Thank you Chairman Mustio and Chairman Readshaw and members of the Committee for the opportunity to address this important issue. My name is Erin White-Mincarelli and I have been a Certified Surgical Technologist (CST) for 18 years. I spent many years working in the operating room and for the last 12 years, I have served as the Program Coordinator and full-time assistant professor for the surgical technology program at Montgomery County Community College.

As an educator of future surgical technologists, the primary focus is always on AST Standards of Practice in regard to aseptic technique and sterility. "Aseptic" is defined as "free from contamination caused by harmful bacteria, viruses, and other microorganisms."[1] In surgical practice, it refers to the complete exclusion of harmful microorganisms in order to protect the patient from infection, and it is the foundational principle of surgical technology.

Credentialing of healthcare workers, such as the certification of surgical technologists, is accepted as the universal connection between education, skill, and safe patient care (Walker, 2007)[2]. Operating room team members include surgeons, anesthesiologists, physician assistants, nurse anesthetists, registered nurses, and surgical technologists. Of these team members, the surgical technologist is the only member for whom certification is not a requirement. Surgeons, for example, must complete an undergraduate degree, MD degree, clinical internship, residency program, and pass a series of licensing examinations. Physician assistants and registered nurses must also complete a rigorous education that includes extensive skill development through clinical practice as well as licensing examinations. These facts beg the question, why then would surgical technologists, given their critical role in the surgical procedure, not be held to a higher standard? A 1996 study concluded "through a comparison of curricula, that while nurses may have a broader education, surgical technologists receive more in-depth education in the operating room and the specialized processes and procedures that exist in that environment"[3] (Armstrong, 1996, p. 7).

Through their individual educations, surgeons learn how to perform the surgical procedure. Nurses learn how to provide patient care. Surgical technologists learn the surgical procedure, patient care, as well as instrumentation and aseptic technique. As educators, we are not simply teaching the "how" but, more importantly, the "why." To uphold and guarantee safe patient care in the OR, it is critical that the surgical technologist is prepared to meet these advanced challenges. I instill in my students the idea that many people could probably be taught how to set up a surgical case (through on-the-job training) and could perform as long as the case is going well. It is a surgical technologist who is properly educated through an accredited program, who knows how to respond, and what to do to ensure patient safety, when something goes wrong in regard to the procedure, the instrumentation, or the patient. The concern with on-the-job training is that proper technique and adherence to Standards of Practice get lost in the trickle-down effect. Further, if the individual was on-the-job trained there is a good chance that they do not have an understanding of the Standards, which puts the patient at risk. The ability to understand the rationale behind each patient care activity is critical.

It is expected that the surgical technology profession will exponentially grow in the next few years as baby boomers age and become surgical patients. Wouldn't you find comfort in knowing that the surgical technologist in the operating room, with your friends, your family, or even

yourself, has successfully completed an accredited program which conforms to educational standards, has earned certification through successful completion of a national certifying exam, and is required to complete a specific number of continuing education credits each year to maintain certification?

In the end, successful completion of the examination indicates competency that equates to knowledge, technical skill, and judgment in preparation for clinical practice. Ultimately, the certification sought through **HB1805** would improve patient safety by establishing a standard for surgical technology practice, accelerating learning, and maximizing knowledge and skills. "The ultimate goal of enhancing the quality of care in the United States cannot be achieved without reforming education and professional development across the health professions"[4] (Calhoun et al., 2008, p. 376). Mandatory education and certification requirements for surgical technologists would ultimately enhance the quality of patient care by having "educated, credentialed, knowledgeable, skilled people at the [surgical] field, every day, every case."[5]

Thank you for your time and attention,

Erin White-Mincarelli, PhD.

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