

Chairman Mustio, Chairman Readshaw, and members of the Committee, thank you for today's hearing on House Bill 1805! The bill addresses the workforce competency of surgical technologists and surgical patient safety.

My name is Gary Gower. I am a Board certified surgical technologist and surgical first assistant. In 1986, I graduated from the Williamsport Area Community College and then sat for and passed the certification examination administered by the National Board of Surgical Technology and Surgical Assisting. Every four years since I have renewed my certification by completing at least 60 hours of continuing education. Over the past 32 years I have participated in more than 10,000 surgical procedures.

My job as a surgical technologist is critically important. My primary responsibility is to create and maintain a safe and sterile environment around the area in which a surgeon will operate. In addition to possessing a thorough understanding of sterile technique, I must know the steps in complex surgical procedures and the instrumentation and equipment that will be used. The operating room of today is a far different place than it was decades ago. Scientific discoveries and advanced technology has revolutionized surgery. The surgical robot is one example of advanced technology being used in today's operating room. Knowing how to use the robot safely on a human being requires the surgical technologist to have the ability to think critically and respond appropriately to unexpected technical challenges. Accredited schools of surgical technology prepare students for entry into practice by teaching the latest in science and technology. And for practicing surgical technologists like me, continuing education in new surgical techniques, new technologies, and new approaches to delivering safe surgical patient care demonstrates my commitment to remain current in my chosen field. Accredited schools and continuing education programs both emphasize the current best practices for surgical technology.

Unfortunately, in Pennsylvania an employer is free to hire whomever to perform the duties and functions of a surgical technologist. Some of these individuals did not attend an accredited school, are not Board certified, and are not required to complete continuing education. I have even worked with a couple individuals trained on-the-job and saw firsthand the risk they posed to the patient's life! In each situation the incident could have been avoided had the person been properly trained at an accredited school and maintained competency by completing continuing education. These individuals practice at the leisure of their employer but not necessarily in accordance with national recommended standards of practice for surgical technologists. Those trained at an accredited school, however, have a broader knowledge base and better critical thinking skills than those with limited training and therefore create a safer environment for the patient.

Physicians, nurses, and most other healthcare providers in Pennsylvania are required by law to meet a minimum standard of education or credentialing in order to legally practice. However, the surgical technologist is the only member of the surgical team not required by state law to meet any entry-level education or credentialing. I believe a surgical technologist entering the workforce should be a graduate of accredited school and hold Board certification in order to practice. Furthermore, I believe a surgical technologist in practice should be required to complete at least 15 hours of continuing education per year. I am asking this Committee to please consider HB 1805 and the positive impact it would have on surgical patient care in this Commonwealth, if enacted.

Again, thank you for your time and the opportunity to come before you today and to speak on this important matter!

Respectfully,
Gary J. Gower, CST/CSFA
Certified Surgical Technologist / Certified Surgical First Assistant