Submitter: Robert Blackston

On Behalf Of:

Committee: Senate Committee On Health Care

Measure: HB4106

Members of the Senate Healthcare Committee,

I understand the staffing crisis better than most, as I am still a currently working Certified Surgical Technologist and educator at North Idaho College, in Coeur d'Alene, ID. If this amendment passes, it will downgrade the surgical technology profession, not just in Oregon, but it will be felt throughout the Northwest. I do not think that watering down the knowledge base of those that are working side by side with our surgeons is the answer.

Our profession has never been in the spotlight of healthcare; I believe this to be mostly due to the restricted access to the surgical department to the public. Many people are uneducated about our role during a surgical procedure. Most people think that we simply set up some equipment and instruments for the surgeon to use. When in fact, our role is much more expansive. The role of the CST is to understand every procedure with such a wide breadth of knowledge, that we can anticipate what the surgeon needs, before the surgeon even knows what they need. We bring experience from one surgical specialty to another. This experience can be extremely valuable in the heat of the moment. You ask any, and I mean any, surgeon and they will paint an accurate portrait of our importance during a surgery. The CST has a thorough knowledge of anatomy and physiology, microbiology, pathophysiology, instrumentation, and pharmacologic interventions. This knowledge is set by a standard core curriculum that is developed and revised by CSTs and accepted nationally as the standard curriculum for CSTs. This curriculum is supported by the Association of periOperative Room Nurses (AORN) and the American College of Surgeons (ACS).

The importance of setting a standard of care for healthcare professionals, is crucial for the delivery of quality patient care. Let me paint this picture:

I have been an educator at three different colleges in the northwest, that also provide Associate Degree Nurse programs.

1. The ADN (2 year) curriculum only allows for a nursing student to spend 1 day in the surgical setting. With 1 day of surgical department exposure, these graduates can gain employment in a surgical department, immediately upon graduation and licensure…1 day of experience.

2. An On the Job, apprenticeship Surgical Technician, may go through an

apprenticeship that MAY be standardized for that particular institution, but these standards may vary from facility to facility. The term standard will then start to lose its meaning.

3. To the contrary, a Surgical Technology graduate (Associate of Applied Science) from a CAAHEP accredited program, will have completed a minimum of 120 live surgeries and will pass a standardized, national certification exam. That means that every CST that has graduates from a CAAHEP accredited program, meets that same standard that transfers to any state.

The NCCT certifying exam does not require any standardized curriculum.

There is an alternative to apprenticeship surgical technology programs. Work with the local community colleges and their Surgical Technology programs. Healthcare facilities can partner with them, to expand their cohorts or add additional cohorts. This way, we expand the quality of care for patients, rather than watering it down.

I implore you. Please do not downgrade the Surgical Technology profession. Please listen to the CSTs that live this life every day, have boots on the ground, and have many years in surgery. The RN that has one day of surgery experience should not be making these decisions that affect an entire profession and will ultimately trickle down to patient care. Ask yourself who you want caring for your loved ones. The On the Job trained surgical technician that isn't held to a national standard, or the standardized curriculum, Certified Surgical Technologist, that has 120 surgeries and a thoroughly vetted curriculum background in surgery.

Highest regards,

Rob Blackston, MET, CST, CSFA, FAST