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On Behalf Of: HB 4106
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I became a military Surgical Technologist in 1993. I have been a Program Director at a State College in Texas for the last 22 years. I have seen surgical technologists trained in the military, proprietary schools, and two-year colleges for the last several decades. I know, first hand, the rigors of surgical training. I can clearly see that the State of Oregon has issues specific to their state. As a Texan, I understand how hard it can be to recruit qualified medical personnel to rural areas. Oregon specifically has only three surgical technology programs and those programs are located mainly on the west coast. The State of Texas has 36 active accredited programs spread across the entire state. Scarcity creates higher salaries. The average salary in the State of Oregon is \$2 per hour higher than it is in the State of Texas. I believe that our profession has made great strides in the last several years by AST mandating a core curriculum that can be taught nationwide, guaranteeing a standard of education from state to state. We have set-up standards and guidelines to ensure the highest level of skills possible in a variety of surgical specialties and modalities like laparoscopic and Robotic surgery. Our National exam administered through the National Board of Surgical Technology and Surgical Assisting (NBSTSA) verifies that a graduate from an accredited program has been trained by a standardized Curriculum and demonstrated entry level competency by a neutral party. This system does work well in other states with more educational institutions offering accredited programs. The argument that National Accreditation is hard seems strange to me because, our college has been nationally accredited for the past twenty years. It requires a full time Program Director overseeing the program to ensure that we comply with federal, state, and local laws and guidelines. It took years to establish this check and balance system. I cannot believe that anyone would want to go backwards in training. Why would we want to go back to hit and miss learning with no standard curriculum? Why would we lower the bar on training in the most complex and technically challenging job on the planet? It would also seem to increase hospital liability to leave us open to litigation. Surgical skills are not part of the Nursing Curriculum, the idea that nurses are doing this position with little to no training seems to be a red flag that deserves attention. This ill-advised "Apprenticeship Program" does not even exist in the real world at this time and no other Allied Health Program in the state has ever done this kind of training. This seems like a way to fill jobs with less trained and an under prepared workforce. How can the Doctor have college level training, the Nurse have college level training but the person most responsible to the sterile field does not need college level training? Surgical technologists in the past were trained "on the job" for a specific specialty or procedure and no other cases. OB-GYN departments would train their people to do vaginal deliveries and C-sections but nothing else. They called themselves surgical technologist but could never change departments or

facilities because they had no other training. In the past we were called “Monkey at the Mayo stand” because of the lack of training in years past. This kind of training does a disservice to an unsuspecting student that does not realize that they have no way to advance their career and that they have curtailed their own career options. This course of action also seems to discourage a “person of color” from getting a college degree and quite frankly that seems to be the opposite of true education. Nurses are in short supply in this country as well, yet the State of Oregon has no plans to change Nursing training. The nature of the Operating Room is changing to a more technically demanding area like Robotics. These positions will require more training in a variety of subjects, not less.