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On Behalf Of:
Committee: Senate Committee On Health Care
Measure: HB4106

You are setting up for a parietal craniotomy for tumor resection. What instruments do you need for the resection portion? Is it a deep lesion? Will the surgeon be operating near a ventricle? What do you need to be prepared for that? Do you have the right meds for hemostasis? Do you need sterile slush on your field to control seizure activity?

Before scrubbing an open Whipple procedure, you hear the surgeon mention, "a replaced left common hepatic". Intraop, what should you be anticipating? What do you need to have ready? Do you have what you need for vascular repair if the anatomy is irregular, and the surgeon runs into trouble? How do YOU help the surgeons with that particular part of the procedure to ensure that everyone is prepared for an adverse event?

For a microvascular free flap, why is it important that you have the correct solution of papaverine and injectable saline ready? If you are preparing for an ALT flap on a male patient that is 5'4" and 205 lbs, what retraction will you likely need for that? Why could it potentially be different for a female?

A tonsillectomy procedure is nearly done for a 14 YO male. What do you need to be ready for?

Outer gloves are often changed after draping for a total joint procedure. Why? Do you need to change your gloves too?

This is a very small sampling of things that run through my head as a surgical technologist. Decisions that I am responsible for making for my set-up, the surgeons that I am assisting, and for the patient on the table. That patient is trusting that each one of their surgical team members is prepared to do their job to the best of their ability and have the appropriate knowledge to do so. We have to be ready for any procedure, in any specialty, know the dangers at every step, and be ready for them. This is why there was an entire job created for this-because as medicine advanced, so did surgical interventions. A person solely dedicated to becoming the expert of preparing for and assisting the surgical team with focus on sterile technique, instrument knowledge and care, and procedure knowledge became a requirement of a properly functioning surgical team.

I learned of HB4106 this last week, and I am disheartened at the lack of knowledge and respect for the job that I and thousands of my fellow surgical techs do every day. I take great pride in the work that I do for my patients, and all of the formal and clinical education I went through to get there, and I know that I am the tech that I am still becoming today because of it. In researching apprenticeship programs, I have learned what I already know-that they are a learning model in which the training happens, "on the job", and the apprentice gets paid while learning. They are fantastic options for many jobs, but not surgical techs. There is far too much to learn and

practice in classroom and lab settings to be taught in an apprenticeship format. Examples of necessary education and skills that need to be taught and mastered BEFORE learning in a clinical setting with real patients include (but are not limited to): sterile technique, instrument memorization, operation and care, in-depth anatomy and physiology, pharmacology and related mathematics, biology and chemistry, and memorization of ALL surgical procedure steps and indications for said procedures. To expect that someone could safely prepare to care for a patient in this capacity while learning in any other format is frankly unsafe. Accredited programs with traditional formats in which education and lab practice precedes clinical practice are in place for a good reason-excellence in practice and mastery of skills and theory for the surgical technologist is essential for safe patient care. This should not be compromised for financial reasons or to "fill in the gaps" of employment. Now more than ever, the hands we have at the field should be appropriately skilled and ready to care for our patients. Please vote NO for passing this bill for our patients.