

**Ohio House of Representatives Health Committee
House Bill 196 Proponent Testimony
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Chair Lipps, Vice Chair Holmes, Ranking Member Liston, and members of the Ohio House Health Committee, thank you for the opportunity to testify in support of House Bill 196. My name is William Dickhoner and I am a recently retired board-certified general and vascular surgeon who has practiced in the greater Cincinnati area for 34 years. I am a graduate of the University of Cincinnati College of Medicine. I completed a residency in general surgery and a fellowship in vascular surgery at the University Hospital. I have held various medical staff leadership positions including four years as Chief of Surgery and two years as Chief of Medical Staff at Mercy Fairfield Hospital, and four years as Chief of Surgery at Fort Hamilton Hughes Hospital. I have been a board member of the National Surgical Assistant Association (NSAA) for 13 years. I became involved with the Association because of my respect for the services provided by surgical assistants to my patients and me.

The role of a surgical assistant is challenging, complex, and important—oftentimes having a direct impact on patient outcome and overall surgical success. Individuals assisting surgeons in the operating room must understand and anticipate all of the procedure's requirements. The surgical assistant is like a good dance partner able to follow the lead and anticipate the moves that come. In many respects assistants have an advantage over surgeons because they spend all their time in the OR operating. The surgeon may only operate 12-20 hours a week; the rest of time is spent evaluating patients and participating in other aspects of patient care. The surgical assistant must understand the idiosyncrasies of the individual surgeon and be able to adjust to and accommodate different approaches. No two surgeons do the same operation the same way.

Working with a well-trained, competent surgical assistant increases productivity, decreases stress, and leads to better patient outcomes.

In addition to routine tasks like making incisions and manipulating / removing tissue, a surgical assistant performs a much-needed educational function by suggesting the way their surgeon approaches a problem. (This must be done with the utmost of tact at the proper time). This dynamic often exists because surgical assistants routinely participate in multiple surgeries with different surgeons; seldom as surgeons do we have the chance to watch another surgeon operate and learn their tricks. There may be a better way to solve a problem!

The surgical assistant needs excellent hand-eye coordination and dexterity, which should approach that of the surgeon. These and other skills are honed by a baseline level of training and knowledge, as well as extensive periods in the operating room. It is not uncommon for the assistant to be in a better position to perform a particular operation or movement than the

surgeon. (A surgeon suddenly or radically changing position during surgery could decrease efficiency and lead to complications).

It is an undeniable reality that when unexpected events occur, or things go awry, having a well-trained assistant can be a matter of life or death. These situations are not uncommon in emergency surgery or trauma surgery.

The surgical assistant should be familiar with all operating room equipment, which is becoming increasingly important as more and more technologies get introduced into the operating room — such as robotics and endo-vascular procedures. Because of the assistant's extensive time in the OR, they are an asset in troubleshooting equipment and setting it up in the most advantageous position for the surgeon to perform a safe and effective procedure.

Over the course of my career, I have worked with numerous surgical assistants in Ohio, and many are already competent. Competent assistants spend most of their time assisting in the OR. It becomes problematic when practitioners only occasionally assist and as a result, have not developed the physical skills or in-depth understanding of the operative procedure. Hence my strong support for minimal education and training standards for surgical assistants as proposed by House Bill 196.

In conclusion, please note the following:

- The HB 196 licensure framework requires that new surgical assistants earn a national certification prior to practicing on a patient.
- National certification is a marker of competency.
- HB 196 will increase the pool of competent assistants and enhance patient safety statewide.
- The burden of obtaining and maintaining a license under HB 196 falls squarely on the assistants—which happen to be the very group requesting it and advocating in favor of HB 196 (the National Surgical Assistant Association and the Association of Surgical Assistants).
- Licensure adds to the hospitals' due diligence in providing a safe environment across the operating room suite.

Thank you for the opportunity to testify. I would be happy to answer any questions.

Sincerely,

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