

Submitter: Mona Bourbonnais
On Behalf Of:
Committee: Senate Committee On Health Care
Measure: HB4106

Dear Senators,

I submitted a text testimony a few days ago and after listening to the hearing yesterday I feel the need to say more. Senator Manning mentioned that he felt hands on training for trades were essential components, which I am in agreement with. However, he mentioned this after testimony that specifically mentioned the amount of hands on training that accredited surgical technology programs provide, as if he did not understand that this is also the model we use. One of the key components that is missing from the model of an apprentice program is the minimum of a full semester or more of lab instruction that is required to teach and pass students off of the competencies required to send a student to an OR for their clinical rotations. The apprenticeship model, if I understand it correctly, would be entirely online, then the apprentice would enter the OR without ever being required to demonstrate mastery of the competencies required to be a safe practitioner in the an actual OR setting. In an accredited program, a student is passed off on these essential competencies, only then are they are then allowed to progress to a clinical site to begin their minimum 120 surgical procedures. As a program director of a highly respected program, our student are put through rigorous lab simulation, that cannot be assessed online, prior to entering an actual operating room. Teaching an apprentice these vital psychomotor skills during an actual operation is a danger to patients, will extend the amount of time that a patient is under anesthesia, as well as be more costly to patients since OR time is charged by the amount of the time a patient is in the operating room.

The nurse that brought this bill forward mentioned how nurses are over-worked and by approving a surgical technology apprentice program this will lessen the load on nurses. I can tell you I have worked with many excellent nurses during my time in the OR, and that for the circulating nurses in the operating room, having ill prepared apprentices that have not received the proper training or passed competencies, will not lessen their load or stress, rather this adds another layer of stress, and danger to the patient.

I understand the shortage of Certified Surgical Technologists, however, the root cause of this issue is not being addressed and an inferior apprentice model will not fix it. Responsibility lies with hospitals and ORs that allow staff and surgeons to dictate if they want a student that day. As an accredited program we need to validate every slot that a particular clinical site will allow. Even a large facility with 20 operating rooms will many times turn students away on a daily basis due to "learner fatigue", or

"this won't be a good case for student", or "we have a medical student today so that's too many people in the room." Surgical Technology students are fighting daily for the training that they need to graduate. My program admits 18 students per year, we could double that amount if the clinical sites would support it, we have 50-60 qualified applicants per year. We have an amazing lab space with state of the art simulation, our issue is hospitals that say they need more surgical technologists, but will not support the training. An apprentice model is only putting a temporary bandage on an issue that is not being addressed at the appropriate level.

By approving an apprentice model, you are also doing the learner a disservice, if they are trained under this model, and at some point their life circumstance changes and they move out of Oregon, they will not be able to become employed as a surgical technologist. Idaho, as well as most other states, will only recognize the CST credential. An apprentice who takes the NCCT exam, cannot call themselves a CST, this is the credential awarded by the National Board of Surgical Technology and Surgical Assisting.

Again, I urge you to vote no on this bill.

Mona Bourbonnais, CST