Hello,

    My name is Austin Stoner & I am currently a student attending the Surgical Technology program at Mt. Hood Community College in Oregon. I am finishing up my second & final year in the program & it had come to my attention that this bill had been passed in the house, & is now going to the senate. This bill that is going to directly affect me, my peers, my future colleagues & patients as I see it to be a significant safety issue.. among other things.

I am in opposition of this bill as I know the hard work & intricate detail that goes into not only sterility, but the skills we learn throughout the two years of this program. We dedicate an entire year to learning sterility & proper technique in order to keep both the patient & staff safe. We learn about different specialties, the important fundamentals for each of those specialites and that is why this program is so respected & successful. As a student that has been an active participant in the operating room for the past 6 months, the lack of knowledge or awareness of sterility from surgeons, residents & medical students that I have observed is very minimal & it is a major responsibility on the shoulders of the surgical technologist to maintain that. I know all of what I said seems repetitive, but that is what it takes to learn what we have learned in the classroom setting.

    Not only do we obtain a certification after completing the program, but we also are required to earn an Associate of Applied Science Degree. That degree consists of three anatomy and physiology classes, a microbiology class, & chemistry... just to name a few. These courses, the anatomy and physiology specifically are extremely important in the foundation of being a successful surgical technologist. Without that type of foundation, I can confidently say there will be those in this position without the proper knowledge or training in those courses, which will create an environment where there is an increased number of mistakes that can be made & the number of sentinel events will rise.

    The interview process for this program is rather extensive. There are two rounds of interviews, an application, an essay, an interview held in a group setting with a board of staff there to observe - so it isn't easy to get into this program & for good reason. They want to ensure that they are choosing the right people for the role and they do a sensational job doing so as they are respected & praised by neighboring facilities where clinical rotations are held.

We have had 6 students drop out of this cohort because they realize that the operating room is not a good fit for them. As someone who has been in the medical field for over ten years & in the emergency department specifically for nine, I knew that the medical field & the OR is exactly where I should be, but not everyone has that experience. I can assure you that we consistently train people without any medical background & we waste time, money & resources training them just to have them realize after training, that they don't want to be there or are not a good fit. Because of this, I have worked short staffed in the ED for the last two years & we make due. I can't see that this will be a cost effective way to try to fix what is a much larger problem. Perhaps offer better scholarship programs for POC. In fact, hospitals should offer better scholarship programs for employees that choose to pursue this field or offer better wages for those who serve the vulnerable and show up every day. I know Providence St. Joseph offers a program through University of Providence & offers tuition reimbursement for their staff. That's a start and others should follow suit if they want to truly see growth for their employees, but as I said - that is a larger issue.

With all of this being said, I truly hope you consider the impact this will have on those of us who have dedicated a great amount of time completing this program. Thank you for your time.