



**Surgical Technology Program
Advisory Committee
August 20, 2014**

Present:

Lorne Rosenfield, MD, Medical Director
John Ruggieri, ST, Graduate
Shannon Fox, ST, Graduate
Karen Devlin, ST Graduate
Viveca Baca, Student ST
Jeffrey Lee, Student ST
Belinda Wallace, Student ST
Alice Booker, Student ST

Robert Alire, Student ST
Melissa Ruggieri, CST, St. Mary's Hospital
Mark Dorsey, CST, Las Positas Program Dir.
Ijaz Ahmed, MD, CRT, Dir., Allied Health Programs
Brian Daniel, CRT, Clin. Coord., Resp. Therapy Prog.
Mary McKay, CST, ST III, Seton Med. Center
Dolly Chan, RN, SN IV, Seton Med. Center
Alice Erskine, RN, S.T. Program Director

Alice Erskine called the meeting to order at 5:15 pm. Introductions followed. She gave a brief overview of the purpose of the Advisory Committee. Then she reported on the retention and success rates of the most recent class. Of the 23 admitted to the program, 6 dropped from the program due to personal problems or a change of plans and 5 failed the first course. Twelve successfully completed the program. Since the retention rate was so poor, it was decided that the program would accept 31 students this year, two of which were returning from last year's cohort. Four students failed the first course, to bring the number currently in the program to 27.

Ms. Erskine reported on the Quality Assurance results she posted to the Accreditation Review Commission on Surgical Technology (ARC-ST). She said the return rate of the mandatory surveys of the graduates and their employers is very poor. Suggestions were made to improve these rates including withholding the student's certificates until the surveys are returned. However, the surveys need to be administered after the students have had time to sit for the national certification exam and obtain employment. Ms. Erskine is hopeful that using SurveyMonkey to administer the surveys may increase the participation.

Ms. Erskine reported that there had been a curriculum modification adding computer interactive assignments to help the students study lab skills. Most of the written materials are now available to the class via WebAccess, including the students' grades. In the lab, Michael Wasilewski, CST, the Clinical Instructor has created lab instrument sets to assist the students in learning the instruments. He has written a Lab Manual that includes detailed descriptions of every skill the student is expected to know.

Community Issues: **Brian Daniel** brought up the concern of all Allied Health Programs that they must provide each clinical site with documents verifying student compliance with HIPAA and other training. The group discussed the extensive amount of documentation and the reasoning behind these requirements. It was noted that often the compliance materials are geared towards RN employees and not to Allied Health trainees. It was suggested that both programs provide generic modules the students could complete in class well ahead of their assignment to the clinical site.

Mary McKay announced that the California State Assembly of the Association of Surgical Technologists presented a Mock Surgery demonstration at the Capitol in Sacramento. This was part of a campaign to support a State Assembly bill that would require Surgical Technologists have formal training prior to hire. She made note of a previous bill that passed the State Assembly a few years ago (vetoed by Jerry Brown) that required every practicing ST be Certified. The demonstration highlighted the fact that the lay public has no idea there is such a profession as Surgical Technology. **Dr. Rosenfield** remarked that STs need to promote their profession and a discussion ensued around ways to going about doing this. Ms. Erskine mentioned she presents an exhibit of Surgical Technology every year at the Exploratorium in San Francisco.

Ms. Erskine and Mr. Dorsey shared that one of the biggest hurdles a Program Director has is finding clinical sites for the students. The committee discussed ways to increase hospital participation.

- **Ms. Erskine** suggested we invite more O.R. Managers and Nurse Educators to join the Advisory Committee.
- **Mr. Daniel** suggested we share the Certification Exam results with Nurse Managers and Nurse Educators to show that Skyline graduates high quality STs and RTs.
- **Dr. Rosenfield** suggested we look into obtaining more contracts with Ambulatory Surgery Centers and surgeons' offices. **Ms. Erskine** let the committee know that she is pursuing ASCs, but that according to the Core Curriculum for STs, she must provide the students with opportunities to practice on a wide range of surgical services that few ASCs and no surgeon's office can offer.
- **Melissa Ruggieri** told the committee that some hospitals hold a Town Hall meeting for the local community so that the public has an opportunity to express their needs. She suggested **Ms. Erskine** speak at that forum about her need for training sites.

Student Issues:

- For SURG 440: Basic Sciences for Surgical Technology, there is insufficient time to cover all the material.
- The Physics unit needs to focus more on practical applications in the O.R.
- The Role of the ST should be covered before the Sciences class. (See suggestion **d** below)

Recommendations:

- a) Require that the Anatomy prerequisite be more current, preferably 5 years or less.
- b) Increase the English competency level to English 100.
- c) For the application requirement for a Personal Statement, ask the applicant for a Letter of Intent to screen out applicants not really interested in the profession.
- d) Offer a two-evening Orientation: First half covers the Role of the ST with possibly a video showing exactly what an ST does including images of real surgical procedures. Second half covers an overview of the training program. Have graduates speak about their experiences and offer a reality check about time constraints, financial concerns, transportation, day care, and other personal issues.
- e) Offer longer lab sections including Fridays.

The meeting was adjourned at 7:30 pm.

Respectfully submitted by

Alice Erskine