

## Surgical Technology Program Advisory Committee (PAC) Meeting Minutes

March 4, 2026, 6:00 - 8:00 PM

Location: ZOOM

### Meeting Attendees

Teresa Barnes	Skyline College	Surgical Technology Program Director & Faculty
Shruti Ranade	Skyline College	Allied Health Program Services Coordinator
Kristy Lisle	Skyline College	Director of Allied Health
Jessica Hurless	Skyline College	Dean of STEM
Andrea Fuentes	Skyline College	Instructional Designer
Deondre Schaffers	Skyline College	Adjunct Faculty, Sterile Processing Technology
Annalisa Stroter	Skyline College	Current Student
Desiree McInerney	Skyline College	Current Student
JJ Pipitone	Skyline College	Current Student
Zoha Irshad	Skyline College	Current Student
<b>Adrian Li</b>	Skyline College	Program Graduate
Arumy Saturnino	Skyline College	Program Graduate
Christine Lynn	Skyline College	Program Graduate
Vicky Magana	San Mateo Medical Center	OR Manager
Cristina Alvarez	San Mateo Medical Center	Charge Nurse
Amber Murphy	San Mateo General Hospital	Perioperative Nurse Educator
Joy Kwong	San Francisco General Hospital	Nurse Manager
Marisol Medina	CPMC Van Ness Sutter	Perioperative Educator
Dr. Claudia Mueller, MD, PhD	Stanford Medicine Children's Health	Pediatric Surgeon
Dr. Owen Palmer, MD	Sutter Health Mills-Peninsula Medical Center	Vascular Surgeon
Dr. James Chen, MD	San Francisco Surgery Center	Orthopedic Surgeon
Shrestha Kandpal	Olympus	Public Member

## Quick Summary

The Spring Semester PAC meeting focused on reviewing the Surgical Technology program's compliance with accreditation standards and discussing potential changes to the maximum enrollment capacity (MEC). The program was found non-compliant in nine areas during the July 28-29, 2025, Continuing Accreditation with Distant Education Site Visit. Some of those areas of noncompliance include clinical slots, faculty sufficiency, and proper student documentation.

After deliberation, the PAC voted to temporarily lower the MEC from 25 to 20 students to improve clinical experiences, while deciding against holding another PAC meeting this semester. The group also discussed the importance of robotics and AI training in surgical technology, with several clinical site representatives sharing insights about robotic surgery practices at their facilities.

## Detailed Minutes

### 1. Introductions:

- PAC members
- Announced new Program Director, Teresa “Tee” Barnes

### 2. Snapshot of Current Program:

- Fall 2025 cohort: 21 students
- Implemented a new Surgical Technology Lab Preceptor position to maintain the required 10:1 student - faculty ratio in the lab.

### 3. Program Updates and Changes:

- The Student Handbook has been updated to place an emphasis on program learning outcomes and goals, student expectations, and clinical rotations.
- As previously mentioned, a new Allied Health Preceptor position was created to maintain student: teacher ratio.
- The program schedule has been updated to four semesters, or 1.5 years. The first three semesters consist of lecture and lab courses, held in the Surgical Technology classroom and lab on campus. In the last semester, students focus on completing 120 Surgical Cases and preparing for their CST certification exam.
- We are working to implement the PeriopSim simulation program by the end of the current semester.

### 4. Program Data:

- Reviewed student retention, completion, and employment data from 2023 and 2024 cohorts
  - 2023/2024 Cohort:

- 16 Graduate Surveys sent, 13 returned 81.25%
    - 8 Graduates Satisfied with the program 61.54%
    - 5 Graduates Unsatisfied with the program 38.46%
  - 2024/2025 Cohort
    - 8 Graduate Surveys sent, 8 returned 100%
    - 8 Graduates Satisfied with the program 100%
    - Graduates spoke out about their program experience. One mentioned how satisfied they were with the program because they felt prepared for clinicals. They mentioned how clinicals were a great opportunity to showcase their skills and be exposed to job opportunities. Another student echoed the sentiment that this program prepared them for what to expect at clinicals and appreciated that their clinical experience boosted their chances of acceptance into an accelerated nursing program.
  - Question posed to PAC: What skills should our graduates possess to be employable at your hospital or surgery center?
    - Managers agreed that a candidate’s degree (or lack thereof) was not a contributing factor to the hiring decision-making process. Instead, managers focused on whether candidates had passed their CST Certification exam and how eager they were to learn. Additional important skills include being a team player, participating, intrinsic motivation/understanding their “why” for the career, and work ethic.
5. Accreditation Site Visit: Reviewed the 9 areas of noncompliance and the documentation required to complete that finding.
- The meeting discussed clinical placement challenges and faculty availability. Clinical requirements for the CST exam, as stated below, are very specific and must add up to 120 Surgical Cases.
    - Clinical Requirements: A minimum of 30 general clinical cases; A minimum of 30 general clinical cases with 20 in the first scrub role; A minimum of 90 clinical specialty cases; A minimum of 90 clinical specialty cases with 60 first scrub; a minimum of 10 cases in 4 specialties in first scrub.
  - Currently, the program has 10 confirmed clinical sites, and we shared the challenges we’ve been facing in increasing this number. PAC members informed us about their contacts at East Bay and Kaiser hospitals, so we plan to pursue those contacts.
  - The program is improving supplies management with donations from Operation Rainbow. PAC members expressed how their hospital/surgery center may have additional supplies to donate.
  - The meeting also touched on the prevalence of robotics and AI in the field, with PAC members agreeing that while robots are becoming more prevalent, especially in general surgery, the role of surgical technologists remains crucial. Many agreed that AI has not yet made its way in the field.

**6. Action: Voting**

- Voted on lowering maximum enrollment capacity: majority voted to lower the MEC from 25 to 20 students
- Voted to hold another PAC meeting this semester: majority voted to not hold another PAC meeting this semester. Information about the Fall 2026 PAC meeting will be sent through email.

# **Surgical Technology Program**

## **Advisory Board Meeting**



***Welcome!***  
***&***  
***Introductions***

# Snapshot of the Current Cohort

2025 COHORT		
Fall 2025 Total Number Enrolled	Spring 2026 Total Number Enrolled/Retained	Number of Student Dismissed
24, 1 is returning from the 2024/2025 cohort	21/21	1 dismissed 2 withdrew

# Program Updates and Changes

- Updated *Surgical Technology Student Handbook* [2025-2026](#)
- New preceptor positions – [Allied Health Preceptorship](#)
- Curriculum updates
- Potential VR technology

# Program Updates and Changes

Curriculum updates: CCST7e-Curriculum Map

<https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:52fd7c6f-f7dc-43c7-83cb-3a722575ad74>

# Program Updates and Changes

## Four semesters with added labs

### Fall Semester (August – December, 18 Weeks)

MEDA 415 Medical Law & Ethics 2 units

SURG 440 Introduction to Surgical Technology Lecture 3 units

SURG 450 Introduction to Surgical Skills Lab 4 units

### Spring Semester (January – May, 18 Weeks)

SURG 441 Surgical Patient Care Concepts Lecture 3 units

SURG 451 Surgical Skills Lab 5.5 units

### Summer Semester (June – August, 8 Weeks)

SURG 442 Advanced Surgical Specialties Lecture 3 units

SURG 452 Surgical Skills Advanced Lab 3 units

### Fall Semester (August – TBD)

SURG 443 Clinical Practice for Surgical Technology (480 Clinical Hours with 120 Surgical Cases) 10 units

SURG 455 Certified Surgical Technologist (CST) Exam Preparation 1 unit

Curriculum updates

Potential VR technology

# Snapshot of the 2024 Graduating Cohort



Summer 2023 – Spring 2024 Cohort					
Total Number of Students Starting the Program	Total Number of Students that Completed the Program	Total Number of Students that Completed the AS Degree	% of Students that Took the CST Exam; % of Students that Passed the CST Exam	Total Number of Students with Jobs in the Industry	Number of Student Dismissed From the Program
25	16	16	13 out of 16 = 81.25% 9 out of 13 = 69.23%	12 found jobs. 3 found jobs without the certification. 1 entered Nursing school.	3 Dismissed, 6 Unable to pass assessment for clinical placement

ARC/STSA Required Outcomes Thresholds: **Retention** 60%, **Outcomes Assessment Examination(OAE)** 100% Participation, 70% Pass Rate 1<sup>st</sup> attempt, **Graduate Placement** 80% Positive Placement (Employment).

# Snapshot of the 2025 Graduating Cohort



Summer 2024 – Spring 2025 Cohort					
Total Number of Students Starting the Program	Total Number of Students that Completed the Program	Total Number of Students that Completed the AS Degree	% of Students that Took the CST Exam; % of Students that Passed the CST Exam	Total Number of Students with Jobs in the Industry	Number of Student Dismissed From the Program
17	8	8	7 out of 8 = 87.5% 5 out of 7 = 71.43%	4 found jobs. 1 entered Nursing school.	3

ARC/STSA Required Outcomes Thresholds: **Retention** 60%, **Outcomes Assessment Examination(OAE)** 100% Participation, 70% Pass Rate 1<sup>st</sup> attempt, **Graduate Placement** 80% Positive Placement (Employment).



## Overview of the Graduate Survey Feedback

2023-2024 Cohort:

16 Graduate Surveys sent, 13 returned 81.25%

8 Graduates Satisfied with the program 61.54%

5 Graduates Unsatisfied with the program 38.46%

2024-2025 Cohort

8 Graduate Surveys sent, 8 returned 100%

8 Graduates Satisfied with the program 100%

*The ARC/STSA standard for graduate surveys requires accredited surgical technology and assisting programs to use a standardized, 10-question, 5-point Likert Scale survey to measure satisfaction, ideally administered upon program completion. A minimum of 70% satisfaction rate (7 of 10 questions rated 3 or higher) and a 50% return rate are required.*

Survey



Data  
Analysis



Report  
Results

# PAC Questions & Feedback

# Accreditations Site Visit – Overview

Skyline College's Surgical Technology Program had 9 areas of noncompliance.

# Accreditations Site Visit – Finding 1

## **Finding #1** Program Advisory Committee

1. The program did not provide evidence that the PAC is comprised of all required communities of interest. Specifically, the physician, practicing credentialed surgical technologist, and distance education representative are not represented.
2. The program did not provide evidence that all communities of interest attended the PAC meeting on February 2, 2025. Specifically, the physician, practicing credentialed surgical technologist, distance education representative, and the public member were not in attendance.
3. The program did not provide adequate documentation to demonstrate that the PAC assesses goals, learning domains, resources, outcomes, and distance education at least annually.

## **Finding #1: Requested Documentation:**

1. An updated Program Advisory Committee (PAC) Form showing all required roles on the PAC are filled.

# Accreditations Site Visit – Finding 2

## **Finding #2 Resources:**

1. The program did not provide evidence of clinical sufficiency for the program's stated Maximum Enrollment Capacity.
2. The program did not provide evidence of professional development opportunities in surgical technology and instruction/teaching modalities for the faculty.
3. The program did not provide evidence that the laboratory classes are instructed at a maximum 10:1 student-to-instructor ratio.

## **Finding #2: Requested Documentation:**

- Updated Maximum Enrollment Capacity Form. Information included must verify the current total number of cohorts (program starts) per year, the total number of student admissions per cohort (program start), and the number of cohorts that overlap in clinical at any point in the program.
- Updated Clinical Affiliation Site Reporting Form. This documentation should demonstrate that the program has sufficient clinical affiliation sites and operating room scrub slots for the surgical technology program's stated maximum enrollment capacity and to achieve the program's stated goals and outcomes.

# Accreditations Site Visit – Finding 2

## Finding #2: Requested Documentation: (cont)

- Documentation from each clinical affiliate listed on the Clinical Affiliate Site Reporting Form, specifying the number of operating room scrub slots available to the surgical technology program. This documentation should be submitted on the clinical affiliate's institutional or departmental letterhead and signed by a surgical services or hospital administrator (Director of Surgical Services, OR Manager) or their designee.
- Evidence that surgical technology faculty have attended (or are scheduled to attend) teaching specific and surgical technology-specific professional development subsequent to the site visit (certificates, transcripts, sign-in sheets, emails, etc.).
- Narrative describing how the program will not exceed the 10:1 student-to-instructor ratio for laboratory classes. Please include a schedule for the laboratory classes and rosters for each class, evidencing that the 10:1 ratio is not exceeded.

# Accreditations Site Visit – Finding 3

## **Finding #3:** Specific Site Visit Finding/Observation

1. The program did not provide evidence that sufficient faculty are appointed to achieve the program's stated goals and outcomes.

## **Finding #3: Requested Documentation:**

- If additional faculty have been hired subsequent to the site visit, please submit the following for the newly hired faculty members:
  - Program Personnel Data Form – Faculty/Instructional Staff
  - Schedule of Responsibilities Form
  - Signed job description
  - Resume
  - Evidence of surgical technology credential
  - Evidence of ongoing professional development in subject matter and teaching effectiveness

# Accreditations Site Visit – Finding 4

## **Finding #4:** Specific Site Visit Finding/Observation

1. The program did not provide evidence that classes are based on clearly written course syllabi.
  - a. Not all syllabi were provided at the time of the site visit. According to student interviews, some courses lacked a syllabus, and students were not provided with clear expectations for their courses.
2. The program did not provide evidence that the curriculum offered meets or exceeds the content and competencies specified in the Core Curriculum for Surgical Technology, Seventh Edition.
  - a. The curriculum map provided during the site visit was incomplete. The portion that was complete was not correctly aligned to the curriculum.
3. The program did not provide evidence that the curriculum is delivered in an appropriate sequence of classroom, laboratory, and clinical activities. The program did not provide evidence that the curriculum delivered via distance education included regular and substantive interaction between faculty members and students.

# Accreditations Site Visit – Finding 4 (cont)

4. The program did not provide evidence that the faculty monitors students' academic progress and provides regular timely assessments.
5. The program's summative case logs did not provide evidence that graduates are completing the clinical case requirements as defined in the Core Curriculum for Surgical Technology, Seventh Edition.
  - a. Case logs are not comprehensive of all cases, are not organized by surgical specialty, do not identify and define the role of the student in each case, and do not include signatures of the student and program director.
6. The program did not provide evidence that the summative case logs are maintained for at least five years.

# Accreditations Site Visit – Finding 5

## **Finding #5:** Specific Site Visit Finding/Observation

1. The program did not provide a comprehensive, detailed, measurable plan to assess program resources on an annual basis.

## **Finding #5: Requested Documentation:**

- An updated, detailed Program Evaluation Plan (PEP) Form.
- If any resource area(s) are identified as insufficient on the PEP Form, include a comprehensive, detailed, and measurable Plan of Action (PoA) for each insufficient resource area.

# Accreditations Site Visit – Finding 6

## Finding #6: Specific Site Visit Finding/Observation

1. The program's evaluation methods did not demonstrate that they are adequate to provide indication of the student's progress to meet the competencies for program completion as stated in the curriculum.
  - Didactic, laboratory, and clinical evaluation methods are not adequate to provide valid indication of the student's progress to meet the requirements for program completion.
  - Didactic, laboratory, and clinical evaluation methods are not employed frequently enough to provide timely indication of the student's progress in the program.
2. Clinical evaluations are not conducted by program faculty, and program faculty do not visit the clinical site or check on the clinical students. There appears to be no communication between the program and clinical affiliates to support the student's completion of the program's clinical goals and clinical case requirements.
3. The program did not provide evidence that evaluation methods are maintained in sufficient detail to document student learning process and achievements.
  - Clinical evaluations:
    - did not include signatures from the student, faculty member, and/or program director
    - did not indicate assessment of student progress towards the achievement of required competencies.
    - did not include program-determined clinical competencies.
    - did not include procedure observed during the evaluation.

# Accreditations Site Visit – Finding 6

## Finding #6: Requested Documentation:

- A comprehensive narrative, including a schedule, describing when didactic assessments will take place on a recurrent and regular basis to keep students apprised of progress and status in the didactic course, and evidence of how students are made aware of scheduled assessments.
- A comprehensive narrative, including a schedule, describing when student laboratory assessments will take place on a recurrent and regular basis to keep students apprised of progress and status in the laboratory course, and evidence of how students are made aware of scheduled assessments.
- A comprehensive narrative, including a schedule, describing when student clinical evaluations will take place on a recurrent and regular basis to keep students apprised of progress and status in the clinical course, and evidence of how students are made aware of scheduled evaluations.
- A revised template clinical evaluation tool used by program faculty to ensure all the required competencies for program completion are included, as stated in the Core Curriculum for Surgical Technology and in alignment with the Clinical Expectations Policy for Surgical Technology Programs.

# Accreditations Site Visit – Finding 6

## **Finding #6:** Requested Documentation: (cont)

A comprehensive narrative, including a schedule, describing when student clinical evaluations will take place on a recurrent and regular basis to keep students apprised of progress and status in the clinical course, and evidence of how students are made aware of scheduled evaluations.

- A revised template clinical evaluation tool used by program faculty to ensure all the required competencies for program completion are included, as stated in the Core Curriculum for Surgical Technology and in alignment with the Clinical Expectations Policy for Surgical Technology Programs.
- An Outcomes Tracking Tool(s) (OTT) for all students with an anticipated graduation date of December 2026, organized by graduating cohort and then by student last name in alphabetical order. A comprehensive OTT for students should include all students enrolled in and transferred into the completion cohort (students who change their on-time cohort completion date due to failed course, leave of absence, etc.).

# Accreditations Site Visit – Finding 7

## **Finding #7:** Specific Site Visit Finding/Observation

1. Data reviewed during the site visit did not correlate with the 2024 Annual Report filed by the program.
  - The 2024 Annual Report indicated that zero students graduated from the program during the applicable reporting period; however, during the site visit, the program provided three Outcomes Tracking Tools with graduation dates that fall within the ARC/STSA 2024 Annual Report reporting period of August 1, 2022–July 31, 2023.

# Accreditations Site Visit – Finding 7 (cont)

## Finding #7: Specific Site Visit Finding/Observation (continued)

2. The program did not meet ARC/STSA established outcomes thresholds on the following Annual Reports:

- Retention:
  - 2023 Annual Report: 11%
  - 2024 Annual Report: No data reported
  - 2025 Annual Report: 48%
- OAE Participation Rate:
  - (Outcomes Assessment Examination)
  - 2023 Annual Report: 50%
  - 2024 Annual Report: No data reported
  - 2025 Annual Report: 60%
- Outcomes Assessment Examination (OAE) Pass Rate:
  - 2023 Annual Report: 0%
  - 2024 Annual Report: No data reported
  - 2025 Annual Report: 44%
- Graduate Placement:
  - 2023 Annual Report: 0%
  - 2024 Annual Report: No data reported
  - 2025 Annual Report: 73%
- Graduate Survey Satisfaction:
  - 2023 Annual Report: 0%
  - 2024 Annual Report: No data reported
  - 2025 Annual Report: 50%

# Accreditations Site Visit – Finding 7 (cont)

## Finding #7: Requested Documentation:

- A revised copy of the 2024 Annual Report to reflect accurate outcomes for the reporting period. Please note, a request for revisions of the Annual Report should be submitted to [ARQuestions@arcstsa.org](mailto:ARQuestions@arcstsa.org) with program administration copied and the applicable accurate Outcomes Tracking Tool included. Additionally, please note, the program will be invoiced the Annual Report Revision Fee, as indicated on the Schedule of Fees, following completion of the Annual Report revisions.
- The Outcomes Tracking Tool(s) (OTT) for the August 1, 2022–July 31, 2023, reporting period, which was used for the 2024 Annual Report.
- An Outcomes Tracking Tool (OTT) for all students with a graduation date between August 1, 2025–July 31, 2026, organized by graduating cohort and then by student last name in alphabetical order. A comprehensive OTT for students should include all students enrolled in and transferred into the completion cohort (students who change their on-time cohort completion date due to failed course, leave of absence, etc.).
- Institutional student rosters to verify the accuracy of the data for the time period requested above.
- NBSTSA School Score Report for the time period requested above.
- Graduate surveys for the time period requested above.
- Employer surveys for the time period requested above.

# Accreditations Site Visit – Finding 7 (cont)

## Finding #7: Requested Documentation: (cont)

- If the data and verifying documentation indicates the program is not meeting established threshold(s) for the time period(s) specified above, submit a comprehensive, detailed, measurable Plan of Action (POA) Form, including a timeline for implementation specifying how program outcomes assessment thresholds results will be raised to and maintained at a level meeting or exceeding the ARC/STSA thresholds.

# Accreditations Site Visit – Finding 9

## Finding #9: Specific Site Visit Finding/Observation

1. The program did not provide evidence that announcements, publications, advertising, and websites accurately reflect the program.
  - The program length is not shared with the students.
  
2. The following are not made known to all applicants and students:
  - CAAHEP accreditation statement – statement published is not correct
  - Admission policies and practices
  - Policies and processes for assignment of clinical experiences – what is provided to students is not being followed.
  - The Outcomes Assessment Examination (OAE) pass rate is not readily available to the public. A link to the Annual Report is posted, which is not easily accessed by an individual seeking the outcomes data. The OAE data found on the website is incorrect due to inaccurate reporting

# Accreditations Site Visit – Finding 9

## Finding #9: Requested Documentation:

- Screenshots and weblinks to program advertisements and webpage, evidencing that the program is being marketed consistently and program length is being shared accurately.
- Screenshot(s) and weblink to where the CAAHEP accreditation statement, Outcomes Assessment Exam pass rate, admission policies and practices, and an updated procedure for assignment to clinical experiences are published. Provide the weblink pathway that the public utilizes to access the posted OAE pass rate.

# Accreditations Site Visit – Finding 10

## **Finding #10:** Specific Site Visit Finding/Observation

1. The program did not provide a current agreement for the University of San Francisco Children's Hospital and San Francisco Zuckerberg General Hospital. Both facilities are listed on the Clinical Affiliate Site Reporting Form, but no agreement was provided.

## **Finding #10: Requested Documentation:**

- Current, signed clinical affiliate agreements between the institution and San Francisco Children's Hospital and San Francisco Zuckerberg General Hospital

# PAC Questions & Feedback

# PAC Required Voting Needed

- Lowering the MEC (Maximum Enrollment Capacity)
- Vote to hold another PAC Meeting this Semester

# PAC Feedback

- What do we need to know?
- What changes are current or upcoming in the industry?
- Are there new innovations/policies that would require us to add new student learning outcomes to course content?