ARC-ST Communiqué

Chair's Message
By Joseph Long, CST, MPA, EdD

Is Quality Being Compromised via the Assigning of Elevated Grades? (Two of Three Papers Being Presented)

The literature over the past 50 years has established that higher grades continue to be assigned to students in both the secondary and post-secondary school settings. Is this a problem? Maybe not, as long as we are aware that this trend exists. Isn't everyone feeling better with the assigning of higher grades (students, parents, administrators, etc.)? Are students that much smarter than in years past? This could be debated. Clearly, more assessment tools are utilized today than in past practices; it's not one test or one paper which determines the student's final grade. We have taken a more holistic approach in dealing with the evaluation of students; we use tests, papers, quizzes, class projects, presentations, portfolios, participation, competencies, and even showing up and breathing (aka attendance) as part of the students overall evaluation. How about mastery learning? I better be careful here as I might get chastised should my superiors get a hold of this article. Mastery learning is clearly a misnomer; if someone needs 15 jumps to get over the bar, I call that meeting a minimal competency, not "mastery" learning. Mastery learning may be acceptable in some areas, but I hope this is not the case for the field of surgical technology; although rare, a few instances may apply. So, is quality being compromised via the assigning of elevated grades? Maybe, to a certain extent; but isn't this the way of our democratic society? What harm could be done?

First, let us define the customer and the product. As noted in the previous article, the student must not be viewed as the customer, where the customer is "always right"; everyone would be assigned excellent grades and no other stakeholders would be able to determine his or her level of knowledge-gained. The product may be viewed as the program itself or the student; in any case, the only entity deemed to be the customer would be the future employer. Due to higher grades being assigned, employers give less credence to educators' opinions than they do to other sources of information.

Future employer decisions may be giving less credence to grades; and for those institutions practicing grade inflation to the point where there is little if any distinction between students, employers may question the virtue and integrity of such institutions (Edwards, 2000). While employers have always expected graduates of institutions of higher learning to bring to the workforce the necessary hard skills, with the soft skills as an added hoped-for benefit, in today's workforce employers cannot even be sure if graduates are bringing the necessary hard skills to perform the entry level tasks required of the job (Edwards, 2000).

Secondly, is the assigning of elevated grades a concern? Is it a problem? And, if grade inflation is running rampant throughout academia, what if anything should be done about it? After all, this is a democratic society that encourages and supports liberal thinkers; maybe everything is alright as defined by the status quo. While grade inflation was initially viewed as an inherent byproduct of our democratic society (Lawler, 2001), other factors have come into play which have

further elevated the frequency and level of higher grades being assigned. Research in the area of grade inflation has led scholars to cite post-secondary administrative practices and the extensive use of student assessment of instructors as two primary causes of grade inflation on college campuses across the country (Edwards, 2000). According to Edwards (2000), "The existence of grade inflation over the past 30 years has been consistently documented along with some of its causes and effects. Chief among the causes are changes in university administrative practices and an increased use of student evaluations of faculty" (p. 538). When job security, promotions, tenure, raises, and the like, for instructors, are relied upon so heavily by his or her students' evaluation of him or her, too much credence has been given to this source, which has led to inaccurately assessing students' academic achievements; this appears to be exposing a primary cause of the phenomenon of grade inflation in our institutions of higher learning.

So, is it a problem? Many persons believe there is no problem; elevated grades reflect excellent teaching and exceptional student effort resulting from increased student self-esteem brought about by the dissemination of excellent grades (The New and Record, 1996). Some also contend that we should get rid of grades; norms are not healthy (The News and Record, 1996). Few would argue that restoring the C to its place of respect as the median would be as hard as making A the norm was easy. But, if grades are to remain, we will never view the C grade as a respected mean score; the A grade has become the norm (The News and Record, 1996).

Returning to more accurate assessment will only be realized when meaningful national standardized tests have been instituted, which lead to grade rationalization; where the most intelligent and hardest working students receive the recognition they deserve; that credit which they are missing out on, given our present system (The News and Record, 1996). Some instructors contend that by assigning an inflated grade, the student will perform better in his or her subsequent work, and the students' self-esteem shall also be elevated. According to one faculty member's response in a related study, "Nothing succeeds like success . . . giving higher grades is a good thing! It will lead to higher achievement, higher self-esteem, and more positive views toward education and work" (McSpirit, Chapman, Kopacz, and Jones, 2000, p. 107).

Maybe grades are on the rise solely due to brighter or better prepared students. Grade inflation, or the rise in overall grades, may just be an inherent byproduct of our society, which may carry little if any cause for concern. Instructors no longer need to differentiate between students and their successes or their weaknesses and shortcomings; we can now embrace universal excellence by all (Zirkel, 1997). Sad but true, this is what it appears to be coming to; with instructors not taking on the task to assess students appropriately, due to being over-worked or lazy, the path of least resistance seems to be the assigning of an A grade, or at least an inflated grade, to everyone (Lawler, 2001). Grading practices, along with success or failure, certainly do not appear to be today what they were in the recent past. "What is the extent of grade inflation in higher education? . . . what Yale officially refers to as 'upward grade homogenization'. . . .Many of us sense that grading is not what it used to be, and that in today's academy, the fear of failing has all but disappeared, and that making the dean's list is no longer a pipe dream for quite the average students" (Wilson, 1999, p. 38).

Some persons believe that instructors need to come to some consensus on the existence of the problem, causes and effects, if progress is going to be realized in this regard (McSpirit et al, 2000). "…there are many that still take a traditional stance on grading and blame new methods of classroom teaching for high grades and a lowering of academic standards. Yet, others write that new teaching and grading strategies can account for high grades, but rather than leading to a leveling of academic rigor, such teaching and grading practices, they argue, have raised the general level of understanding among the vast majority of students" (McSpirit et al, 2000, p. 111).

"Stripped of its rationalizations, grade inflation exists because it is simply easier for teachers to give high grades…easier on students, parents, administrators and certainly on teachers themselves. At Lake Wobegone, after all, everyone is not only above average, everyone is also happy and politically correct" (Zirkel, 1997, p. A15). Alas, not that much damage is really being done as a result of such a practice; everyone goes to school and everyone receives gold cords.

"And the second runner-up is…" Once upon a time there was a winner and a runner-up. Life was simple. Language had meaning. Today, we have runners-up to the power of n, whether it's the Miss America pageant or the local agricultural fair. I noticed the trend at the Monroe County Fair a decade ago: all pies in the apple pie competition received splendid rosettes. Even the most desiccated and malformed specimen warranted formal recognition. Bathing beauties or baked beauties, everyone is a winner in today's "feel-good" world. We're applauded for taking part, for expressing a view, for being inadequate, and

for failing. Mere participation now merits a prize.

It's pretty much the same in academia. We call it grade inflation. Students are crestfallen if awarded anything lower than a B+ for their course work, despite a B+ equating with "very good." But being "very good" is not good enough, if you've been raised on a diet of A's and the attendant belief that anything less is tantamount to failure. So, rather than deal with suicidal students and vague threats of litigation, we delude ourselves with the thought that Lake Wobegone can be replicated across the nation's campuses. We're all excellent, and the bell curve be damned! But there is a knock-on effect: bright students are clamoring for the introduction of a new grade, A++, to distinguish real merit from feel-good merit. The corrosive effect of this trend came home to me forcibly when my son announced proudly that he had (at elementary school) scored 103 on a test with a maximum (i.e., perfect) score of 100. We're launched on an inflationary spiral that insults common sense but is designed to make us feel good about ourselves. (Cronin, 2001, p. 70)

If you were asked if you assigned elevated grades, I would venture to say you would respond that you do not; so, most of your assessment tools are objective or utilize some type of rubric? I would bet you offer some means whereby subjective measures may be employed to ensure, at least to some degree, student success. What about pre-requisite courses? Are you finding students prepared for your classes upon arrival? Is it just at my school, or have you witnessed an overall major down-turn in students' writing skills? One of our goals is to see our students successfully pass the National Certification Exam for Surgical Technologists; thank goodness we have such a standardized tool to assess our students' entry level competency into the profession. But do we expect more of our graduates? I hope so! I hope we are training individuals which meet the cognitive, psychomotor, and most importantly in today's society, the afferent domain relative to their education and training, leading to valued, respected and productive professionals in the health care arena. Maybe elevated grades are okay as everyone appears to be happy with our present-day assessment practices. Maybe we just need to keep doing what we are doing and continue to maintain an awareness that such a phenomenon exists. Maybe the assigning of elevated grades could be viewed as a good thing.

List of References

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Dr. Long holds two degrees from the University of Michigan, with focuses on science, history, and public administration, along with a doctoral degree in Higher Education: Educational Leadership, from the University of Sarasota. In the past he has worked as a surgical technologist for 20 years at two different health care institutions, and he has also held a position as Dean of Health and Human Services for a private college. Today, he is the Academic Team Leader for the Surgical Technology Program at Lansing Community College in Lansing, Michigan, and is involved numerous committees and boards in support of the advancement of the surgical technology profession at various levels.

Calendar of Events

March 17-18, 2006: ARC-ST Board of Directors Meeting

April 20-22, 2006: CAAHEP Board of Directors Meeting and Annual Meeting of the Commission, Kansas City, MO

May 19, 2006: CAAHEP Board of Directors Conference Call (3:00 pm Eastern Time)

May 29-May 30, 2006: AST Instructor's Workshop, Las Vegas, NV

May 29-June 2, 2006: AST National Conference, Las Vegas, NV

September 22-23, 2006: ARC-ST Board of Directors Meeting

November 17, 2006: CAAHEP Board of Directors Conference Call (3:00 pm Eastern Time)

April 13-14, 2007: CAAHEP Annual Meeting, Orlando, FL

Executive Director's Corner
By Ronald Kruzel, CST, MA

Welcome to the spring edition of the *Communiqué*. First, I would like to express my appreciation to the educators that were in attendance at the AST Instructor's Forum in Tucson last month. I really appreciate your input on and perceptions related to the ARC-ST. I am pleased to report that there was an exceptional amount of positive feedback related to the organization and our efforts here in Denver.

The following is a synopsis of the ARC-ST update information as presented at the AST Instructor's Forum in Tucson. The purpose of the presentation was to provide an overview of the various project areas being revised and under development by ARC-ST staff. We feel very positive that the revision of existing processes as well as implementation of new projects will enable the ARC-ST to be more responsive and better address the needs of our institutions and programs.

- **Staffing Additions at the ARC-ST:** Three new staff members have been added since June of 2005. The ARC-ST is in the process of re-aligning staffing duties and responsibilities to better serve our programs through the spring of 2006.
- **ARC-ST** *Communiqué*: The ARC-ST newsletter will be published quarterly with two sent conventional mail and two e-mail. If you would like to have the newsletter sent to additional contacts (i.e. clinical affiliates, advisory members) please contact the ARC-ST.
- **ARC-ST Scholarship Program:** Consisting of three separate $1000 awards. Two scholarships designated for program instructional staff for advanced degrees or professional credentialing, one scholarship available for students. Details can be obtained at www.ast.org or by calling the ARC-ST. **Scholarship deadline is April 1, 2006.**
- **Program Director Orientation/Mentoring Project:** To provide orientation and support to new instructional staff. Program components to be included are educational opportunities in the areas of accreditation, program management, and curriculum development. The ARC-ST would like to partner with our more experienced program staff to assist in mentoring of new program staff.
- **PRR Review Panel:** Developed to address concerns related to the program review process. Initial meeting consisted of teams of experienced program directors, site visitors, and PRR readers working collaboratively with the ARC-ST staff. Initial assessment of the process indicates improved consistency in review, document revision, and improved communication.
- **Needs Assessment Revision Project:** Would require additional data from programs in the initial application process that supports the program start. Criteria to include more specific data to support program development and the program's ability to comply with outcomes based criteria.
- **ARC-ST Data Collection:** Survey development in the areas of outcomes based assessment instruments (December 2005); with future data collection on program expansion, instructional experience, and associate's degree development.
- **Website Revision:** Being done in conjunction with the IT and database project. Will improve web appearance, ease access to program resources, improve search capability, and improve discussion board capability.
- **Annual Report Update:** Regarding upcoming changes in the annual report submission process, please refer to the annual report update article in this edition of the *Communiqué*.

In closing, I would again like to express my appreciation for all of your efforts related to compliance with accreditation standards and providing quality education for your students. Our goal is to assist you and your programs in as many ways as possible in the accreditation process. I would like to invite you to the AST Instructor's Workshop May 29-30 in Las Vegas, Nevada. I look forward to meeting you and working with you on behalf of our students and our profession.

Reminder

If you have had changes in program personnel, please let us know.
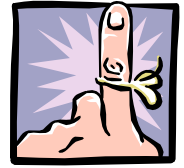
The *Standards* state that a "program must inform the ARC-ST within a reasonable period of time of changes in the positions of program director/coordinator or full-time surgical technology faculty."

If your program has had a change in said personnel, please notify the ARC-ST office in writing and include a current curriculum vitae, a schedule of responsibilities, and a current resume for each new employee.

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AST Annual Conference Caesars Palace, Las Vegas

AST has reserved a block of rooms at a special conference rate of $134 single or double occupancy, $154 triple occupancy and $174 quad occupancy. To take advantage of these great rates, reserve your room now. Reservations must be received before April 21, 2006. In the event that the rooms have sold out before the deadline, AST cannot guarantee that space will be available at these low rates. Phone toll free 800-634-6661; call direct at 702-731-7222. A one-night deposit is required to guarantee reservations.

Visit the AST website at http://www.ast.org/Content/Conference/Conference2006.htm for more information about the conference.

Update on the Subcommittee on Accreditation for Surgical Assisting (SASA)

By Ronald Kruzel, CST, MA

The SASA functions in cooperation with the ARC-ST as the sub-committee that works directly with each surgical assisting educational program in the accreditation process. The SASA assists surgical assisting programs through the initial accreditation process including initial application, submission of the self-study report, on-site evaluation, and subsequent SASA and ARC-ST follow up. The SASA meets one to two times a year to forward recommendations related to surgical assisting program accreditation on to the ARC-ST Board of Directors, and ultimately on to the Commission on Accreditation for Allied Health Education Programs (CAAHEP).

The specialized accreditation of programs in surgical assisting began in 2002, implementing standards of compliance that were developed by the sponsoring organizations. The SASA/ARC-ST is composed of representatives from the American College of Surgeons (ACS), Association of Surgical Technologists (AST), and the National Surgical Assistant Association (NSAA).

ACS, AST, and the NSAA cooperate to establish, maintain, and promote appropriate standards of quality for educational programs in surgical assisting and to provide recognition for educational programs that meet or exceed the Standards outlined in the *Standards and Guidelines for the Profession of Surgical Assisting*. The Standards are the minimum standards of quality used in accredited programs that prepare individuals to enter the profession of surgical assisting. The extent to which a program complies with the Standards determines its accreditation status; therefore the Standards constitute the minimum requirements to which an accredited program is held accountable. On

the basis of compliance with the Standards and the recommendation from the SASA and the ARC-ST, accreditation is granted by CAAHEP. CAAHEP, in cooperation with the SASA/ARC-ST, is recognized by the Council for Higher Education Accreditation (CHEA).

The SASA consists of two AST representatives, two NSAA representatives, and one Dean/Administrator appointed by the ARC-ST. In addition, one to two ARC-ST Board members participate on the SASA as a liaison between the SASA and the ARC-ST Board of Directors. Members of the SASA include:

Jeff Bidwell CST, CSA, MA	Chair
Steve Valand MS	Vice-Chair
Diane Gerardot CST, MA	Secretary/Treasurer
Stacey May CST	Member
Kathryn Mendoza PhD	Member

Institutions interested in acquiring information on CAAHEP accreditation of surgical assisting programs are encouraged to contact the SASA/ARC-ST at 303-694-9262 or via e-mail at cindy.collinsworth@arcst.org.

2006 CAAHEP Annual Meeting

April 21-22, 2006

Kansas City Marriott • Country Club Plaza • 4445 Main • Kansas City, MO 64111 • Phone 816-531-3000

CAAHEP Meeting rate is $119 single or double.

The *Communiqué* is now accepting classified ads

- ❖ School events
- ❖ Instructor openings
- ❖ State Assembly events

Send your ad to ARC-ST, Attention: Elaine McFarlane, 6 West Dry Creek Circle, Suite 210, Littleton, CO 80120 or contact us via e-mail at elaine.mcfarlane@arcst.org.

ARC-ST Funds Scholarships

During AST's annual conference the ARC-ST has pledged $15,000 to be awarded as three $1,000 scholarships annually. The scholarship will be administered by the Foundation for Surgical Technology. Please visit the AST website (http://www.ast.org/Content/Education/Scholarships.htm) for further information. **Scholarship deadline is April 1, 2006.**

Annual Reporting Update

By Cindy Collinsworth, BA

As mentioned in our Winter 2005 newsletter, the ARC-ST is in the midst of revising and updating the annual reporting process into a system that is more concise, user friendly, and continually relevant. Since August 2005 we have been in the midst of a major database, E-Reporting format, and website overhaul. The ARC-ST will be launching the new E-Report format on April 1, 2006. In addition, all E-report and annual reporting instructions will be mailed to the April 1 reporting programs on April 1, 2006. As a result, the April 1, 2006 reporting date has been extended to May 1, 2006. We do not anticipate that there will be any loss of data but we want to ensure that there are as few transitional issues as possible. Therefore, we are requesting that programs do not use the E-Report until after the April 1st release. Other than a few minor administrative changes, the ARC-ST will not be significantly changing the annual reporting format for 2006.

One major change is that programs will no longer be reporting on their own academic/fiscal years. All programs will now report on the <u>ARC-ST Reporting Year</u> which will begin on <u>August 1 and end on July 31st</u>. Therefore, all programs submitting reports in April 2006 will report according to the follow ARC-ST Reporting years:

Section I: August 1, 2004 – July 31, 2005
Section II: August 1, 2003 – July 31, 2004

Please note that the Section II information is for one year prior to the information reported in Section I. This is to allow you the time you need to send out and gather graduate placement and graduate and employer survey information required. ARC-ST recommendations for gathering information are as follows:

Graduate Placement Data:
Approximately one year post graduation.

Employer Survey Distribution:
Approximately nine months to one year post graduation.

Graduate Survey Distribution:
Approximately six months post graduation.

Make a Note of It

ARC-ST e-mail addresses have changed:
Ronald Kruzel: ronald.kruzel@arcst.org
Cindy Collinsworth: cindy.collinsworth@arcst.org
Elaine McFarlane: elaine.mcfarlane@arcst.org
Charlotte Collinsworth: charlotte.collinsworth@arcst.org

A second major change is that the E-Report will allow programs to report data from either the 4th or 5th edition of the Program Assessment Exam (PAE). You will be able to easily identify which edition of the PAE your program administered because the objective areas have been changed in the 5th edition of the exam. Therefore, your Score Summary Report will provide direction as to which reporting format to use on the E-Report.

Finally, in January 2007, the ARC-ST will be transitioning to one reporting period. Based on feedback from many surgical technology programs as well as based on a review of the current reporting system, we believe that implementing one reporting period will provide more consistency in reporting amongst all of the programs. Currently April 1 programs report information one year prior to the October 1 programs. Beginning in January 2007, all programs will be reporting on the same ARC-ST Reporting Year. All programs will be notified of the process and procedure for this transition by June 30, 2006.

Thank You Site Visitors!

Julia Bannon
Van Bates
Christina Baumer
Jeff Bidwell
Liz Boatwright
Ruth Ann Briggs
Pam Buff
Cindy Calcaterra
Lorrie Campbell
Phil Carlock
Lynda Custer
Mauro Valente da Fonte
Wanda Dantzler
Diane Gerardot
Dana Grafft
Terri Grell
Carol Hoover
Jeannie Hurd
Nancy Krupinski
Kathy Lee
Joe Long
Tony Makin
Bonita McCoy

Ann McGuiness
Libby McNaron
Kathryn Mendoza
Janet Milligan
Keith Orloff
Regena Pardon
Karen Powell
John Ratliff
Lisa Reed
Jim Richey
Betty Roberts
Emily Rogers
Dorothy Rothgery
Deborah Scott
Betsy Slagle
Ann Smith
Kathy Snyder
Christallia Starks
Joyce Tate
Stella Trimble
Jeff Ware
Roy Zacharias

You made our 2005 site visits a success!

Standard Review and Interpretation

By Cindy Collinsworth, BA

Standard II.A. There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, the public, and nationally accepted standards of roles and functions. Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

When a sponsoring institution applies to obtain surgical technology program accreditation, it must demonstrate that it has performed a "Needs Assessment" by surveying the employers and other communities of interest to demonstrate a need for the program. This assessment must also be performed on a regular basis to demonstrate the continued need and to justify the enrollment capacity of the program. In addition, the program must be able to readily provide a surgical technology program statement of goals and outcomes. General, overarching goals are necessary for the overall vision of the program; however, the program must provide goals that are specific and that clearly identify the program's intent and plan of action for both implementation and evaluation of the program. In addition, defined goals must clearly include the cognitive, psychomotor, and affective learning domains as well as demonstrate responsiveness to the needs and expectation of the various communities of interest. Sample goal and outcome statements are available by request at cindy.collinsworth@arcst.org.

PAE Rankings for 2004-2005

The PAE National Stats are posted on the PAE website: www.astpae.org.

1   Community College of Southern Nevada
2   Athens Technical Institute
3   Cisco Junior College
4   Tennessee Technology Center – Crossville
5   Glendale Career College – Glendale
6   Wayne County Community College
7   Gulf Coast Community College
8   Danbury Hospital of Surgical Technology
9   Newbridge College
10 Western Wisconsin Technnical College
11 Tennessee Technology Center – Paris
     Lurleen B. Wallace Community College
     Augusta Technical College
     Boise State University
     Rochester Community & Technical College
12 Spartanburg Technical College
13 Premiere Career College
14 Montgomery College
     Ivy Tech State College – Michigan City
     Seward County Community College
     Great Plains Technology Center
15 Chattanooga State Community College
     Sanford Brown Institute - Iselin
16 Griffin Technical College
     Piedmont Technical College - Greenwood
     Central Florida Institute

     Central Florida Community College
     Sandhills Community College
17 Southern University at Shreveport
     Tennessee Technology Center -Murfreesboro
18 Florence –Darling ton Technical College
19 Nevada Career Institute
20 Dartmouth Hitchcock Medical Center
     Indian River Community College
     Northwest Technical Institute