



THE EDGE

NBSTSA'S NEWSLETTER



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Fond farewells: Reflecting while giving back to our professional community

As NBSTSA says good-bye to their Board Members—Sandy Edwards, Chris Keegan and Mary Sutton—it is a chance to reflect back on the commitment they and many others have made to our profession and to the credential.

Looking Back, Moving Forward

We have seen tremendous changes since 2000. A change in our name from LCC-ST to NBSTSA to more clearly reflect what we do; an increase in the number of applicants seeking the CST or CFA credential, and establishment of an approval process for programmatic bodies seeking recognition and permission for graduates to sit for the CST examination are a few to name.



2008-2009 NBSTSA Board of Directors
 BACK ROW, LEFT TO RIGHT Ron Ehlers, Sandra Edwards, Michael DeLano FRONT ROW, LEFT TO RIGHT Chris Keegan, Lisa Reed, Mary Sutton, Virginia Herrmann, Karyn Songer, Susan Fisher

It was determined in 2005 that a new testing company was necessary to better administer our examination programs with an eye to the economic impact on the community, a more responsive reporting process to the educational community and quicker reporting of results to the examinee. NBSTSA launched a new relationship with Applied Measurement Professionals in January 2008 and subsequently new forms of the CST and CFA examinations in August 2008.

NBSTSA announced this past May in its report to the House of Delegates for AST that it would change the name of the CFA credential to more clearly reflect the role of the individual that bears this title. Effective January 1, 2011 the CFA title will be changed to CSFA-Certified Surgical First Assistant.

Scholarship Established

NBSTSA has established the Sandra Edwards NBSTSA Scholarship Fund to give back to the professional community and awarded \$3500 at the AST conference in May, these are funds established above and beyond the monies donated to the AST Foundation.

Driven By Our Mission

Commitment! Defined by *Webster's Dictionary* commitment is, "The act of binding yourself (intellectually or emotionally) to a course of action." We organizationally are driven by our mission, committed to our values and focused on our vision. The changes mentioned previously would not have happened without the vision and commitment of the board, committees, and staff of the NBSTSA.

As we welcome our newest appointments to the board—Ron Alston, Lori Millin and Robert Goodrich—we encourage others to consider making a commitment.

Volunteer within the organization and see the profession and credential into the future. The results will be a sense of satisfaction and your pride will be tremendous; just ask those who are leaving us and those joining us.

Karyn Songer, CST, FAST
 NBSTSA President

Have news that others will find interesting?
 Know of an upcoming event? Want to share a story, an opinion or let us know if your ST program is doing something special?
 Tell us at Elizabeth@nbstsa.org

Executive Director's Corner

Welcome to the Summer 2009 edition of *The Edge*, the newsletter of the National Board of Surgical Technology and Surgical Assisting.



Why have we selected *The Edge* as the name of the publication for CST's and CFA's?

- a) It is representative of the sharpness of the surgical instrumentation you work with on a daily basis.
- b) The name is in tribute to the greatest rock guitarist of all time. (Personally, I think that would be Jimmy Page or possibly Eric Clapton, but I digress; I expect to hear about this one).
- c) Best describes the daily adventure of the operating room.
- d) What your commitment to NBSTSA credentialing provides.

What's in a name? Everything that is important!

While an argument can certainly be made for "all of the above" I would like to spend a few moments outlining why your decision to acquire and maintain your NBSTSA credential gives you *The Edge* in your professional community and in these uncertain economic times.

Individuals who acquire the Certified Surgical Technologist or Certified First Assistant credential are choosing the most recognized and utilized credentials in surgical technology and surgical assisting in the nation. Since 1974 the NBSTSA has established and maintained standards related to:

Recognition

The CST and CFA credentials are recognized as the foremost credentials for surgical technology and surgical first assisting. With a longstanding history of examination development, secure administration, and professional involvement the CST and CFA credentials are widely known as the most reliable measurements of professional competence in surgical patient care. In many instances NBSTSA certification is exclusively recognized by health care institutions as the only acceptable credentialing for health professionals in both surgical technology and surgical first assisting.

Credibility

The CST and CFA are the only examination programs in surgical technology and surgical first assisting fully accredited by the National Commission for Certifying Agencies (NCCA). The NCCA is the Accreditation Commission of the National Organization for Competency Assurance (NOCA).



NCCA established strict standards related to credentialing examinations and their development and administration. While many credentialing organizations join NOCA membership, NBSTSA has the only fully accredited examinations in surgical technology and surgical assisting in the nation. Accreditation of the CST and the CFA programs by the NCCA assures the individual, the professional community, and the surgical patient that NBSTSA programs are held to the highest standards of examination development and administration.

Validity

A valid examination development process is the cornerstone of the CST and CFA credentials. By partnering with Applied Measurement Professionals (AMP) and utilizing the best test development and administration practices in the industry individuals who choose the CST and CFA can be assured their creden-

tial is widely accepted by health care employers around the nation.

Representation

Representation on the NBSTSA Board of Directors by the American College of Surgeons (ACS) and the Association of Surgical Technologists (AST) assures health care professionals that the surgical community supports the CST and CFA credentials. This professional representation by the ACS and AST is exclusive to the NBSTSA and the CST and CFA credentials.

Strength

With over 27,000 CST and 1,700 CFA practitioners around the country NBSTSA credentials provide a solid foundation of professional credentialing, recognition, and support for any individual who chooses certification through the NBSTSA.

By choosing to credential through the NBSTSA you have taken an important step related to your career as a surgical technologist or surgical first assistant. The surgical community recognizes that an individual credentialed as a CST or CFA has successfully demonstrated commitment to the education, the knowledge, and the professional conduct so critical to optimal patient care in the operating room. Congratulations on being part of the team, and remember every surgical patient is entitled to a fully credentialed CST or CFA. In this context, every surgical patient deserves *The Edge*.

Be proud of your professional practice, accomplishments, and your credential. Share with your operating room team why you chose to become certified and its importance as you provide care to your surgical patient. Now you know what stands behind your CST or CFA credential.

Best wishes for a wonderful summer and thank you for your commitment to NBSTSA credentialing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ron'.

Ron Kruzal, CST, MA
Chief Executive Officer
NBSTSA

A Word From Your Surgical Colleague



Now that's a good question...

Recently, I received this question from a surgical technologist addressing membership in the American College of Surgeons:

Q *I am a surgical technologist, and frequently scrub with a surgeon who uses 'MD, FACS' after his name. I know FACS is the acronym for Fellow of the American College of Surgeons, but what exactly does this mean? Is it possible for me, as a surgical technologist, to become a member of the American College of Surgeons?* -S.E., CST

A Dear S.E.,

The American College of Surgeons (ACS) was established in 1913 to improve the quality of care for the surgical patient through scientific and educational endeavors. The ACS sets and maintains high standards for surgical education and practice. 'FACS' after a surgeon's name indicates the 'surgeon's education and training, professional qualifications, surgical competence, and ethical conduct have passed a rigorous evaluation, and have been found to be consistent with the high standards established and demanded by the College'. Fellows of the American College of Surgeons must be certified by an American Surgical Specialty Board (in their specialty), which is a member of the American Board of Medical Specialties (ABMS). Therefore, a surgeon may be 'board certified' and not necessarily be a Fellow in the ACS, but a surgeon cannot be a Fellow in the ACS if he or she is not board certified by the ABMS. Currently, there are over 76,000 Fellows of the College, including 4,000 Fellows from other countries. It is the largest organization of surgeons in the world.

Additional Membership Categories

The ACS has other categories of membership, such as 'Associate Fellows', for surgeons who are beginning their practice, and who meet certain specific requirements to participate in the College early

in their career. There are over 2,600 Associate Fellows in the College. The College has also established membership categories for surgical residents, medical students, and members of the surgical team.

Affiliate Membership

More recently, the ACS has established a membership category for 'Affiliate Members' to enable physicians and non-physicians in the health care field, including the Certified Surgical Technologist (CST), Certified Surgical Technologist/Certified First Assistant (CST/CFA), and other allied health professionals.

Benefits

As an Affiliate Member of the ACS, you will receive many important benefits including:

- Online access to the Journal of the American College of Surgeons
- Weekly reception of the ACS electronic newsletter *ACS NewsScope*
- Free registration for the ACS Clinical Congress
- Affiliate Membership allows you to keep updated on important scientific, educational, and political items relevant to surgical care of the patient, through the membership benefits. Attendance at the Clinical Congress allows you to net work with surgeons and other members of the surgical team.

There are a number of other important educational and financial benefits, which are detailed on the ACS web site. Applications may be obtained from the ACS web site (www.facs.org). A letter of reference from a Fellow of the American College of Surgeons must be submitted with the completed application, along with a copy of your current license, and/or a copy of your current certification. The annual membership fee for a CST is \$85, and for a CST/CFA is \$125.

It is increasingly important for surgeons and other members of the surgical team to work together to maintain patient safety and provide optimal care. As a CST/CFA, you are an integral part of the surgical team. There is no doubt you will find Affiliate Membership a rewarding endeavor. I encourage you to talk to one of your surgical colleagues to support your application with a letter of reference. It will be our pleasure to welcome you to the College!

Virginia M. Herrmann, MD, FACS
*ACS Committee on Allied Health Professionals
Liaison Member to NBSTSA*

Upcoming Events

The NBSTSA will be active in the following upcoming events:

JULY

July 23-25, 2009
Examination Review Committee (ERC)

July 27-29, 2009
Department of Defense Conference

SEPTEMBER

September 10-12, 2009
Council on Licensure, Enforcement and Regulation (CLEAR)

September 13-16, 2009
National Association for Healthcare Quality (NAHQ)

CLOSE TO HOME JOHN MCPHERSON



"Stop the tape! See what George Clooney is doing with that catheter? That's the procedure I think we should try with Mr. Simkins."

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NBSTSA Board and Committees

Looking forward to another year of great accomplishments, The National Board of Surgical Technology and Surgical Assisting (NBSTSA) is pleased to present to you your **2009-2010 Board of Directors**:

President

Karyn, Songer, CST, FAST

Vice President

Lisa Reed, CST, RN, MS, CNOR

Secretary

Susan Fisher, CST, CFA, FAST

Treasurer

Michael DeLano, CST, CFA

Director Representatives

Ron Alston, CST, FAST, BA, MA

Ron Ehlers

Robert Goodrich, CST

Virginia Herrmann, MD, FACS

Lori Millin, CST, CFA, FAST

2009-2010 NBSTSA Certified Surgical Technologist Examination Review Committee (CST-ERC)

Emily Rogers, CST, FAST **Chair**

Terry Altstiel, MD

Omega Daniel, CST

Ebony Green, CST

Conrad Lawrence, CST

Judith Lucchesi, CST

Renee Nemitz, CST

Amy Uebelhor, CST

2009-2010 NBSTSA Certified First Assistant Examination Review Committee (CFA-ERC)

Sherry Thornton, CST, CFA **Chair**

Ron Jackson, MD

Kim Kenzy-Ulmer, CST, CFA

Dwain Rosse, CST, CFA, OS

Khem Singh, CST, CFA

Mary Sutton, CST, CFA, FAST

Brenda Welch, CST, CFA

Jodie Woods, CST, CFA

Understanding the *WIIFM* factor

There have been a lot of times whether at meetings or at work that I have heard from surgical technologists, "What's in it for me?" (also known as The WIIFM Factor). They expect something tangible for the money they pay. But what I have found is that much of the work being done for surgical technologists is intangible. So what a person gets out of AST/NBSTSA is what that person puts in to it. I have found that out volunteering in various aspects of this profession. I have worked on different committees and boards and helped affect change in this profession.

As a member of the NBSTSA board, categories were eliminated, the office was moved from Colorado Springs to Denver, specialty and practice exams were created, and a new testing company was hired.

As a member of the AST board, restructuring of AST with creating of state assemblies was a major change that I had a say in by volunteering. By volunteering on my state level, I helped form the Florida State Assembly with other passionate volunteers and even served a term as its president. And in the early 1990s, as first assisting was just coming to fruition, as a member of the AST continuing education committee, the first categories for continuing education for first assistants were written and edited a few years later.

...find out "What's in it for me?" and maybe help inspire the next person who asks the question...

If you have some time and willingness to work, the NBSTSA has work for you! The Exam Review Committees always need both practitioners and instructors. Learn how the certification exam is made and

why questions are asked in different areas. The NBSTSA also has item-writing sessions open to both practitioners and instructors. It is important to have both instructors and practitioners to make sure that both perspectives of surgical technology are covered.



So what can one get out of a little time and some work for surgical technology and surgical technologists? The opportunity to meet and learn from other surgical technologists. Meeting new friends. Learning leadership skills that can help one out in the workplace and in life. The possibility of helping to affect change, when change is needed, to help strengthen and perpetuate surgical technology as a profession. Then one can find out "What's in it for me?" and maybe help inspire the next person who asks the same question.

Volunteer for a committee for the NBSTSA. Learn what's in it for you. Become a leader within your profession. It is your choice.

Mary Sutton, CST, CFA, FAST

Contact the NBSTSA for more information at 800-707-0057 or www.nbstsa.org.

EXECUTIVE BOARD

CFA-ERC

CST-ERC



What You Don't Know Could Hurt (Kill) You

The operating room is a cloistered, mysterious place where gory, scary, invasive, and yes- even life and death events occur. If you've watched *House*, *Gray's Anatomy*, *Nip Tuck*, or any number of "reality" programs on Discovery Health or TLC, you are already aware of the growing fascination with this often misunderstood realm of health care. Nearly always, the storyline involves the doctors/surgeons. Lately, the focus is on the nurses. How often do the writers explain to you who all of the other people decked out in green or blue garb are? Isn't everyone in the operating room a surgeon, a nurse, or a patient? Doesn't everyone who works in the operating theatre hold an advanced degree and a form of professional licensure, certification, or registration? Of course one would think so. One would be wrong.

When you go to the beauty salon, you expect to see the state issued license of the person who is cutting and styling your hair proudly displayed at his or her station. Much is made about whether the person teaching your child is a certified teacher. When you look for a plumber or an electrician, do you check their credentials? What about your real estate agent? Have you ever been swayed by the fine print in commercials for attorneys saying that they are "Board Certified" or not in their area of legal practice? Do we not pride ourselves on checking out the qualifications and track records of people who work on our various forms of "stuff"? Likely, most of the answers to these questions would be YES. The old adage, "Buyer Beware!" is an example of "informed consent".

What does this have to do with your surgical procedure? There is a little known allied health field called Surgical Technology. Why is this designated as an allied health field? Because it is not Nursing. It is not Medicine. It is made up of people specially trained to: prepare and protect the integrity of the sterile field, handle sterile instrumentation, identify the needs of the surgeon, perform the necessary checks and balances (counting sponges, sharps, and instruments), check and label

all medications used intraoperatively, assist the registered nurse in proper positioning or transfer techniques, and be an informed, aware, and integral part of the surgical team. As much as anyone else in the operating room, the surgical technologist is responsible for being the patient's advocate. The fundamental concept taught first, foremost, and continuously reinforced is "*AEGER PRIMO*". Translation: "the patient first."

With all of this responsibility, surely this is a highly regulated, compensated, and valued profession. Think again. The public-at-large has no idea that there is little or NO regulation at this time for the oversight of those practitioners of this mysterious and misunderstood vocation. In some areas of the country, hospital employees working in non-patient care areas such as central supply, housekeeping, or medical records can be reassigned to be on-the-job trained or "OJT'd" at a lower salary with quicker access than hiring educated and Certified Surgical Technologists (CSTs). The people put in charge of making sure that your loved one's surgical procedure is performed with sterile instruments; that nothing is left behind to cause injury or potential death; or the medications used during the operation are not mixed up, do not currently need to be held to a professional standard. Some corporate "wisdom" has tried to rationalize the practice by stating that it is safe because there is a professional registered nurse (RN) overseeing any and all unlicensed assistive personnel (UAPs) in the room.

The shortage of qualified nurses to work in all areas of healthcare facilities is what has spawned the explosion of allied health professions. Nurses used to be expected to be proficient in nearly every aspect of patient care. However, nowadays, there are respiratory therapists, radiological technologists, pharmacy technicians, medical laboratory technicians, phlebotomists, ultrasonography technologists, perfusionists, sterile processing technicians, and patient care technicians to name a few. These are highly specialized, non-nursing, allied health professionals. There are training

programs for all of these offered at community colleges, universities, or technical schools throughout the country. Most of them have some form of mandatory state regulatory practice requirements and oversight. Laboratory and on-site clinical practice curricula are structured, monitored, and irreplaceable educational criteria for the "real world" recipients of these various caregivers: the patients.

Just because surgery goes on behind closed doors by people in scrubs, masks, gowns, and gloves, it does not mean that what you don't know about them might not impact on you or your loved one. Do you think you have cause for concern that the person doing your manicure might be risking your health with poorly cleaned instruments? You could get an infection. Transfer that concern to the person in charge of the instruments that are going to be used to replace your hip or your knee. What about those used for coronary bypass, for excision of your diseased gallbladder or uterus? If your baby is born via Cesarean section, should that person be skilled in that procedure? Many facelifts, tummy tucks, or liposuction procedures are now being done in doctors' offices. Who cleans and sterilizes those instruments and passes them during the procedure? The surgeon performs the actual procedure. Everyone knows that. The paperwork—consents, history, assessment, and O.R. records—are filled out by the registered circulating nurse (RN). The anesthesia provider is either an anesthesiologist (MD) or a certified registered nurse anesthetist (CRNA). Doesn't it then make sense that your surgical technologist should be a certified surgical technologist (CST), not just a convenient "body"? Patients can suffer prolonged treatment and even die from hospital acquired illnesses (HAIs) and surgical site infections (SSIs). That's a bit more concerning than a scalp rash or fingernail fungus.

Why has the public not known about this glaring hole in the fabric of surgical care before? The reasons are complex and yet very basic. Money is often a reason. It is more cost effective for hospitals to hire >>

What You Don't Know... *Continued*

non-certified surgical technologists to fill positions in the operating room than to try to hire all RNs or well-trained CSTs. Another reason is title protection. The nurse in the O.R. has traditionally been known as the patient's advocate. This means that they are still duty-bound to follow the surgeon's or anesthesiologist's orders, but they have the ability and responsibility to question those orders in order to protect the patient from mistakes or malpractice. This role and duty of the RN in the operating room is not in question. However, some have maintained that the RN is the only qualified person to advocate for the proper care of the patient simply because of the title and license they hold.

Nurses can receive an Associate's Degree in Nursing (ADN) from a community college or a Bachelor's of Science in Nursing (BSN) from a university. In very few cases does the curriculum of either the four-year or two-year nursing program allow for any real time in surgery. The student nurse may have one or two visits to the O.R., when the focus is on a particular patient's continuum of care, following the patient from admission to discharge. There are some elective courses in perioperative nursing taught at some schools. But, the vast majority of graduate nurses who come to work behind the closed doors, past the red line, have little or no experience in the highly structured techniques and subtle nuances of the surgical suite. They gain skills by being mentored by experienced RNs. The quality of their on-the-job training hinges on the quality of the O.R. nurse educator.

Surgical technologists, on the other hand, have intensely focused surgical training. They are taught many of the same skills that the registered nurse performs. This is not to try to eliminate the need for the nurse, but to understand the inherent interconnections of the various duties and responsibilities. Once the surgical technologist has performed the surgical scrub and donned the proper sterile attire, he or she can only interact with and touch other sterile items. The circulating nurse is the unsterile person who "circulates" around the sterile field and interacts with only the nonsterile items/areas. Both team members share dual responsibility for protecting the patient by keeping focused on all aspects of the surgical procedure.

The CST is guided by a "Surgical Conscience" which basically states that he or she is responsible for recognizing, admitting, and correcting any breaks in aseptic

(without infection) or sterile (absence of all living microorganisms) technique, regardless of whether anyone else witnessed it. In more colloquial terms, it means: "When in doubt, throw it out." and "If you mess up, you 'fess up." This sense of duty and accountability is the cornerstone and foundation of the practice of Surgical Technology. These professionals: stand for long periods, carry heavy sterile instrument trays, come in on call at any hour of the day/night or on holidays, witness the heartbreaks of child or elder abuse, traumatic injuries, and results of bad life-choices. They witness and participate in the human miracles of birth, death, organ donation, curative measures, and re-establishment of bodily functions. And lastly, they are, for all intents and purposes, completely unnoticed or unrecognized, but certainly worthy of a professional status and title.

Surgical technologists are underpaid for the intensity of the work they do on a daily basis. Dedication and a pure love of the job are what keep people in this field, despite the disproportionately low wages as compared to the other surgical team members. Nearly any surgeon you ask will tell you that a good surgical technologist can contribute greatly to the success of the procedure. They may use the term "scrub nurse" or "scrub tech", ORT or CST, but the person to whom they are referring is, in all likelihood, a surgical technologist.

What you don't know can hurt you. Do you want to chance it that the person behind the mask and gown is an educated professional or someone trained in a few easy lessons on how to simply respond to a command? You must give informed consent, for all kinds of possible untoward events related to your surgery, before you go under the knife. Shouldn't you have the right to insist that you have a Certified Surgical Technologist (CST) assisting your surgeon and RN during your procedure? The hospital associations are not going to tell you they train from within or hire non-certified surgical techs in order to save money. Surgeons do not usually want to get involved with the hospital's personnel issues. They just want to know that they have someone to give them what they need—before they ask for it. Nurses will assure you that they oversee and monitor everything that goes on in the O.R., even the unlicensed folks. That can be tricky when they are not part of the sterile field and may have to be in and out of the room during the procedure.

Surgical technologists are trying to raise the bar and their own standards of practice. This will create a higher level of professional status to work in concert with the already highly regulated and educated professional nurses and physicians who practice in surgery. Competition with the other team members is not the intent. Collegiality and shared patient advocacy by all parties are the ultimate goals.

The professional membership organization, the Association of Surgical Technologists (www.AST.org) has been in existence for forty years. It currently has over 27,000 members. AST has helped to form individual state assemblies, which offer continuing education seminars and provide guidance in pursuing legislation in all states for standardized educational levels, certification, and/or registration of practitioners as a condition of employment. The national certification exam and credential are offered by the National Board of Surgical Technology and Surgical Assisting (www.NBSTSA.org). The Accreditation Review Committee on Education handles the accreditation process for surgical technology and first assisting programs for Surgical Technology and Surgical Assisting (www.ARCSTSA.org). The ARCSTSA comes under the umbrella of the Commission on Accreditation of Allied Health Education Programs (www.CAAHEP.org). CAAHEP is, in turn, recognized by the Council for Higher Education Accreditation (www.CHEA.org).

A successful surgical procedure is a wonder to behold. The teamwork and cooperation that goes into the performance of these highly technical interventions is paramount to good surgical patient outcomes. It just makes logical sense that EVERY member of the team be recognized for the unique individual strengths and talents they bring to the O.R. table and expected to carry a professional credential in order to function in that capacity. Consider yourself informed.

Margaret Rodriguez, CST, CFA, FAST, BS
Vice President, Association of Surgical Technologists
Associate Professor, Surgical Technology Program, El Paso Community College
Council on Surgical and Perioperative Safety (CSPS), Board of Directors
Texas State Assembly of AST, Board of Directors

Scholarship Recipients

Since 2006, the National Board of Surgical Technology and Surgical Assisting (NBSTSA) has annually awarded scholarships to those individuals enrolled in a surgical technology or surgical assisting program. This year was no different. The NBSTSA was pleased with the many number of 2009 NBSTSA Student Scholarship applications it received. We thank everyone who participated. Five individuals were chosen as recipients of the scholarship.

Individuals had to submit an original essay of a minimum of 1,200 words describing how this award would assist them in reaching their educational objectives and their ultimate goal of being a surgical technology or surgical assistant practitioner. Following are a few blurbs from the scholarship recipients:

Crystal Tamayo applied for the scholarship due to "...this growing economic instability we are facing, it has become nearly impossible to obtain the funds necessary to finish my educational goals." "I have many goals and dreams for my future as a surgical technologist...of graduating and to become a CST-CFA and specialize in cardiothoracic surgery." "Further down the road I would also love to teach other students in a surgical technology program." "These dreams and objectives can only be attained if I have the proper funds to continue my education."

"In December, 2008, I witnessed two surgeries at Porter Hospital as part of our ST program. It was wonderful to witness how the surgical team worked together and gave what I thought was exceptional care to their patients. It's the kind of care I hope to provide when I am part of a surgical team. I truly hope to make a difference in someone's life by giving the best care possible," wrote **Carolyn Venard** in regards to teamwork. Carolyn continued by writing, "I enjoy working as a team, but I am also independent and can work well on my own. Surgical Technologists need to be organized and keep a clear head especially when an emergency arises and because these are patient's lives we are dealing with. Not all cases will be planned and orderly. I'll need to be able to shift gears quickly."

Surgical Technology and First Assisting does not only occur within the OR. Many activities and recognition takes place outside of the classroom and hospital. **Gwen O'Rourke** is taking every opportunity she can to better her vocational interest. "My class and I are scheduled to go to the state capital next month to lobby for the Missouri Surgical Technology Act, which promotes competency in the operating room...In order to share and network all the potential opportunities for learning, I became a member of the Student Ambassadors at Sanford-Brown College. We help fellow students with school logistics, curriculum and goodwill. We also organize fundraising events to help the students experiencing financial trouble." "My hope and dream is to eventually be able to travel to less populated areas in order to help those people with their health care needs."

Clinical rotation is one area of the ST program where an individual can stand out from the rest. **Heather Burggraf** completed her first seven-week rotation. She reported, "With over 75 procedures logged so far, I am convinced that I chose the right profession. I have scrubbed total joint replacements, Cesarean sections, and observed a CABG. I have seen fascinating reconstructive procedures and scrubbed a femoropopliteal bypass. I have learned so much, and I am highly motivated to learn much more. My confidence in the OR is growing as I see my skills improving. I have seen some amazing things, and every day I am humbled by the fact that I am allowed to work in the same venue with so many intelligent, highly educated and talented people."

Analise Minks noted, "Things like time management, professionalism, and personal responsibility are on the top of my priority list. I know that attendance, a strong work ethic, and customer service will be on the list of attributes for an employer." She goes on to say, "You should put your faith in me because I would

want a surgical technician just like me, one that is a critical thinker, one that can understand what it means to provide the most competent and learned care they can receive, and one that has the highest level of surgical conscience with only the patient in mind. I will not fail! The surgical technician career is exhilarating, constantly changing with new technology and development of new ways to carry out procedures."

Applicants were scored on their cumulative GPA, academic achievements, financial need, essay, mentor or preceptor recommendation, and other factors such as school activities, reason for applying and commitment to becoming a ST or FA.

Congratulations to **Heather Burggraf** of Guilford Technical Community College in Jamestown, NC; **Annalise Minks** from San Joaquin Valley College, Fresno, CA; and **Gwen O'Rourke** representing Sanford-Brown College,



St. Peters, MO. Congratulations are also in order for **Crystal Tamayo** from Robert Morris College in Chicago, IL and **Carolyn Venard** of Anthem College in Aurora, Colorado as the winners of the 2009 NBSTSA Scholarship program. The given awards were in the form of either a \$1000 or a \$500 check. The NBSTSA believes that with their continual work ethics and commitment to the profession, these individuals will make their fellow certified surgical technologists proud to have them as part of the team.

Ann Makofski
NBSTSA Certification/Publications Specialist



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NBSTSA Nuggets

News and information

NBSTSA Exhibits at AORN's 56th Annual Congress in Chicago

NBSTSA recently exhibited at the Association of periOperative Registered Nurses (AORN) 56th Annual Congress held in Chicago, Illinois.

On hand were NBSTSA president **Karyn Songer**, board member **Sandy Edwards** and **NBSTSA staff**. The NBSTSA representatives had the opportunity to see AST President **Sherri Alexander** address congress attendees during the opening ceremonies, and make a presentation commemorating the 40th anniversary of AST.

NBSTSA was extremely well received by congress participants in the exhibiting area. Questions primarily focused on how to encourage practicing surgical technologists to acquire credentialing through the NBSTSA. Congress attendees were very supportive of surgical technologist credentialing through the NBSTSA.

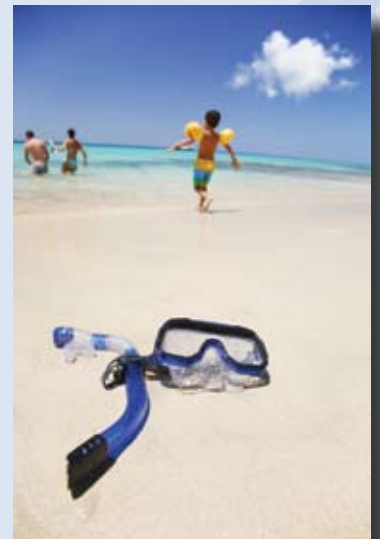
Recent CFA Survey a Success

Thanks to all of the Certified First Assistants who took time out of their busy schedules to participate in our recent CFA survey in February. An unbelievable 66% of all surveys were returned, a tribute to the professionalism and investment our assisting community has in their credential. Information collected on the survey will be used by the NBSTSA to assess how we can better serve our CFA community. Congratulations to **Jose Rodriguez** CST, CFA winner of the \$100 Visa gift card giveaway. *Keep an eye on your e-mail. NBSTSA will be hosting a similar survey for our CST community later this year.*

NBSTSA President Represented You at AST's Philanthropic Event

Board President **Karyn Songer** represented the NBSTSA at this year's philanthropic event hosted by the AST Board of Directors at the national conference. Many thanks to AST for the opportunity to contribute to this worthwhile event.

The entire NBSTSA staff...



...wishes you a safe
and healthy summer!