~~ Committee meeting. The motion was seconded and carried unanimously.

UPDATE ON EMERGING PROFESSIONS: Justin Crow, Research Assistant, presented a slide presentation on the following emerging professions listed below.

Central Sterile/Services Technicians

Mr. Howell moved that the Central Sterile/Services Technicians not be regulated; however, the motion was not seconded.

The Committee took no action.

Orthopedic Technologists and Orthopedic Physician's Assistants

Mr. Howell moved that the Orthopedic Technologists and Orthopedic Physician's Assistants not be regulated. The motion was seconded and carried unanimously.

Orthotists, Prosthetists and Pedorthists

Dr. Boone moved that the Pedorthists not be regulated. The motion was seconded and carried unanimously.

Mr. Howell moved that the Committee continue its study of the Orthotists and Prosthetists. He specifically requested that staff invite representatives from constituent groups to submit public comment.

Mr. Crow apprised the Board of future ongoing studies: medical interpreters, polysomnographers and surgical assistants and surgical technologists.

NEW BUSINESS:

Request from Mary L. Zoller, MPA

Mr. Howell moved that the request of Ms. Zoller be referred to the Department of Professional Occupational Regulation.

ADJOURNMENT:

The meeting adjourned at 12:45 p.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
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Polysomnographers

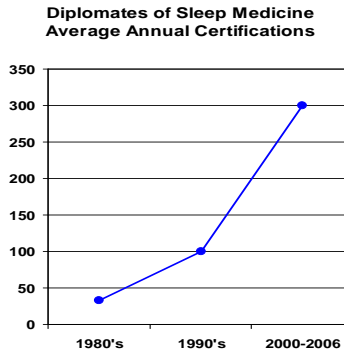
- Polysomnogram
 - Brain Waves
 - Heart Rate
 - Oxygen Saturation
 - Eye Movement
 - Airflow
 - Sleep Clinics
 - Scored by Polysomnographer
 - Interpreted by licensed Practitioner
 - Over 80 Sleep Disorders
 - 94% Apnea (breathing) related diagnosis at sleep clinics
 - RT Related Procedures
 - Continuous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



Polysomnography

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

- Rapidly Growing Field



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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