

Lack of Support Too Expensive

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After years of training and preparation, the young surgeon dons his scrubs, washes up, and—using his elbows—pushes past the swinging doors into an operating theater lined with 25 gurneys. The screaming of three patients makes the hair on his spine prickle. He glances at the silent tears streaming down the face of a fourth patient but is immediately distracted by another doctor who has wrapped a man in oxygen tubing and rhythmically jabs his belly with a hypodermic. Twelve patients lie silently waving their hands for attention. Four patients shout obscenities as they snatch at hand and foot restraints. Another chokes, hemorrhaging from the nose and mouth. The blood spurts onto the chest of a nearby patient, who babbles incomprehensibly. A gurney in the corner holds a woman whose lower left leg is missing; a gangrenous green ooze trickles down the bandages on her thigh.

The surgeon looks desperately at the door. No anesthesiologist, no surgical nurse, no assisting surgeon is available to help or even answer questions—unless he can catch someone after the work day and the surgeries are over.

After performing triage on the bleeder, he grabs a few charts. Much of the necessary diagnostic information is missing. Some are blank. Three charts indicate the need for appendectomies, which he *has* done under supervision. He has also read about amputations but doesn't see anything like the surgical saws in his textbook's illustrations. He monitors the old, defective machinery himself as he cuts, sutures, swabs, and administers medication while trying to deal with the demands of other patients. Although he has prepared for this day for years, he is totally unprepared for the reality of taking care of these 25 disparate people with no help and no support. After six hours of moving as fast as he can from gurney to gurney, he abandons the operating room in despair and with it his lifelong plans for becoming a surgeon.

However well trained—an inexperienced medical professional would never be abandoned in a closed room with 25 patients. Teaching is every bit as complex as surgery. Yet every September new teachers are expected to perform like the lone surgeon as they enter their first classrooms without benefit of the basic support beginning professionals expect in other fields. Is it any wonder

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that one in three teachers quit within their first three years of teaching and that over one-half quit within the first five years—many within the first months?

Texas has an average teacher turnover rate of 15.5 % which puts it in line with the national average of 15.7 % (Southeast Center for Teacher Quality, 2003). Dealing with the ramifications of that turnover costs Texas somewhere between \$329 million and \$2.1 billion a year. We simply can't afford to continue to lose new teachers at such rates.

We wouldn't turn new surgeons loose on patients without the assistance of other, more practiced professionals. We shouldn't put our children in the hands of new teachers without the same support. Call your local and state school boards and ask this question: Who is in our classrooms providing coaching support to new teachers so that new teachers can meet our childrens' needs?