

American Board of Surgical Assistants, Inc. (ABSA)



JOB TASK ANALYSIS REPORT

Submitted by

**Susan Weaver, Vice President of Exam Development
Caveon, LLC**

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Introduction

The American Board of Surgical Assistants, Inc. (ABSA) partnered with Caveon Test Security to conduct a job task analysis for the 2025 ABSA Surgical Assistant - Certified (SA-C) examination.

Job task analysis is a formal process that describes and defines the scope of performance under specific conditions and knowledge and skills sets. The analysis provides data to support the development of performance standards, tests, training and criteria to evaluate or judge experience and effort.

All accreditation agencies require proof of content validation. The National Commission for Certifying Agencies (NCCA), Standard 14A requires that *'The job analysis must lead to clearly delineated job-related elements (e.g., domains; tasks; competencies; and knowledge, skills, and abilities) that characterize proficient performance'*.

Caveon conducted a job/task analysis survey for ABSA to support the updated SA-C certification exam. This report summarizes the study's design, results, and implications for future exams. Further development will follow the outlined exam process.

Key Characteristics of an Effective Exam

Validity is the extent to which exam scores accurately reflect a person's knowledge and job-related skills. Proving content validity involves showing that the exam covers all essential aspects of the intended subject.

Reliability refers to how consistently and accurately an exam measures performance, regardless of how many times it is given.

Fairness requires that examinations remain impartial, independent of any demographic characteristics. Unintentional bias may arise within an exam through the use of certain language or particular terms and concepts that are not universally recognized across diverse cultures or geographic regions.

Study Design

A panel of experienced subject matter experts (SMEs) compiled a list of essential tasks, skills, and knowledge areas they considered crucial for success as a surgical first assistant. This list formed the basis of a survey assessing the importance and frequency of each task, which was distributed to about 4282 surgical first assistants (SA-Cs) on January 24, 2025. The survey closed on February 09, 2025, with 812 participants providing partial or complete responses. The collected data offers objective insights into which tasks are deemed most important and time-consuming. Tasks or knowledge statements rated highly for importance and frequency should be given greater emphasis on examinations. This report outlines the survey's methodology and presents its findings.

The job task analysis was performed by a recruited committee of subject matter experts (SMEs) who had knowledge in the field to oversee the process. The SMEs were recruited for the job task analysis panel based on the number of years as a Surgical Assistant – Certified (SA-C) and their general understanding of the Surgical First Assistant professional role and setting. ABSA attempted to recruit SMEs across various regions and demographic profiles to ensure representativeness. Table 1 presents the experienced professionals who served on the panel for this study.

Table 1. Subject Matter Expert (SME) committee members

Name	Credentials	Location	Yrs as SA-C
Ari Collins	SA-C	South	10

Daniel Segui	MD, IFAANS, SA-C	South	22
Dusko Mirjanic	BS, SA-C	Midwest	9
Fahad Anwer	BS, SA-C	Midwest	3
Jean Guy Honore	MD, SA-C	South	3
Justin Sleullet	SA-C	Midwest	20
Maria Nela Rivera Miranda	RN/BSN, SA-C, RMA	South	4
Mubashir Chaudhry	MD, SA-C	South	24
Paul Weeks	MD, ScD/PhD, SA-C	Midwest	36
Ronald Zapata	MD, SA-C	other	3
Salam Abdo	MD, PhD, BSN, RN, SA-C	South	11
Sherral Hudson-Colbert	CST, SA-C	South	3
Veronica Stewart	ABSA COO	Midwest	0

The SME panel had specific responsibilities during this study, including the following:

- Each member was required to attend the job/task analysis meetings (3 in total).
- Each member was required to provide demographic information about themselves, their specialties, practice setting, experience in the industry and their professional affiliations in survey form.
- Each SME was required to complete a task list on their own time to help facilitate discussions.
- Each SME was required to attend three meetings. In the first meeting on January 21, 2025, the SMEs were first trained on the job/task analysis process. During this training, the SMEs were engaged by a facilitator who led them through how to identify and understand what was expected from them in the study. In this meeting, the SMEs began defining tasks and skills that they believed were essential in the role of a Surgical First Assistant (SA-C).

- The last meeting presented the results of the survey to the SMEs and garnered feedback on what their thoughts were on the included tasks and skills. All relevant feedback was considered and notated.
- The final meeting for the SMEs to finalize test specifications was held on March 17, 2025, before the board of directors reviewed, and voted on the finalized test specifications on May 20, 2025.
- Each SME was required to be free of conflicts of interest and each was required to sign confidentiality and conflicts of interest statements.

The job task analysis was conducted to:

- Define and describe the minimally-qualified candidate
- Develop an expansion of the job tasks, including domains of work, subtopics within each domain and their supporting knowledge and skills
- Determine the objectives of the exam
- Identify the weight of each domain and objective to produce the exam blueprint

This report includes the following information:

- Section 1: exam purpose, the minimally-qualified candidate (MQC) profile, target audience and working description of the MQC, exam pre-requisites and credential architecture
- Section 2: expanded job tasks to include domains, subtopics, and proposed exam objectives
- Section 3: exam blueprint which includes domains, exam objectives, weight per objective and domain, and number of items per form

Exam Purpose

The 2025 ABSA Surgical Assistant - Certified credential validates an individual's capability to assist the surgeon in completing a surgical procedure, safely and expeditiously. A surgical assistant functions in the role of a second physician, at the operating table. Ideally this individual should be another qualified surgeon or surgical resident; however, other licensed physicians experienced in surgical assisting would be the next choice. Non-licensed physicians or non-physicians with additional formal training and national certification as a surgical assistant are also acceptable, as deemed appropriate by the primary responsible surgeon, for the type and complexity of the surgical procedure.

This exam is a requirement to achieve the credential title of ABSA Surgical Assistant - Certified.

Exam Architecture/Pre-requisites

There are no certificate pre-requisites for this credential.

The Minimally Qualified Candidate Profile

The minimally qualified candidate profile is a representation of the skills and experience of an individual who has "just enough skills to do the job" and is ready to pass the 2025 ABSA Surgical Assistant - Certified examination.

The 2025 ABSA Surgical Assistant - Certified professional should have the following background:

- Enough knowledge and skills to continue with a procedure, to prevent patient injury, until another qualified surgeon arrives.
- Minimum of 24 months (2 years) hands-on clinical surgical scrub experience.
- Basic knowledge of PreOperative, IntraOperative, and PostOperative procedures.
- Basic knowledge of medical terminology.

- Basic knowledge of Human Anatomy.

Intended Audience

Who are the intended, potential candidates for this credential? Candidates holding the following roles:

- Medical Doctors
- Dentists
- Physician Assistants
- Nurse Practitioners
- Registered Nurses
- Licensed Practical Nurses
- Surgical Technologists
- Other Surgical Assistants

Job Domains (which become exam domains)

Table 2 records an initial estimate by the team and the final values as determined during the blueprint weighting activity.

Table 2. Exam Domains

Section	Domain	Estimated Domain Weight	Actual Domain Weight
Section 1	Perioperative	50	50
Section 2	General Surgical and Medical Knowledge	42	42
Section 3	Professional Practice Knowledge	8	8
		100%	100%

Domains, Objectives and Subtopics

Table 3 records the domains, objectives and subtopics as determined by the SMEs during the Job Task Analysis meetings. Their weightings are also outlined.

Table 3. Domains, Objectives and Subtopics

Section 1: Perioperative – 50%

Proposed Objectives and Subtopics
1.1 Preoperative – 4%
1.1.1 Chart Review
1.1.2 Patient Consent
1.1.3 Regional Anesthesia
1.2 Operative – 43%
1.2.1 General Surgery
• Surgical Anatomy ○ Abdomen ○ Esophago-gastrointestinal Tract ○ Gallbladder ○ Thyroid

- Liver
- Spleen
- Radiological Studies
- Surgical Consideration
- Blood Supply to the Gut
- Surgical Procedures
 - Cholecystectomy
 - Colectomy
 - Gastrectomy
 - Appendectomy
 - Thyroidectomy
 - Hernia Repairs
 - General Vascular
- Surgical & Procedural Terminology

1.2.2 Orthopedic Surgery

- Surgical Anatomy
 - Superior Extremities
 - Inferior Extremities
 - Rotator Cuff
 - Fractures
- Radiological Studies
- Surgical Procedures
 - Total Hip Replacement
 - Total Knee Replacement
 - ACL Reconstruction
 - Bone graft harvest and preparation
 - Ligament graft preparation
 - Cast Applications
- Surgical & Procedural Terminology

1.2.3 Plastic Reconstructive Surgery

- Surgical Anatomy
 - Head and neck
 - Skin grafts & flaps
- Surgical Procedures
 - Mesh grafting
 - Facial suturing
- Surgical & Procedural Terminology

1.2.4 Gynecological

- Surgical Anatomy
 - Uterus & Adnexa
 - Placenta
 - Vagina
- Surgical Procedures
 - Hysterectomies
 - Tubals
 - Caesarean Sections
 - Anterior & Posterior Repairs of the Vagina
- Surgical & Procedural Terminology

1.2.5 Varied Other Surgical Specialties

- Urological Surgery
 - Surgical Anatomy
 - Kidneys and ureters
 - Bladder and urethra
 - Surgical Procedures
 - Nephrectomy
 - Bladder suspension
 - Renal transplantation
 - Vasectomy
 - Surgical & Procedural Terminology
- Cardio-Thoracic Surgery
 - Surgical Anatomy
 - Heart
 - Great vessels
 - Coronary arteries
 - Surgical Procedures
 - CABG
 - Vascular harvesting
 - Radiological Studies
 - Surgical & Procedural Terminology
- Neurological Surgery
 - Surgical Anatomy
 - Cervical nerves
 - Brachial plexus
 - Vertebral bodies
 - Surgical Procedures
 - Lumbar Laminectomy
 - Cervical Laminectomy
 - Cervical Plating
 - Radiological Studies
 - Surgical & Procedural Terminology
- Robotic Surgery
 - Types of surgical robots
 - Setup & Draping
 - Positioning of robotic arms
 - Robotic limb movements
 - Robotic Instrumentation
 - Complications
 - Surgical & Procedural Terminology

1.3 Postoperative – 3%

1.3.1 Phases of wound healing

1.3.2 Immediate postop complications - EKG recognition

Section 2: General Surgical and Medical Knowledge – 42%

Proposed Objectives and Subtopics
2.1 Asepsis – 3% 2.1.1 Types of sterilization & disinfection • High speed steam sterilizer • Ethelene oxide • Chemical 2.1.2 Hand washing and surgical scrub 2.1.3 Microbiology
2.2 Surgical Anatomy – 15% 2.2.1 Major body systems
2.3 Terminology – 8% 2.3.1 Surgical and Procedural Terminology
2.4 BLS – 3% A- Airway B- Breathing C- Circulation Rates and rhythms EKG interpretations
2.5 Surgical Instrumentation & Equipment – 3% 2.5.1 General Operating Room Equipment 2.5.2 Clamps & Forceps • Clamps (general & vascular) • Tissue forceps • Needle Holders 2.5.3 Retractors • Self-retaining retractors • Handheld retractors 2.5.4 Miscellaneous • Electrocautery instrumentation • Suctions • Staplers • Laparoscopic • Blades and sutures
2.6 General Medical Knowledge – 10% 2.6.1 General knowledge • Normal laboratory values • Blood products & usage • Trendelenburg positioning • Anesthesia types • Patient positioning 2.6.2 Suturing • Freehand tying (one and two hand tying) • Instrument tying • Suture ligatures • Vascular suturing • Independently cut sutures • Independently cut tissues

- Independently close skin incisions (staples and/or sutures)

Section 3: Professional Practice Knowledge – 8%

Proposed Objectives and Subtopics
3.1 Patient Safety/Risk Management/Emergency Protocols – 3% 3.1.1 Patient Safety 3.1.2 Risk Management 3.1.3 Emergency Protocols
3.2 Code of Ethics/Scope of Practice – 3% 3.2.1 Code of Ethics 3.2.2 Scope of Practice 3.2.3 Primary Responsibilities 3.2.4 American College of Surgeons Guidelines
3.3 OSHA/HIPAA – 2% 3.3.1 OSHA 3.3.2 HIPPA

Rating Scale Determination

The job task analysis survey was used to assess a survey audiences' viewpoint about the importance/relevance and the frequency of the task or knowledge they feel is required to do the job. Table 4 provides the rating scales used.

Table 4. Rating scales for Importance/Relevance and Frequency

Frequency	Description
For the cases you assist on during a typical month, how often do you perform the following tasks?	
1	Not at all
2	Less than 25% of the time
3	26 – 50% of the time
4	51 – 75% of the time
5	Greater than 75% of the time
Frequency	Description
How relevant are the following tasks for an individual in the role of a surgical assistant?	
1	Not relevant at all
2	Somewhat irrelevant
3	Somewhat relevant
4	Very relevant

Demographic Characteristics of Interest

Demographic questions added to the survey to determine the characteristics of the target population. These demographic variables included Age, Region of Practice Location, Professional Role, Type of Training, Education Level, and Additional Credentials held. Demographic information was discussed with the SMEs to determine the demographic questions to include in the survey, which incorporated the experience of surgical assistants in the field.

Survey Delivery

The survey used to gather SME feedback was not pilot tested. SMEs reviewed the survey questions based on surveys used in previous years, and no changes were made to the questions. The finalized survey was reviewed and published using SurveyMonkey for distribution and data collection. The URL to the survey was then disseminated, with an email invitation to 4282 ABSA active certified professionals identified by the ABSA. The survey was active for 17 days before the data was accessed for analysis. Out of the 4,282 emails sent, 74 (1.7%) emails were bounced back, 35 (0.8%) individuals opted out, 649 (79.7%) total complete responses, and 165 (20.3%) partial responses.

Demographics

The first section represents a summary of the demographic questions asked on the survey. The second section presents descriptive statistics related to the task analysis questions. These results include average Importance, average Frequency, and the different combined metrics (e.g., Importance x Frequency, Importance + Frequency) for each task statement.

The SMEs reviewed the demographics of the respondents and agreed that the make up of the respondents is representative of the population.

Employment Type, Years of Experience and Work Location

The primary employment type and years of experience of the sample is shown in Table 5. As can be seen, most of the individuals responded that their primary employment type was in a Hospital/Medical Center.

Table 5. Primary Employment Type

Primary Employment Type	# Responses	Percent
Hospital/Medical Center	367	56.81%
Self Employed	128	19.81%
Private Physician Practice	112	17.34%
Ambulatory Surgical Center	106	16.41%
Surgical Assistant Group	77	11.92%
Not employed at this time	26	4.02%
Staffing Agency	26	4.02%
Military/Government Practice	8	0.77%

Region

Respondents from the survey were distributed across the United States, with the largest portion of the sample coming from the South.

Table 6. Region

Region	#	Percent
South (AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, SC, TN, TX, VA, WV)	413	64.13%
Midwest (IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, OK, SD, WI)	132	20.50%
West (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY)	54	8.39%
Northeast (CT, MA, ME, NH, NJ, NY, PA, RI, VT)	27	4.19%
Outside of the United States of America	18	2.80%

Education, Training and Credentials Held

In this sample, most respondents indicated that they held a Medical Degree (39.97%). One hundred and ten respondents indicated they held a graduate degree and above (Master’s or Ph.D.). Only about 2% of the sample indicated that they only had a High School diploma (Table 7).

Table 7: Education distribution

Education	# Responses	Percent
Medical Degree	257	39.97%
Bachelor’s Degree	90	14.00%

Associate's Degree	87	13.53%
Some College	85	13.22%
Doctoral Degree	64	9.95%
Master's Degree	46	7.15%
High School Diploma	14	2.18%

In the type of training sample, most respondents indicated that they were trained in Medical School. The next largest group in the training distribution was on-the-job experience. Approximately 15% of the same went through a formal CAAHEP training program whereas 12% reported that they went through a Non-CAAHEP training program.

Table 8. Type of Training Program

Training	# Responses	Percent
Medical School	328	50.62%
On-the-Job Experience	127	19.60%
Formal surgical assistant training program (CAAHEP)	99	15.28%
Formal surgical assistant training program (Non-CAAHEP)	76	11.73%
Military Training Program	18	2.78%

When asked about what type of other credentials the respondents had, over 50% said they held a medical degree. Approximately 30% of the respondents indicated that they held a Surgical Technologists certificate.

Table 9: Additional Credential Held

Credential	# Responses	Percent
Doctor of Medicine	313	50.57%
Surgical Technologist	188	30.37%
Other	142	22.94%
CSA	90	14.54%
CSFA	69	11.15%
Registered Nurse	53	8.56%
Physician Assistant	28	4.52%
Licensed Practice Nurse	18	2.91%

Age

Table 10 presents the Age breakdown of the individuals that responded to the survey. The majority of the sample was above 36 years old, with those indicating they were older than 56 being the largest group across the respondents.

Table 10. Age distribution

Age	# Responses	Percent
25 and under	2	0.31%
26 - 35	57	8.85%
36 - 45	160	24.84%
46 - 55	191	29.66%
56 and older	234	36.34%

Surgical Specializations

Included in the survey there were seven task statements that asked the respondents to estimate the amount of time they spent in a month performing specific tasks for various surgical specialties, Table 11. In addition, the survey asked about the relevance of the same tasks for the same surgical specialties, Table 12. This information was important to ABSA as it is helpful to understand which generalizable tasks and knowledge statements can also be attributed to further specializations. It is helpful to understand at a general level the time that is spent by surgical assistants across specialties to make sure the appropriate content, and amount of content, is asked on the exam.

Table 11: Frequency Score – by Surgery Type

Frequency of Surgery	Never	<25%	26%-50%	51%-75%	>76%
General surgery	17.16%	17.30%	17.30%	14.37%	33.28%
Orthopedic surgery	23.38%	15.15%	15.15%	11.76%	34.71%
Gynecological surgery	28.76%	21.24%	21.24%	13.57%	22.86%
Neurosurgery	48.02%	22.91%	22.91%	8.37%	14.24%
Cardiac surgery	69.58%	13.95%	13.95%	4.75%	8.90%
Vascular surgery	42.10%	25.11%	25.11%	10.19%	14.18%
Urological surgery	39.06%	25.70%	25.70%	12.63%	12.48%
Robotic assisted surgery	35.74%	16.62%	16.62%	10.59%	26.18%
Bariatric Surgery	50.96%	21.35%	21.35%	8.69%	10.75%
Plastics/Reconstructive Surgery	25.95%	22.43%	22.43%	14.08%	26.25%
Transplant Surgery	75.33%	12.41%	12.41%	4.28%	5.76%
ENT Surgery	50.00%	25.96%	25.96%	9.59%	8.55%

Table 12: Relevancy Score – by Surgery Type

Relevancy of Surgery	Not relevant	Somewhat Irrelevant	Somewhat Relevant	Very Relevant
General surgery	3.64%	1.02%	7.43%	87.90%
Orthopedic surgery	5.40%	3.07%	10.95%	80.58%
Gynecological surgery	5.41%	3.51%	12.57%	78.51%
Neurosurgery	9.54%	4.99%	18.06%	67.40%
Cardiac surgery	14.01%	6.86%	17.23%	61.90%
Vascular surgery	8.47%	6.42%	17.37%	67.74%
Urological surgery	7.31%	6.14%	18.42%	68.13%
Robotic assisted surgery	8.19%	4.09%	13.30%	74.42%
Bariatric Surgery	11.42%	6.30%	19.77%	62.52%
Plastics/Reconstructive Surgery	5.83%	4.81%	16.62%	72.74%
Transplant Surgery	16.98%	6.88%	18.30%	57.83%
ENT Surgery	12.54%	5.54%	21.57%	60.35%

Tables 13 & 14 represent the Criticality Score across the sample in response to the estimated time and relevance in the respective specializations. To determine the Criticality Score, the Importance Score was multiplied by two and added to the Frequency Rating (i.e., Importance Rating = 651, Frequency Rating = 454, computes to $(651 \times 2) + 454 = 1756$). As can be seen from the graph, most respondents assist in General Surgery, Orthopedics, Plastic Surgery and Gynecological Surgery, with respondents indicating that they spend the least amount of time assisting in Transplant Surgery, Cardiac Surgery, and ENT Surgery.

Table 13: Criticality Score – by Surgery Type

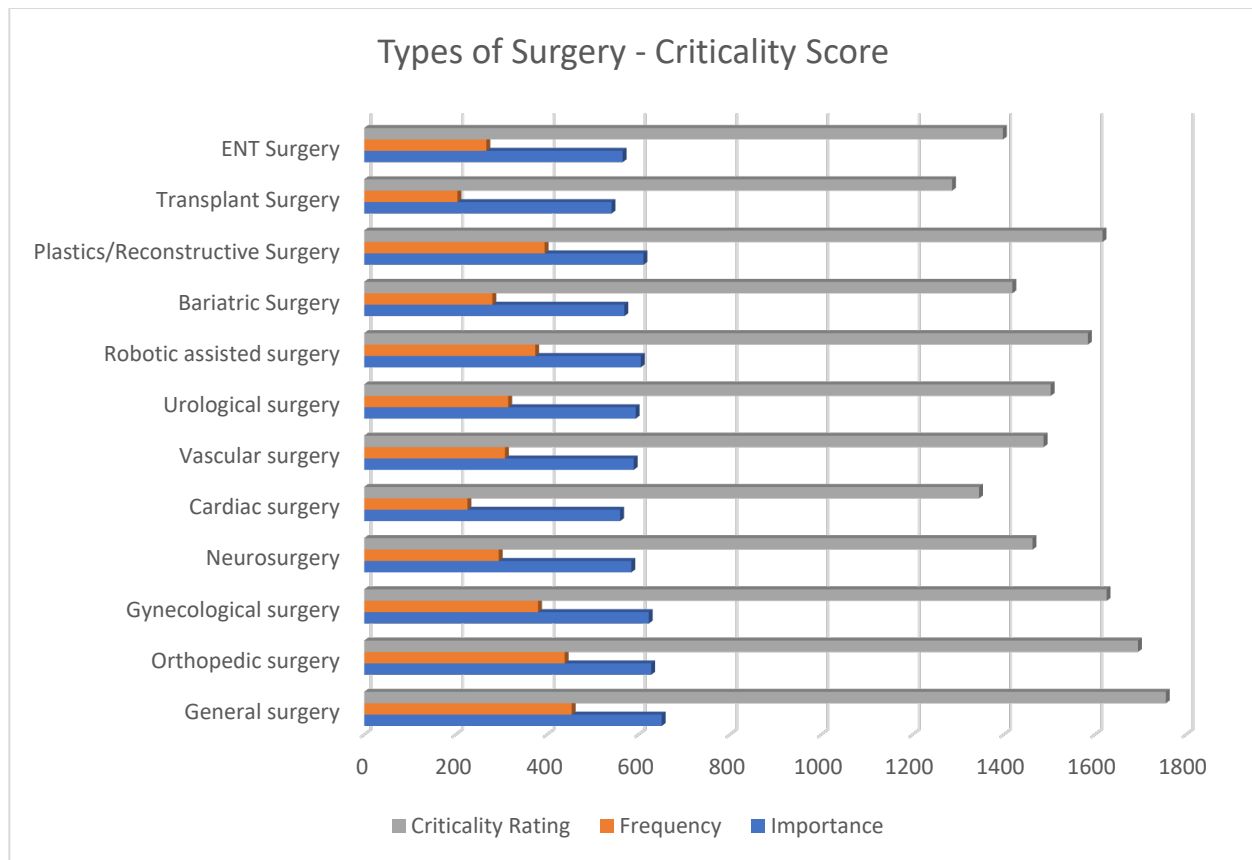


Table 14: Criticality Score – by Surgery Type

Types of Surgery	Importance	Frequency	Criticality Rating
General surgery	651	454	1756
Orthopedic surgery	628	438.6	1694.6
Gynecological surgery	622.75	380.4	1625.9
Neurosurgery	584.5	294.2	1463.2
Cardiac surgery	560	225.8	1345.8
Vascular surgery	589.75	308	1487.5
Urological surgery	594	315	1503
Robotic assisted surgery	605.25	374.2	1584.7
Bariatric Surgery	569.25	280.4	1418.9
Plastics/Reconstructive Surgery	611	394.8	1616.8
Transplant Surgery	541.25	204	1286.5
ENT Surgery	565.5	267.2	1398.2

Appendix A is attached and contains three tabs detailing the Survey Results, the Criticality Ratings for each of the tasks surveyed, and the resulting Blueprint.

Summary

This report presents a job task analysis conducted by the American Board of Surgical Assistants (ABSA) for the Surgical Assistant - Certified exam. The study aimed to compile a complete list of tasks performed by Surgical First Assistants (SA-C) to evaluate their importance and frequency within the role.

The study began by identifying exam content domains. Subject matter experts then created a comprehensive list of tasks relevant to the Surgical First Assistant role, informed by job analysis data. After finalizing the list, a survey asked respondents to rate each task's importance and frequency. The survey results, including key demographic data, were then analyzed.

The demographic data showed that the sample accurately reflected the target population. Analysis of the importance and frequency (I x F) of tasks across different areas revealed that Perioperative and General Surgical and Medical Knowledge were the most significant according to the model.

In the Perioperative domain, when evaluating the average importance and average frequencies by sub-domain (Preoperative, Operative and Postoperative), there were more overall tasks within the Operative domain than the other two areas.

The results of this job task analysis are intended to determine which tasks will be included in the Surgical Assistant - Certified certification exam and to set the relative weights for each finalized domain.



Exam Committee Meeting

Date | time 01/21/2025 6:00 PM | *Location* Zoom

Meeting called by Veronica Stewart

Type of meeting Item Writing

Facilitator Veronica/Susan

Note taker Veronica Stewart

Timekeeper

Attendees: Paul, Veronica, Susan, Ronald, Ari, Dusko

Agenda Items

Topic	Time allotted
☐ Introduction	5 min
☐ 2025 JTA	60 min
☐ Closing	5 min

Other Information

Notes:

- a. The ABSA exam aims to test and validate the knowledge of a MQC in the field of surgical assisting.
 - As defined in the Policy and procedures manual page 7
- b. Create a new exam every 2 years, keep items fresh, and avoid item harvesting
- c. A survey will be sent to all active certificates of ABSA
- d. 2023 JTA had 24 items – should keep less than 50 closer to 30 for 2025
- e. Update blueprint with results from survey
- f. Assign jobs
- g. We will have a timeline to follow with due dates to stay on track
- h. Follow guidelines
- i. CARD review
- j. Psychometric review
- k. We will not have multiple forms we will have 1 form with randomized items based on difficulty level (more security)
- l. Process can take as much time as SME's have but we need to stay on track and follow timelines and deadlines
- m. SMEs will put in about 55 hours over the whole project

JTA Survey

- Frequency
 - Not at all
 - > 25%
 - 26-50%
 - 51-75%

- Greater than 75%
- Importance

- Not relevant at all
 - Somewhat irrelevant
 - Somewhat relevant
 - Very relevant
- Survey items
 - 1&2 – added AIDA question
 - 3&4 – ok
 - 5&6 – ok
 - 7&8 – ok
 - 9&10 – added skin graft
 - 11&12 – ok
 - 13&14 – added ENT
 - 15 – ok
 - 16 -ok
 - 17 – define 3 domains (perioperative, general surgical and medical knowledge, and professional practice knowledge)
 - 18 – ok
 - 19- ok
 - 20 – ok
 - 21 – ok
 - 22 – ok
 - 23 – added other
 - 24 – ok

The next SME meeting TBD after Susan and Veronica meet on 1/24 @2:30 to finalize and send out the survey