

Announcer:

On this episode of Pathways we're stepping into the high-stakes world of the operating room.

Megan Pinkham:

Upstairs in the main, or 8, 12 up to 24 hours straight going. I've done 23-hour shifts on my feet all day, all night. And you're just round-robin surgeons. You have an orthopedic surgeon, ankle fracture. Okay, I'll see you in six hours. I have four cases in front of you. I have a C-section to do. I have a couple appendixes to take out. See you when I see you.

Announcer:

Certified surgical technologists are the quiet force, making sure every instrument is ready, every move is precise, and every second counts.

Emily Tadlock:

Hello, listeners. We are back with another episode of Pathways, part of the Northern Light Health, Healthy, Happy, and Wise Podcast Series. I'm your host, Emily Tadlock. Today we are venturing into the operating room chatting with surgical technologists, Megan Pinkham and Diane Raymond, thanks for being on with me ladies-

Megan Pinkham:

Hi.

Diane Raymond:

Hi. Thank you.

Emily Tadlock:

... for making some time for me and your busy schedules. Holy cow.

Diane Raymond:

Oh, absolutely. We ran over here. We're still on scrubs.

Emily Tadlock:

I was like, you look a little flushed. You guys must have rushed over and it's getting warm out too, so that's helpful.

Diane Raymond:

Yes.

Emily Tadlock:

My first question for you ladies, is what in the world as a surgical technologist, who wants to go first?

Megan Pinkham:

I've been doing this for 15 years.

Emily Tadlock:

Oh, wow.

Megan Pinkham:

I know. Right out of high school, I had a great time. A surgical tech, you'll see it on TV, we're the people in the background. You don't see our faces that often. We're setting up fields, we're passing the instruments. On TV most people see, scalpel. We're the person with the scalpel passing the scalpel.

Emily Tadlock:

Oh, okay.

Megan Pinkham:

It's a lot more than that, but that's what it boils down to most of the time for people that understand what we are.

Emily Tadlock:

Okay, interesting. For those people who don't know or want to learn, what exactly do you do in the operating room? Do you want to take that one?

Diane Raymond:

I feel like Megan said pretty much everything. We are the extension of the surgeon's hands to shorten it up. Basically, the surgeon needs something. They're keeping their eyes on the field, they're the operative field, and we need to pay attention to what they're doing. We need to hand them or anticipate what they're going to need next. If the field gets a little skewed because they can't see, we need to help give them a better field of vision, wiping any fluids that may be there.

Megan Pinkham:

I know. We're trying to tiptoe around so we don't get people squeamish because-

Diane Raymond:

Exactly.

Emily Tadlock:

But that's part of the job.

Diane Raymond:

It happens.

Emily Tadlock:

One of the things that I like to say is I like to keep it real, so if-

Megan Pinkham:

The down, the dirty, but the PG rated.

Emily Tadlock:

Exactly. Yeah, that's exactly it.

Diane Raymond:

We're opening people up so that we can fix them, so we are going to see some blood. We are going to see some body fluids, and so we need to make sure they can see we are passing them the instruments that they're going to need next to get the job done. And-

Megan Pinkham:

And so they get 12 years of schooling as surgeons give or take, depending on the specialties and what they choose. We went through the expert ed program at Main Med, which now I believe is a two-year program. We went for 11 months and we had to learn all of this, and now we have to participate the needs of the surgeon who spent 12 years learning it.

Emily Tadlock:

Wow. Holy moly. Talk a little bit about what schooling was like and what you both went through. Megan, if you want to start.

Megan Pinkham:

Again, I did this in 2010, throwback here, and my schooling looks different than Diane's, it's been years. It was 11 months of, "Wow. Wow." It's a lot. The first six months you're in the classroom and you're learning everything. You're learning all of the vocabulary, how to spell everything, how to say everything, every instrument, every body part. You're learning everything all at once and you're going through sections of the body at the time. There's give or take nine different service lines, so you're doing feet, heart, lung, general, urology, and you just have to keep everything in your brain all the time.

Emily Tadlock:

What? Well, and you were just talking Diane about anticipating what a surgeon needs. How do you do that unless you know how to do the surgery? How do you anticipate what they need?

Diane Raymond:

Learning-

Megan Pinkham:

Repetition.

Diane Raymond:

Repetition and learning the steps. And so for me, I started this job only five years ago, so I decided that at 50 years old it would be a good idea to switch gears. And prior to this, I worked in HR, so I decided let's go into the OR.

Emily Tadlock:

That's so different. Holy moly.

Diane Raymond:

It is. But for me, it was like I feel like you're never too old to learn something new.

Emily Tadlock:

Absolutely not.

Megan Pinkham:

And that was common and it's very common as a second career.

Emily Tadlock:

Really?

Megan Pinkham:

I had the youngest of my class in the history of their classes, we had six people at 18 years old. Everybody else that was on their second career, I had a teacher, a construction worker.

Diane Raymond:

This is just a good second career option. PSA, we need scrub techs.

Emily Tadlock:

Yes, you do. It's a common theme on a lot of these podcast episodes that I do that we are in fact also recruiting those types of careers. Why do you think that is, that it's such a good second career?

Megan Pinkham:

I think when it comes down to it, you want a change in life. When you go into healthcare you know you're going to help someone. You get to whatever you were doing in the past, regardless of what it was, you know you're going to walk into the OR and you're going to help someone on the worst day you see them, which is the day they're going into the operating room to have surgery.

Emily Tadlock:

Wow.

Diane Raymond:

My career path was, I started as a CNA out of high school, and then I went into the insurance industry. I did medical underwriting, so I was reading the medical records of people who needed insurance. And then I ended up becoming a stay at home mom. And when I was ready to go back to work, I went back to work in the HR department at MaineHealth. And they had this program and I'm like, this checks all the boxes because I was interested in healthcare and I really wasn't sure how I wanted to get back into it. And so when I saw that this program was open to people who wanted to learn how to become surgical technologists, I was like, "I think I want to try this." And the first thing my husband said to me when I brought the idea to him, he's like, "Do you think you're going to be okay at the sight of blood?" And I'm like, "We're going to find out." And some people who think they're okay aren't okay.

Megan Pinkham:

Exactly.

Emily Tadlock:

It's not for everyone.

Diane Raymond:

It's not for everyone.

Megan Pinkham:

It's not for everyone but you can come and see and you can decide for yourself. Don't talk yourself out of it.

Diane Raymond:

And I tell everybody that I meet that ask what I do I'm like, "This is the hardest job I've ever had but it's the most rewarding."

Megan Pinkham:

Physically it's-

Diane Raymond:

Physically it's hard. Mentally, it can be hard. You're dealing with many different surgeons, many different preferences because each surgeon, even if they're all ortho surgeons, they like things a little different, so that's the anticipation piece comes in. In my past job, I've been with Northern Light now for almost nine months, and so I've learned a lot more ortho than I did before, which I'm handling it. I'm doing all right.

Megan Pinkham:

You're coming around.

Diane Raymond:

And so Megan's an awesome teacher, just so you know. She was a mentor and-

Emily Tadlock:

Look at that. That's so great, so not only are you a surgical tech, but you could do a specialty.

Megan Pinkham:

Yeah. Let's subspecialize here, so I am an orthopedic surgical technologist. I subspecialize in orthopedics. I love orthopedics. It's the carpentry of the OR.

Emily Tadlock:

Ooh, that sounds fancy.

Megan Pinkham:

It is fancy.

Diane Raymond:

I like drills and thrills.

Megan Pinkham:

Drills, screws, it's the carpentry of the OR. And on top of what Diane was saying, you also have to work in a team atmosphere with a lot of personalities. And yes, 15 years has taught me there's a lot of personalities-

Emily Tadlock:

Lot of personalities.

Megan Pinkham:

... you have to figure out how to balance during these high stress situations. That's the OR, it's high stress, it's physical, it's emotional, it's a lot. But I love my day job. I come to work every day, I'm pretty happy about it.

Emily Tadlock:

I like that. For those of us who aren't in an operating room every day, it seems intimidating.

Megan Pinkham:

Yes. And I've had a few, I call everyone baby scrub techs, baby surgeons when they're brand new right out of school. We've had a few come through definitely over my 15 years. And you just look at them and be like, "All right, how are you feeling today? Did you eat breakfast? Okay, that's a good start. Don't lock your knees, make sure you had a good breakfast." You just got to run through all of the motions and make sure you're mentally here, you're physically here, you're well, so that you can give all your attention to the patient, to the surgeon who needs you.

Emily Tadlock:

And these surgeries, some of them are really long you just mentioned don't lock your knees, make sure you eat something before you go. Did you potty? I have a three-year-old, so

Megan Pinkham:

Yes, absolutely.

Emily Tadlock:

... did you potty before you headed in here-

Megan Pinkham:

Correct.

Emily Tadlock:

... to scrub up?

Megan Pinkham:

We're lucky, we work at the outpatient surgery center. Most of our cases aren't more than four hours because that's what fits our needs. Upstairs in the main or eight, 12 up to 24 hours straight going. I've done 23-hour shifts on my feet all day, all night.

Diane Raymond:

Same.

Megan Pinkham:

Middle of the night. And you're just round-robin surgeons. You have an orthopedic surgeon ankle fracture. Okay, I'll see you in six hours. I have four cases in front of you. I have a C-section to do. I have a couple appendixes to take out. I'll see you when I see you.

Emily Tadlock:

It sounds so funny because you're not a surgeon, but you are with the surgeons all... You're like, I have this surgery and then I have that surgery and it's so like, what?

Megan Pinkham:

Yes.

Emily Tadlock:

And you were in school and you were in school for 11 months.

Megan Pinkham:

11 months. A year, one year. It was a lot, so there was four tests every morning, first six months. You had to get a B or higher. If you got below like a 79, more than three times you're kicked out of the program. You needed to study.

Diane Raymond:

You have to know what you're doing.

Megan Pinkham:

You have to know what you're doing. This is real life.

Diane Raymond:

This is real. This is real life, taking care of people who are sick.

Megan Pinkham:

This isn't silly college classes, this is real classes.

Emily Tadlock:

Got you.

Diane Raymond:

But the program was phenomenal.

Megan Pinkham:

Was phenomenal.

Diane Raymond:

And I would encourage anybody if they're interested or even thinking about what do I want to do with my life? I don't know. Look into it and go to an open house. That's what I did. I went to an open house and I was intrigued and I'm like, "This checks all the boxes."

Megan Pinkham:

And it's a great stepping stone, so if you want to become a surgical tech, you work in the OR for a few years, and Northern Light will attest to this. They have programs out there, work for us for a few years, we'll send you to nursing school. We'll throw you up the ladder here. We'll help you with schooling.

Emily Tadlock:

Absolutely. In fact, we'll even help you become a surgical tech in certain situations. We have earn while you learn programs to become a surgical tech, we'll pay for you to learn and do that.

Megan Pinkham:

And everything we learned at tech school would also cover us for surgical cleaning, so SPD-

Diane Raymond:

Sterile processing.

Megan Pinkham:

... sterile processing, which we also need PSA-

Emily Tadlock:

Yes we do.

Megan Pinkham:

... so if you like washing dishes, come on down.

Emily Tadlock:

I like it. And think about it too, those instruments are so vital.

Megan Pinkham:

Yes.

Diane Raymond:

Yes.

Emily Tadlock:

You're literally cleaning and sterilizing everything that's needed to help heal people and cut into them and-

Diane Raymond:

That's another part of our job is to make sure that sterile processing went through their steps, so if something's missing or a tray is already contaminated before you even start your case or you open it and you see there's either an indicator missing or-

Megan Pinkham:

Contaminated of some effect.

Diane Raymond:

... a hair in it or a pen.

Megan Pinkham:

That's part of our job too, we have to check everything that we touch.

Diane Raymond:

Make sure there's no bone in any of the instruments from past surgeries because you-

Megan Pinkham:

Dishwashers miss everything. It's a thing, you just don't think about it in our environment for too long.

Diane Raymond:

But we're like the front line to making sure that everything is sterile, okay, and ready.

Emily Tadlock:

I know I look shocked.

Diane Raymond:

You do.

Emily Tadlock:

The listeners can't see my face, but I'm listening to everything you're saying. I'm like, what?

Megan Pinkham:

Her jaw is a little dropped. And I'm like, oh, should we reign it in Diane?

Emily Tadlock:

No, no, no. Don't reign it in. I love it. I love it. This is fascinating. This is one of the reasons I love doing these podcasts is because we learn so much about different careers that we have no idea.

Megan Pinkham:

You've never heard about idea.

Emily Tadlock:

I have no idea. I've heard surgical tech, but I don't know what that person does or who that person is, so this is just fascinating. And I want to take us into the operating room. For those of us who don't work in there, we're taken in there and we're asleep, so we don't really know what's going on. What is it like being in the operating room when a surgery of some sort is happening?

Megan Pinkham:

Obviously, you'll see there are 20 people that will check you in, will all ask you the same questions 15 times. We all know the answers. Just so everybody knows, we do know this. We're doing it for consent reasons, it's one of our big feedback issues.

Emily Tadlock:

Oh, really?

Megan Pinkham:

"Don't you guys know?" And we're like, "Yes, but we'd like to hear it from your mouth.

Emily Tadlock:

Yes. We like to know that you know.

Diane Raymond:

Trust but verify-

Emily Tadlock:

Trust but verify.

Diane Raymond:

... what's going on. Yes.

Megan Pinkham:

We'll wheel a patient back. We'll get them onto whatever positioning bed device that we need for that case. Get you strapped in. Anesthesia will take over. And I like to say we don't have a case until anesthesia is happy. The patient has to be out, happy, satisfied. And then we'll position, so we need to know where we're working, what we're working on, what positioning devices we need, how to position a patient correctly without hurting them more. And then we have to open our tables, open all of our disposable goods, all of our sutures, our gowns, our drapes-

Diane Raymond:

The trays.

Megan Pinkham:

... our trays. Make sure those are all set up. And then we have to count stuff with our circulators. While our circulator's doing that, she's off getting meds, she's filling out the whiteboard, doing all the consenting paperwork, checking them in the computer. There's just a commotion but we all have such a part of this team that we all know.

Diane Raymond:

It's a well-oiled machine.

Emily Tadlock:

Wow.

Diane Raymond:

Everybody knows their roles and we're not afraid to ask for help if we need it.

Megan Pinkham:

We're very direct people is what we've been told.

Emily Tadlock:

Well, it makes sense. You have a specific job to do and everything has to be just so. I'd assume you're all detail-oriented people.

Megan Pinkham:

Yes.

Emily Tadlock:

I'd probably not do very well with that.

Megan Pinkham:

We don't ask, "Oh, can you please pass me the salt and pepper shaker please?"

Diane Raymond:

Exactly.

Megan Pinkham:

No, like this. Okay, I need this. And it's not rude. We're just straight to the point.

Emily Tadlock:

No, you're just doing your job. You all know this because you all work together, so it's so funny, I would be like, "Oh, thank you." But that's not how you guys work.

Diane Raymond:

No. We're nice about it. If the surgeons hand something back to me, I'm going to say thanks just because, but-

Megan Pinkham:

It's not expected like at the end of the day, "Good job. You did a great job." That's really all we get. And that's fine because we don't need the pat on the back. We don't need the thank you every time because we just need to follow the... And get it done. You know?

Emily Tadlock:

Yeah. The efficiency.

Megan Pinkham:

Yes.

Emily Tadlock:

I like it. The process, the efficiency all to help patients. And I think this is really neat and fascinating to hear what you guys do. I must have had a surgical tech when I went and had my C-section.

Megan Pinkham:

Oh, absolutely you did.

Diane Raymond:

100%.

Emily Tadlock:

And I wouldn't have known who to look for to even know who that was.

Megan Pinkham:

We're usually back to you facing the wall, playing with our table goods.

Diane Raymond:

We'll turn around around and say hi when they wheel you in and they introduce you to us, but a lot of people don't remember us because we're in the background getting things ready.

Megan Pinkham:

And again, it's a really stressful time for the patient. We're never expected to be remembered, but we're there for you. We make sure everything comes back out when it goes in.

Diane Raymond:

We are part of the pit crew, and that's one of our little sayings in the OR is when we are getting a patient ready on the table, we are their personal pit crew. We are putting warm blankets on them. We're putting the leg sequentials on so that they have compression on their-

Megan Pinkham:

Circulation.

Diane Raymond:

... legs to keep the circulation going during the procedure. And we're letting them know that we're doing these things as we do them. She's just jaw dropped.

Emily Tadlock:

I am. I think it's so important for people to hear that because as you said, we will get a great job or we might not even get that and we'll just keep rolling. For me and from, I'm going to assume a lot of patients out there, thank you.

Diane Raymond:

Thank you.

Emily Tadlock:

No, seriously, thank you for all that you do in the background that we don't see and we don't recognize. And an even bigger thank you for continuing to do what you do, even when we don't recognize it because that can be hard.

Megan Pinkham:

It can be, but we know we do a good job every day. We know we're there for a reason. We're not going to hold it on any patients, that's for sure.

Emily Tadlock:

I love that. And every day is not sunshine and rainbows.

Megan Pinkham:

No.

Emily Tadlock:

This is healthcare. I think it's obvious that it's not like that. You're just doing your best to help patients. Talk to me a little bit about what that's like and how you deal with that and how you manage it.

Megan Pinkham:

Physically, we'll go physically first. Physically, you're on your feet for your entire shift. You get a 15-minute morning break if you're fully staffed and functional and a half an hour lunch break. Otherwise, you're on your feet for your entire shift, so you need to take care of your body. I personally, I make sure I stretch when I get home. I take a nice hot shower. I make sure I go to a massage every two weeks. I get my back worked out because you're holding retractors, you're holding body parts. If you've ever held dead weight before, it gets pretty heavy and you're holding it for however long the surgeon tells you to.

Diane Raymond:

Just picture like you're holding a baby and babies are so small, but you hold that baby for a while, they start to get heavy, right?

Emily Tadlock:

Right.

Diane Raymond:

It's like the same concept, if you have to hold a leg up in the air, it's like after a while that leg's getting heavy.

Emily Tadlock:

Getting heavy.

Diane Raymond:

You're like, okay, so working out's important. Like Megan said, just keep yourself healthy and take care of your body and whatever you got to do. I like to bake. I go home and if I've had a stressful day, I might whip up a batch of cookies or make bread.

Megan Pinkham:

And that throws me into the mental state of it all. Obviously, high stress means temperature can rise, so the surgeon gets stressed out, they start to get a little edgy attitude to them. We have all had that snap to us.

Diane Raymond:

Absolutely.

Megan Pinkham:

And you just have to just let it roll off your shoulders and give them what they need and don't take it personal because it's not. They're frustrated, something's not going right. And you just have to make sure you're not taking that home with you. You have to separate it out of your mind. It's like, "I can't believe you handed me this wrong. What are you thinking?" You don't. You take a deep breath, you keep going on. It's very important to make sure that you can stay above that mental anguish. And that's just like a bad surgery. There are bad cases, so cancer's a big one. You go in for an unexpected case. We're trying to help diagnose you. We open you up and we just see wall to wall cancer and the whole room just falls silent. And you have to just try to just take a deep breath, get through this case because you have four more cases after this and you can't let it affect you, so it's not just physical, it's the whole picture.

Emily Tadlock:

Wow. Ladies, I can't even begin to thank you for giving us this background look into what you guys do. And I can speak for myself, but I'm going to go ahead and speak for quite a few of our listeners too, I'm sure. And just, I had no idea all that you guys did as a surgical tech. And while it sounds... There are lots of moments where my jaw did drop, absolutely. It also sounds like you guys love what you do.

Megan Pinkham:

I love what I do. I love my day job and I love being able to say that.

Diane Raymond:

Same.

Megan Pinkham:

And Northern Light makes it amazing, so I've obviously worked at multiple places in the state of Maine. I've been all over. I love working here. I love the surgeons. Everyone cares so much. And I love our team right now. It's wonderful.

Emily Tadlock:

To the other listeners who are possibly thinking of this as a career, or even a second career-

Megan Pinkham:

I know, exactly.

Diane Raymond:

Age is just a number, guys.

Megan Pinkham:

Yes.

Emily Tadlock:

I hope you're hearing this and seeing, yes, they talked about it. They said what it was really like, but they love it and would encourage other people to come and love it too.

Megan Pinkham:

Absolutely. Always.

Diane Raymond:

Absolutely.

Emily Tadlock:

And just a little plug, if you're interested in an Earn While You Learn program with us, you can email [talentacquisition@northernlighthouse.org](mailto:talentacquisition@northernlighthouse.org) to find out when the next Earn While You Learn program for certified surgical technologists is, and hopefully take part in that with us and maybe come work with Megan and Diane.

Diane Raymond:

That's right, or we could precept you or teach you what know.

Megan Pinkham:

Teach you a couple of things.

Emily Tadlock:

Teach you a couple of things. It sounds like you guys could really teach quite a few things. I like it. Awesome. Well, thank you ladies so much for being on with me today. I really appreciate it. I know you guys have to get back to work, so I won't keep you any longer.

Diane Raymond:

Thank you.

Megan Pinkham:

Thank you so much.

Emily Tadlock:

Thank you.

Announcer:

Thank you for listening to this episode of Pathways. Please join us next time for a new episode. There are several ways you can tune in, on our website at [northernlighthouse.org/healthyhappywise](http://northernlighthouse.org/healthyhappywise), we are also on Apple, YouTube and Spotify, which makes it easy for you to listen on the go on your favorite app.