

Good afternoon Chair Jackson and Members of the Committee,

My name is Casey Glassburner (spelled) and I am a Certified Surgical Technologist and have been for almost 10 years. I am also currently serving as the President of the Nebraska State Assembly of the Association of Surgical Technologists. Today I will be providing testimony on behalf of this organization (NE-AST) and our national organizations the Association of Surgical Technologists (AST) and the Association of Surgical Assistants (ASA), related to our recommendations as answers to the specific questions and issues that you have requested to be addressed at this Public Hearing in the document that was posted to the credentialing review website.

**First I would like to comment on the duties of positioning the patient, preparing and draping the patient for the operative procedure, providing visualization of the operative site through holding retractors and applying wound dressings not being included in the surgical assistant licensure scope of practice.**

The American College of Surgeons and AST have nationally-approved a job description for surgical technologists that includes all of these tasks as surgical technology tasks and functions. Including these tasks in the surgical assistant license and scope of practice would prevent surgical technologists from performing these functions that are historically and currently part of their job.

Therefore we would recommend that these items be included in the surgical technologist range of functions and that the surgical assistant license scope of practice read as follows:

1. Performing all tasks included in the surgical technologist range of functions
2. Providing visualization of the operative site through the placement of retractors (which is an advanced skill beyond just holding retractors after they have already been placed)
3. Assisting with hemostasis
4. Performing closure of body planes, including only the subcutaneous and skin layer
5. Applying appropriate immobilizing wound dressings (which includes casts and splints that a surgical technologist is not trained to apply)
6. Providing assistance in securing drainage systems to tissue
7. Preparing but not procuring grafts after they have been removed from the patient by the surgeon
8. Performing tasks delegatable under the personal supervision of a licensed physician

It should also be noted that the American College of Surgeons, ASA and AST have a nationally-approved job description for surgical assistants to include the task of postoperative subcutaneous injection of local anesthetic agent as directed by the surgeon. It is our recommendation that this task be included in the surgical assistant scope of practice as well.

**Next I would like to comment on the role of surgical first assistants in the closure of body planes.**

The American College of Surgeons, ASA and AST have nationally approved a job description for surgical assistants related to closure of body planes that describes only closure of the subcutaneous and skin layer by various means.

Therefore we would recommend utilizing the nationally approved description in restricting the closure of body planes in the surgical assistant scope to just the subcutaneous and skin layer. We would also like to recommended that the wording of this skill in the scope be switched from “assisting with closure” to “performing closure” as surgical assistants in other states have encountered issues with their ability to actually apply sutures as some have claimed that “assisting with closure” doesn’t actually mean placing the sutures in the tissue layers.

**Next I would like to comments on the role of surgical first assistants in preparing grafts.**

In order to remove the concern expressed by the committee related to the potential of allowing surgical assistants in the state to remove grafts from a patient, we would recommend that the scope of practice for the surgical assistants include the task of preparing but not procuring grafts, after they have been removed from the patient by the surgeon. The Core Curriculum for Surgical Assisting, which is taught in accredited surgical assisting programs, includes graft care providing graduates adequate information to perform this skill.

We would also like to ensure that the word specimen is removed from this skill in the surgical assistant scope of practice as specimen care is already included in the surgical technologist range of functions which the surgical assistant will be allowed to perform in its entirety. Also including the word specimen could allow for interpretation preventing the surgical assistant from removing a specimen from a patient after it has already been resected and detached from all of its internal attachments by the surgeon such as removing the gallbladder from the abdomen on a laparoscopic case after it has been resected by the surgeon from the liver bed which is often a skill that is performed by the surgical assistant.

**Next I would like to comment on which potential registrants should or should not be required to undergo the surgical technologist competency assessment procedure and who should administer this assessment.**

While all our organizations agree that the competence of all surgical technologists in the state should be assessed prior to an individual being placed on the surgical technologist registry we continue to recommend that surgical technologists who are currently Certified Surgical Technologists (CSTs) should not go through a competency assessment to be placed on the registry as these individuals have already demonstrated their competency through graduation from an accredited surgical technology program, passage of the national surgical technologist certifying exam, and maintenance of current competency through required continuing education that is currently set at 60 hours in a 4 year period.

The passage of the national surgical technologist certifying exam and maintenance of the Certified Surgical Technologist credential is utilized in several other states as the highest level of competence and is required as a condition of employment.

Members of the Nebraska State Assembly met with members of the Department of Health and Human Services on June 30<sup>th</sup> to discuss the potential of recognizing the national surgical technologist certifying exam as a method of establishing competence for surgical technologists seeking to be placed on the registry. We were assured that this was an acceptable pathway to establish the potential registrant’s competence as the method of recognizing a national exam but not a private agency is utilized by other professions in the state to establish a minimum level of competence.

Therefore, we continue to recommend that two pathways be allowed for potential surgical technologist registrants to establish their competence.

1) If the potential registrant is currently a CST (Certified Surgical Technologist), they would need to provide a copy of their current certification card that will serve as proof of passage of the national surgical technologist certifying exam establishing their competence as a surgical technologist.

OR

2) If the potential registrant is not currently a CST (Certified Surgical Technologist), they would need to submit a certification of competency assessment completed by a qualified licensed health care professional with at least 2 years of operating room experience to establish their competence as surgical technologist.

**In relation to which health professionals should administer or evaluate the competency assessment for surgical technologists seeking to be placed on the registry,**

We recommend that wording be included to reflect a “qualified licensed health care professional with at least two years of operating room experience.” The operating room is a unique environment, one that many licensed health care professionals do not practice in, making them ill-equipped to properly determine if a surgical technologist seeking to be on the registry is competent in the tasks that are required to be assessed. Prior operating room experience is essential to establish the base knowledge for a licensed health care professional to adequately assess the competence of a surgical technologist seeking registration. We would also like to ensure that an LPN is not allowed to administer this competency assessment as we feel their educational background does not provide them the knowledge to adequately assess potential surgical technology registrants.

**In reference to our recommendation of the nature of the competency assessment process for surgical technologists seeking to be on the registry,**

On the copy that you have received you will see the wording from the amendment in reference to the skills that must be assessed by the licensed health care professional to determine the competency of a surgical technologist seeking to be on the registry.

As you can see these skills are complex and include many intricacies. It is the recommendation of the NE-AST that to accurately assess these skills the potential registrant would actually have to demonstrate them and would not be able to simply take an exam to establish their competence.

**Finally I would like to comment on the idea of defining a scope of practice for surgical first assistants and a range of functions for surgical technologists under the terms of the proposal.**

Our organizations completely endorse the definition of a range of functions of the surgical technologist and a scope of practice for the surgical assistant that includes a clause stating that a surgical assistant can perform all of the tasks included in the surgical technologist range of functions as well as the tasks included in the surgical assistant scope of practice. Included in your copy you will find our recommended range of functions for the surgical technologist and our recommended scope of practice for the surgical assistant that will achieve this situation.

Thank you for the opportunity to provide these recommendations to you this afternoon and I am available to answer any questions you may have.

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