



ARC-ST Communiqué

September
2007

Accreditation Review Committee on Education in Surgical Technology

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Sponsored by the Association of Surgical Technologists and The American College of Surgeons

Chair's Message

By Julia Jackson, CST, MEd, FAST

Purpose of this article:

Standard IV, which requires core indicator outcomes implementation, analysis, and reporting, is a critical aspect of Surgical Technology assessment planning. An understanding of the components and applications of the standard is essential in outcomes based accreditation and reporting. This article will provide definitions of terms associated with Standard IV: assessment, accreditation, and the ARC-ST interpretation of Standard IV.B.I and IV.B.II, in an attempt to clarify the expectations and CAAHEP compliance requirements for all stakeholders in the CAAHEP outcomes-based accreditation process.

Glossary of Terms:

Action Plan: A scheme, program, or method worked out beforehand for the accomplishment of an objective. A proposed or tentative project or course of action. A systematic arrangement of elements or important parts; a configuration or outline. Surgical Technology action plans relative to outcomes data that is below established thresholds should describe the problem, the proposed plan for improving outcomes and increasing student performance to meet thresholds as appropriate. Action plans are specific and should include timelines with initiatives/practices that the program will implement in an attempt to increase outcomes (<http://www.thefreedictionary.com/plan>).

Assessment: In an educational context, the process of observing learning; describing, collecting, recording, scoring, and interpreting information about a student's or one's own learning. At its most useful, assessment is an episode in the learning process; part of reflection and autobiographical understanding of progress, which should result in discussion, decision, and actions based on the data analysis. Also referred to as data driven decision-making (serc.carleton.edu/introgeo/assessment/glossary.html).

Assessment Plan: A document that is developed to document the assessment processes of a program. The assessment plan should be revised annually based on the previous year's assessment process. Assessment plans should include, but are not limited to, the following: description of program, its accreditation body, and of the role of the graduate in professional practice. Institutional mission statement, program goal statement, program outcomes, how the program outcomes relate to the mission of the institution, focus questions for the future which need to be supported by data, where outcomes are addressed (didactic, clinical experience, etc.), assessment tools, schedules for assessment, timelines, thresholds, criteria, and activities, description of data collection, description of data analysis, stakeholders, evaluation of assessment tools and activities.

Capstone Course: "Learning expectations of students should increase with their advancement through a curriculum. A capstone course might be designed that makes use of the increasing complexity of student learning when the end of the process of instruction is reached. The course uses cumulative learning, after all previous courses and objectives have been met, to relate to more than single concepts; the course draws upon the whole of the learning experience" (<http://users.etown.edu/m/moorerc/capstone.html>). Formal assessment of program outcomes and summative assessment measures, such as the PAE and final projects/presentations are commonly associated with these courses.

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Holiday Schedule

The ARC-ST office will be closed on the following dates:

September 3, 2007

November 22-23, 2007

December 24-25, 2007

January 1, 2008

Direct Measure: Form of assessment that directly measures student learning or performance; the student produces a product or demonstration of learning. Examples include competency check offs, capstone projects, papers, and oral presentations.

Indirect Measure: Form of assessment that indirectly measures student learning or performance. Someone other than the student produces demonstration of student learning. Examples include employer surveys and advisory board feedback.

Formative Assessment: Assessment measures used to evaluate student learning to build, change, or revise instructional design of a course or curriculum. Examples include questioning, surveys, exams, and discussion.

Outcomes Indicators: Assessment tools (data collection and measurement tools) that are standardized (the same for all who use them) and used to measure assessment results or “outcomes.” Indicators should be linked to an aspect of the program, curriculum, and its planning process. Indicators must be standardized or they are not measuring the same thing among programs or graduates. Data reflected in these indicators gathered over a period of time is called trending. The CAAHEP required assessment outcomes indicators are retention, graduate placement (employment), PAE scores, graduate surveys, and employer surveys.

Program Planning: An extension of strategic planning on a program level. Institution strategic plan must be in place in order to carry out program planning. The program plan involves relating the program decisions and actions to the

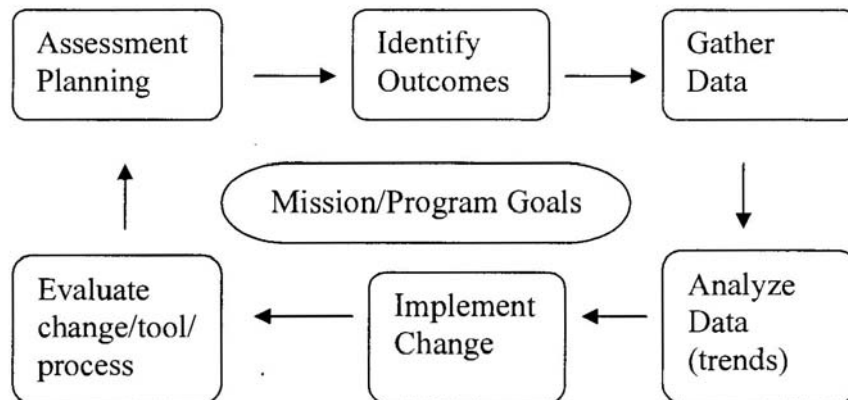
overall strategic plan of the institution. In addition, it is the means by which a program looks to the future and documents its goals, initiatives, and their respective measurement criteria, such as timelines and thresholds. Program planning is directly linked to assessment, as decisions should be data driven; assessment is part of the planning process as it provides much of the data related to program operations.

Standardized Assessment. In a standardized assessment, an objective measure is given and scored in a uniform manner. Assessments are issued with a manual giving complete guidelines for administration and scoring. The purpose of standardization is to ensure that all students are assessed under the same conditions so that their scores have the same meaning and are not influenced by differing conditions (<http://www.baker.edu>).

Summative Assessment: Assessment measures used to evaluate, revise or change a program or processes related to student learning. These tools are end result (big picture) indicators that are mapped to curricular content and program outcomes. Examples are the PAE, capstone projects, employer and graduate surveys, retention, graduate placement, and the national certification exam.

Trending: Using data, which is gathered and analyzed over a period of time, usually 3–5 years in the program planning process. Trending allows a program to identify areas for growth as well as areas of strength. Isolated data, based on one year’s results etc., is unreliable as data can be influenced by many variables; if outcomes are consistent over a period of time, then their reliability is strong.

The Assessment Cycle



Based on model created by P. Maki, 2004.

STANDARD IV.B. Outcomes Assessment

1. Outcomes Assessment

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessments include, but are not limited to: program assessment exam, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

Programmatic summative measures should contribute to assessing effectiveness in specific learning domains.

“Positive placement” means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/or serving in the military.

Surgical Technology Programs not meeting the established thresholds set by the ARC-ST will begin a dialogue with the ARC-ST to develop an appropriate plan of action to respond to the identified shortcomings.

2. Outcomes Reporting

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

ARC-ST Interpretation of IV.B.1 and IV.B.2:

This component of Standard IV requires that a program have outcomes indicators (tools, standardized exams, projects, presentations, portfolios, surveys) with thresholds (minimum scores, percentages, ratings, etc.) for measurement, as part of the assessment plan. The assessment plan should be reviewed annually and a report generated based on the outcomes measures data analysis. Outcomes indicators can be either direct or indirect measures. Assessing program outcomes is different than assessing course outcomes; program outcomes require summative assessment measures. All program outcomes should have an outcomes assessment indicator measurement tool to determine if the graduates are indeed meeting the outcomes established by the program and institution. This data should be shared with all stakeholders, including the advisory board. Table 1 (see page 4) lists the ARC-ST required core outcomes indicators, thresholds, classification, and supporting information related to gathering,

analyzing, and reporting outcomes data. This data must be reported in the program annual report and is verified during the random/continuing accreditation site visit process.

It is important to remember that outcomes must be measurable and should support the institution and program missions. Data must be meaningful; it should demonstrate student learning in one or more of the learning domains. Trending is an important aspect of outcomes based assessment. A trend is considered 3–5 years in outcomes assessment and one year’s data is not sufficient to drive curricular or program changes. A program must gather, analyze, and compare data across the trending period to determine if graduates are demonstrating intended learning experiences and outcomes. If a program falls below a threshold for one or more outcomes indicators, which must be reported as part of the annual report, an action plan is required and must be submitted with the data analysis and narrative. Although an action plan is required for each year’s report that reports insufficient performance, trending should be part of the action plan to effectively identify areas for growth and improvement in the program content and/or policies/procedures.

All programs must have outcomes data available for on-site accreditation visits, which must align with annual reports. Failure to submit an annual report or parts of the annual report will result in administrative probation for the program. If a program demonstrates continued insufficient, unacceptable, fraudulent, or inaccurate reporting, further accreditation actions (probation, withdrawal) may result.

References:

- American Association for Higher Education. (2003). 9 Principles of Good Practice for Assessing Student Learning. *AAHE Assessment Forum*. Retrieved 5/3/2005, available: <http://www.aahe.org/principl.htm>
- CAAHEP. (2004). *Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology*.
- Council for Higher Education Accreditation. (2002). *The Fundamentals of Accreditation: What do you need to know?* CHEA web site. Accessed 11/12/06. Available: <http://www.chea.org>
- Maki, P. (2004). *Assessing for Learning: Building a Sustainable Commitment Across The Institution*. Sterling, VA: Stylus Publishing in association with the American Association for Higher Education.
- Spanghel, S. (2000). Aligning Assessment, Academic Quality and Accreditation. *Assessment and Accountability Forum, North Central Association of Colleges and Schools, held summer 2000*. Available at: <http://www.aqip.org>
- What is Accreditation and why is it Important?* CAAHEP web site. Accessed 11/12/06. Available: <http://www.caahep.org>

Future Mailings

The *Communiqué* will be published three times a year. Two of those publications will be sent via e-mail. Please make sure we have your correct e-mail address so that you continue to receive each issue. Please e-mail elaine.mcfarlane@arcst.org if your e-mail address has changed. Please be sure to include your name and your school name so that we may update our database.

If you know of someone who would like to receive a copy of the *Communiqué* but is not currently on our mailing list, please send the information to the e-mail address listed above or contact us at (303) 694-9262.

Table 1. Required Core Indicators

1. Core Outcomes Indicator (Summative Assessment Measure)	2. Outcomes Assessment Threshold (Minimum Requirement)	3. Type of Measure	4. When to Measure	5. FYI
Program Assessment Exam (PAE)	All students must take the PAE <u>AND</u> All students to score in Sufficient Range or above.	Direct	Final semester/term of program* *Recommend no sooner than 4 weeks prior to graduation	This threshold does not refer to a class average; it refers to individual student scores.
Programmatic Retention/Attrition	70% of students that are admitted to the program taking core courses must graduate/complete	Indirect	Upon graduation/program completion* *Should be measured from the point in which students/cohorts begin core ST courses through graduation. $\frac{\# \text{ of students admitted [into first core course(s)]}}{\# \text{ of students graduated}} = \text{retention rate } \%$	Multiple start programs: Each group/cohort must be designated and reported separately.
Graduate Satisfaction	50% return rate for surveys <u>AND</u> 85% of the returned surveys rating the program at a 3 or higher on a 5 point scale.	Indirect	Not sooner than 6 months after graduation	The satisfaction rating is the percentage of returned surveys must have 85% of the questions rated 3 or higher on the 5 point Likert scale.
Employer Satisfaction	50% return rate for surveys <u>AND</u> 85% of the returned surveys rating the program at a 3 or higher on a 5 point scale.	Indirect	Not sooner than 9 months after graduate is employed	The satisfaction rating is the percentage of returned surveys must have 85% of the questions rated 3 or higher on the 5 point Likert scale.
Job (positive) Placement (employment)	80% of graduates seeking employment must be employed in a field related to surgical technology	Indirect	1 year after graduation	Graduates who are not seeking employment should not be counted in the overall graduate placement count.

Executive Director's Corner

By Keith R. Orloff, CST, FAST

I am delighted to join the ARC-ST team and to serve in the role of Executive Director on behalf of the Board of Directors and the accreditation services staff. I can think of no more important work than that of programmatic accreditation for surgical technology and surgical assisting at this point in my career in education, which I have enjoyed for more than 25 years.

And, I am acutely aware of the deep footprint my predecessor, Ron Kruzel, CST, MA, leaves in which I follow and from which a natural jumping-off point exists as I move forward in welcoming the myriad of challenges inherent in this opportunity to serve. For those who know and have worked with him, clearly, his truly are great shoes to fill.

In my association with both the ARC-ST and CAAHEP, I have been and will remain focused in my commitment to their collaborative mission of providing world-class recognition for quality surgical technology education to the student, educator, and regulatory and health-care consumer communities through programmatic accreditation services. In other words, recognition based upon the achievement of the *gold standard* of programmatic accreditation in the healthcare professions—CAAHEP accreditation in collaboration with the ARC-ST.

As with the ARC-ST Board of Directors, I too see a future for programmatic accreditation that is filled with positives for all of the communities we serve; one not without bumps in the road. Specialty accrediting agencies, like the ARC-ST, are on the cusp of a quantum shift in oversight, from the perspective of external regulatory (governmental) and internal professional (specialty practice) demands, with consequences likely to impact both the accreditors and the professions they influence at the entry-level of practice. It is precisely this climate of renewed focus on traditional accreditation models that fuels greater interest in the process and benefits of programmatic accreditation, which in surgical technology and surgical assisting has never been more in demand.

To optimally serve the needs of all stake-holders in the surgical technology and surgical assisting communities, the ARC-ST must offer not only evidence-based accreditation services to our clients, but we must transition to an outcomes-based operation not dissimilar to that demanded of our client programs/institutions. This does not mean the elimination of essential processes with which our clients have become familiar, just the assurance that they meet the test of desired outcomes.

Clearly, there will be a need for ongoing self-assessment, planning and the potential for significant and consequential changes ahead. Outcomes-based accreditation mandates that programs and their sponsoring higher education institutions be well prepared. This applies no less as well to the ARC-ST staff in providing accreditation services. To that end, preparedness will be a prime focus of the ARC-ST office and will include outreach efforts directed towards our client and non-client programs/institutions, and other stake-holders as part of the communities we serve.

These outreach efforts will include strategic marketing and bridge-building to national and regional institutional accreditors consistent with the Board of Directors guidance, providing accreditation-related educational resources to programs, as well as service-oriented professional development for our staff.

Logically, the issues the ARC-ST Board of Directors and support staff will address in the near term, to ensure maintenance of the *gold standard* in surgical technology education, will be demanding and exciting but with great consequence for the future. In the final analysis, no issue the staff addresses is without potential for impact, positive or negative, on the overall success of the ARC-ST mission.

Focused on the future, I look forward to working with everyone toward the fulfillment of the ARC-ST mission.

Subcommittee on Accreditation for Surgical Assisting (SASA)

Members

Diane Gerardot, CST, MA
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Stacey May, CST
Lubbock, Texas

Clinton Crews, MPH
Norfolk, Virginia

David Jennette, CSA
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Make a Note of It

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Advisory Committee Public Member Definition

The public member for the surgical technology program's advisory committee holds a duty to represent the interests of the patient that may come under the care of the surgical technologist, and therefore has a vested interest in the proper education of the surgical technologist for quality patient care. The public member must not be a current or former employee of the sponsoring institution, nor a current or former employee of any clinical affiliation associated with the program. The public member must not be a current or former student of the surgical technology program.

The ARC-ST would like to recognize Julia Bannon for her years of service and contribution to the success of the ARC-ST. Julia has served in the role of ARC-ST on-site evaluator since the mid- to late-1980s and has served as a mentor to numerous new on-site evaluators. In the early 2000s Julia was key in assisting the ARC-ST through a rapid-growth transition as she performed approximately one site visit (and even two site visits a month) if she was needed. Julia also served as a member of a Program Review Report (PRR) panel in 2005. Julia has been a continued advocate and friend of the surgical technology community. The ARC-ST will miss Julia and wishes her a blessed and peaceful retirement. Thank you Julia!!

Process, Procedure, and Reporting for Standard III.A. (Part I)

By Cindy Collinsworth, BA

The following is part one of a synopsis of the process, procedure, and reporting requirements for all aspects of Standard III.A. This synopsis has been developed based on questions most frequently asked as well as issues and citations most frequently identified for Standard III.A. The intention of this article is to provide practical insight and perspective into the ARC-ST requirements for this Standard.

The ARC-ST would like to continue to commend each CAAHEP accredited surgical technology program for your ongoing commitment to excellence in surgical technology education and we would like to offer best wishes as you continue to grow and develop each of your surgical technology programs in each of these areas.

Please do not hesitate to contact the ARC-ST office with questions regarding any of the information provided below.

Standard III.A. Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to: faculty, clerical/support staff, curriculum, finances, offices, classroom/laboratory facilities, ancillary student facilities, clinical affiliations, equipment/supplies, computer resources, instructional reference materials, and faculty/staff continuing education. *The student to instructor ratio for laboratory instruction should be no more than 12:1.*

Each program must have sufficient resources to help ensure the educational success of the student. These resources must include but are not limited to the follow:

Faculty resources:

Standard III.B. requires that the "The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes."

- Program Director Requirements: This person must be full time and must have a surgical technology specific credential that is accredited by the National Commission Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain. This person must also have a minimum of three years of current experience in the operating room in the scrub role or three years of current experience as an instructor of surgical technology.
- Clinical Coordinator Requirements: This person must have a surgical technology specific

credential that is accredited by the National Commission Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain. This person must also have a minimum of one year of current experience in the operating room in the scrub role or one year of current experience as an instructor of surgical technology.

- Didactic/Clinical Core Instructor: This person must have a surgical technology specific credential that is accredited by the National Commission Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain. There is no minimum experience requirement for this position.

In addition to the requirements defined in Standard III.B. for any surgical technology program faculty/staff position, the individual appointed as program director must also meet the requirements defined by the sponsoring institution for this position.

The only surgical technology-specific credentials that are accredited by the NCCA are the Certified Surgical Technologist (CST) credential and the joint Certified Surgical Technologist/Certified First Assistant (CST/CFA) credential.

Finally, please note that a non-core instructor does not have to be certified but he/she must meet the instructional requirements defined by the sponsoring institution. Non-core subjects include: Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, Microbiology, Physics, Robotics, Electricity, and Computers Skills. Non-core subjects may be taught by individuals who do not have the CST credential only if the above-defined content areas are not part of a course that includes Surgical Technology program core coursework.

Reporting Faculty Changes/Additions: Programs must report all faculty/staff changes to the ARC-ST. Changes in program director and faculty/staff should be reported to the ARC-ST within ten (10) days and no more than thirty (30) days of the change.

Information for program director and surgical technology program faculty/staff changes should be submitted to the ARC-ST in one of two ways: 1) If a new program director or faculty/staff member has been appointed, please submit an ARC-ST Curriculum Vitae form, an ARC-ST Schedule of Responsibilities form, a current Resume and Proof of Certification (either a copy of the certification card or

certificate). 2) If a new program faculty/staff member has been appointed that teaches “non-core” coursework (as defined above), then please submit an ARC-ST Curriculum Vitae form, an ARC-ST Schedule of Responsibilities form (that clearly specifies teaching assignments), and a résumé. If the individual has either the CST or CST/CFA credential, then a copy of proof of certification should be submitted.

When notifying the ARC-ST of a college administrator change such as a Dean/Administrator or President/CEO please submit the name, credentials, and contact information (address, phone, and e-mail) for the newly-appointed administrator. A curriculum vitae, schedule of responsibilities form, résumé, and proof of certification are not required for this position.

Please see future *ARC-ST Communiqué* editions for additional information on Standard III.B. requirements.

Clerical/Support Staff Resources

- Programs are required to have clerical/support staff as necessary. During surgical technology program review, programs must clearly specify what clerical/support staff is available to the program.

Reporting Clerical/Support Staff Changes/

Additions: Programs should report clerical/support staff changes to the ARC-ST office within 90 days of the change/addition. Information for clerical/support staff changes/additions may be reported to the ARC-ST by 1) submitting the name of the individual appointed; and 2) submitting an ARC-ST Schedule of Responsibilities form that specifies the total amount of time and duties dedicated to the surgical technology program.

Curriculum Resources

Standard III.C. states that “The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi describing learning goals, course objectives, and competencies required for graduation. The program must demonstrate by comparison that the curriculum offered meets or exceeds the content demands of the latest edition of the *Core Curriculum for Surgical Technology*.”

The program must have a curriculum and the curriculum content must include all requirements defined in the *Core Curriculum for Surgical Technology, 5th Edition*. Syllabi must include goals,

outcomes, and competencies for each course and must be consistent with advertised course descriptions and course lesson plans. The program must publish a minimum clinical case requirement for successful completion of the program. These clinical case requirements, defined in the *Core Curriculum for Surgical Technology, 5th Edition*, must be defined as either Minimum (80 Cases), Standard (125 cases) or Best (140 cases) and must meet the criteria for each classification as defined on the “Explanation of Clinical Case Requirements” sheet published as an addendum to the *Core Curriculum*. Student clinical case logs must specify the case types, case numbers, and student roles on each case. Ultimately, the clinical case log must demonstrate that students are meeting or exceeding the clinical case requirement for the program.

A copy of a model curriculum as well as other curriculum development resources are available at www.arcst.org and at http://www.ast.org/educators/educ_res.aspx. The information included on these websites is for information resource purposes only and are not endorsed by the ARC-ST as required curricular documents.

Reporting Curriculum Changes/Additions: Programs should report all curriculum changes/additions to the ARC-ST office within 90 days of the change. Curricular changes may be reported by 1) notifying the ARC-ST of the change/addition to be made, 2) submitting a comparison of the old and new curriculum component to be change, and 3) submitting copies of syllabi for all relevant curriculum changes.

Please see future *ARC-ST Communiqué* editions for additional information on Standard III.C. requirements.

*Create a definite plan for
carrying out your desire and
begin at once, whether you
are ready or not, to put this plan
into action.*

Napoleon Hill
American Author
(1883–1970)

Congratulations to the 2007 ARC-ST Scholarships Winners!!

At its April 2007 meeting, the ARC-ST Board of Directors awarded the following 2007 scholarships:

1. Lauren Ashworth, \$1000 Student Scholarship
2. Ann Tahah, \$1000 Advanced Education Educator Scholarship

There were no applications for the AAD Educators Scholarship so the ARC-ST delegated the unused monies to provide additional student scholarships as follows:

- | | | |
|------------------------------|------------------------------|-------------------------|
| 1. Claudia Crossley, \$200 | 3. Sarah Starr, \$200 | 5. Jamie Benedek, \$200 |
| 2. Jennifer Schiraldi, \$200 | 4. Alexandra Whitmore, \$200 | |

Below are some brief autobiographical descriptions of a few of the scholarship winners. Again, congratulations to the ARC-ST Scholarship Winners and Best of Wishes as you pursue your personal and professional goals!

Ann Tahah, LPN
 Director/Instructor
*Great Plains
 Technology Center
 Lawton, Oklahoma*

Scratch the surface of an excellent surgical technology program and you are likely to find an excellent instructor. Peer into a failing school and you will find weak leadership. That, at least, is the conventional wisdom. Leaders are thought to be essential for high-quality education. This philosophy is the driving force that influenced me to continue my goal to complete a Bachelor of Science degree in Education and ultimately a Master's degree in Health Occupation Education.

With each year in the educational field, my growing knowledge about education leadership has developed into a desire to achieve an advance education degree. This goal has given me the confidence to run for office in our professional teachers' organization. I currently hold the office of President of the Oklahoma Health Occupation Education Teachers' Association (OHOETA). This position has provided me with the opportunity to serve on committees such as the Oklahoma Career Technology Administrative Council (CTAC) and the Association for Career and Technical Education (ACTE) Membership Committee. In December 2006, I attended the National Association for Career Technical Education

Convention in Atlanta, Georgia. I was proud to represent Oklahoma as "Voting Delegate." Many critical decisions were made that impacted not only me as a teacher, but other educators across the United States. This experience opened my eyes and again challenged me to get more involved, not only on a local or state level, but also on a national level.

I recently was selected as the "2006 Oklahoma Health Occupation Teacher of the Year" and the "2006-2007 Region IV Health Occupation Teacher of the Year." The recipient of these awards has made significant contributions toward developing an innovative, unique, or novel program that is serving to improve and promote Career Tech. In receiving these awards, I believe that I have accomplished many of my goals. Along with these accomplishments, my program has received recognition from the Association of Surgical



Technologists as one of the "Top 20 PAE Elite Programs" for the last four years.

Educational leaders influence student learning by helping to promote visions and goals, and by insuring that resources and processes are in place to enable him/her to teach well. Again, I feel that I, as well as all Surgical Technology educators, have the responsibility to model the role of a professional and a leader. This leadership will provide direction to our students as well as achievement of his/her goals. I believe that the impact of good leadership may be difficult to determine, but the effects of poor leadership are easy to see. I strive to maintain the image of being a good leader with my students by staying abreast to changes in the Surgical Technology profession. Recently, I have been focusing on my students as potential leaders in the Surgical Technology profession and have encouraged my students to apply for our All School Leadership Program. I currently have three students who are actively participating and developing skills that will assist them in becoming our future leaders in the Surgical Technology profession.

Being the recipient of the ARC-ST Advance Educational Degree Scholarship will help me validate that I have successfully accomplished my goals to be an effective educational leader.



Loren Ashworth
 Student
*Baptist Health System School of
 Health
 Professions
 San Antonio, Texas*

I'm a 23 year-old Surgical Technology student. As a student, I get to see all the ins and outs of surgery. From the moment patients arrive in the OR through the duration of their surgery and up until the time



they exit the operating room doors, they are my responsibility. I am the patient's advocate. My clinical teachers do their best to rotate my classmates and me through almost all aspects of the operating room. This includes ob/gyn surgery, ENT (ear, nose, and throat) surgery, plastic surgery, neurosurgery, peripheral vascular surgery, and much more. So far, I've discovered that I'm most fascinated with

Congratulations to the 2007 ARC-ST Scholarships Winners!! *cont.*

orthopedics. The way the human body can be traumatically broken and then repaired with stitches and metal implants enchants me. The surgeons make their jobs look almost effortless, but surgery isn't something you can just learn from a textbook. With knowledge comes experience. Wisdom and comprehension are derived from proficiency. Understanding the whys, whens, and hows of the operating room is why I've decided to go to surgical technology school. These answers are detrimental to the care and safety of the patient as well as my success as a healthcare provider. When I graduate in December 2007, I am determined to finish with Honors. My goal for my academics is to continue to make the Dean's List and become the best surgical technologist that I can possibly be. After that, I'm going to embark on a strange and foreign journey called a "career." I'm one-hundred percent sure that I'll take the certification test for surgical technologists, but I don't want to limit my job options to the hospital operating room. In my heart, I feel that it would be unfair to confine myself *only* to the hospital. I've always been amazed with surgery, but as far as job opportunities go, I'm excited about doing anything. I absolutely can't wait to finally contribute and become part of

the growing medical field here in San Antonio.



Jamie Benedek
Student
Lock Haven University of Pennsylvania
Clearfield, Pennsylvania

I am currently a Surgical Technology student. I have always been interested in the human body and how it works, so becoming a surg tech allows me



to put this interest to use in a fast-paced, exciting career. My clinical experiences have also shown me how great it is to be a part of the health care team.

After completing my clinicals, I plan to work at DRMC,

our local hospital, as a CST and may eventually continue my education to become a Certified First Assistant.

I would like to thank ARC-ST for the scholarship and our instructor Ann McGuinness for her guidance.



Claudia Crossley
Student
Central Florida Institute
Palm Harbor, Florida

What a great education and privilege I had to go to college in Brazil. During my majoring in Orthoptics, my teachers were among the most renowned Ophthalmologists in Sao Paulo. Their passion soon rubbed off on me and I had found my professional calling, Ophthalmology, and especially eye surgery. Surgical Instrumentation in Ophthalmology was one of the required classes, and I felt very comfortable in the operating room immediately. I saw the operating room as a peaceful place. This impression probably came from observing the organization and cleanliness of the surgery center and from the knowledgeable, efficient work of each member of the surgical team. Each professional knew his role and their well-coordinated

interaction provided excellent treatment for the patient.

Upon coming to the US, I saw the importance of becoming certified. I enrolled in a CAAHEP-accredited program and immersed myself into the books. Since English is my second language, I made a point of reading all the material presented to me. Now I am better equipped to serve the surgical team I will soon join and the patients entrusted to our



care. In a few days I will be sitting for my CST exam.

Because patients deserve modern, high-quality care, surgical technologists should keep up with the latest advances in the field of surgery through continued education. I will do just that, but I still have my eye on ophthalmic procedures so my next goal will be to become a COA—Certified Ophthalmic Assistant.



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.

Calendar of Events

September 19-22, 2007: SASA and ARC-ST Board of Directors Meeting

November 16, 2007: CAAHEP Board of Directors Conference Call

February 8-10, 2008: Instructor's Forum, Memphis, TN

March/April 2008: ARC-ST Board of Directors Meeting

May 2008: CAAHEP Board of Directors Conference Call

May 20-24, 2008: AST Annual Conference, Orlando, FL

Schools That Have Received Initial Accreditation:

Congratulations to the following surgical technology programs that were granted accreditation at the March 2007 and May 2007 CAAHEP meetings. These programs have successfully completed the accreditation process and have met or exceeded the national standards outlined in the *Standards and Guidelines of an Accredited Educational Program in Surgical Technology*.

Surgical Technology:

Atlantic Cape Community College, Atlantic City, NJ
Career Networks Institute, Newport Beach, CA
Community Care College, Tulsa, OK
Concorde Career Institute, Lauderdale Lakes, FL
Coosa Valley Technical College, Rome, GA
Florida Metropolitan University, Tampa, FL
Indiana Business College-Medical Division, Indianapolis, IN
Keiser Career College, Miami Lakes, FL
Keiser Career College, St. Petersburg, FL
Keiser University, Port St. Lucie, FL
Maysville Community and Technical College, Maysville, KY
Miami-Jacobs Career College, Dayton, OH
Miller-Motte Technical College, Cary, NC
Miller-Motte Technical College, Lynchburg, VA
National College, Florence, KY
National College, Louisville, KY
Robeson Community College, Lumberton, NC

Schools That Have Received Continuing Accreditation:

Surgical Technology:

Del Mar College, Corpus Christi, TX
Delaware County Community College, Media, PA
Flathead Valley Community College, Kalispell, MT
Harrisburg Area Community College, Harrisburg, PA
Harrisburg Area Community College, Lancaster, PA
Houston Community College, Houston, TX
Paris Junior College, Paris, TX
Salt Lake Community College, West Jordan, UT
Scioto County Joint Vocational School, Lucasville, OH
Spencerian College, Louisville, KY
Tulsa Technology Center, Tulsa, OK
University of Arkansas, Ft. Smith, AR

Transfer of Sponsorship

Central Piedmont Community College, Charlotte, NC
(formerly Presbyterian Hospital School of Nursing)



Instructors' Forum 2008

February 8-10, 2008

Doubletree Hotel Memphis Downtown
185 Union Ave
Memphis, TN 38103

Reservations: 901-528-1800

*Mention group name, Association of Surgical Technologists,
and event name, 2008 Instructors' Forum*

Fax: 901-525-8509

Reservation deadline: January 15, 2008

Room rate: \$149/night, single and double occupancy

ARC-ST Sponsored Events:

Friday, February 8, 2008

8am – 12pm Fundamentals of Accreditation Workshop (4 CE's)

1 – 6 pm ARC-ST Site Visitor's Training (5 CE's)

For further information on the Instructors' Forum 2008 or to register, visit <http://www.ast.org/> or call AST at 800-637-7433, ext. 2514.

ON-SITE EVALUATORS NEEDED!

If you are a surgical technology program director, didactic/clinical instructor, clinical coordinator from a CAAHEP accredited program or a current surgical technologist, we would like to invite you to become an ARC-ST on-site evaluator. Attend the next **ARC-ST On-site Evaluator Training** (see Instructors Forum ad) to be eligible to apply. If you have attended an on-site evaluator training within the last year, please consider applying to become a visitor. On-site evaluator applications are available by request at cindy.collinsworth@arcst.org. Or please feel free to e-mail or call Cindy Collinsworth with any questions regarding the role and responsibilities of an on-site evaluator.

ARC-ST Schedule of Fees as of January 1, 2007 Surgical Technology Program

ARC-ST Accreditation Packet **\$75**

The ARC-ST Accreditation Packet (otherwise known as the Self Study packet) is should be ordered when a program is pursuing application for initial accreditation. Materials in this packet include miscellaneous accreditation process and procedure documentation as well as materials required for submission of the self study application.

Initial Application Fee **\$1200**

This initial application fee will apply to all schools who enter the initial accreditation process after January 1, 2007. All schools who have scheduled an on-site evaluation prior to January 1, 2007 will be responsible for the previously published initial application fee of \$750. This fee is due and must be submitted with the submission of the initial self-study application.

Initial On-Site Evaluation Fee **\$2500**

The initial on-site evaluation fee covers miscellaneous travel expenses incurred by the ARC-ST during the initial on-site evaluation. This fee is due and must be submitted with the submission of the initial self-study application.

Consultative Site Visit Fee **\$2500**

The consultative site visit fee covers miscellaneous travel expenses incurred by the ARC-ST during the consultative on-site evaluation. Please see the ARC-ST General Operating Procedures document to reference the circumstances when a consultative on-site evaluation is required. This fee is due and must be submitted at least one (1) month prior to the on-site evaluation.

Fees for the Random/Continuing on-site evaluations will continue to be included in the ARC-ST Annual Fee.

ARC-ST Annual Fee for Maintenance of Accreditation **\$1500**

(effective January 1, 2008)
This annual fee is due for all accredited surgical technology and surgical assisting programs. Programs will be invoiced between January and March of each year. (**Please note: CAAHEP invoices a \$450 dollar fee for the institution in May of each year).

Core Curriculum for Surgical Technology **\$150**

(available from AST's member services)
According to Standard III.C, program must meet or exceed the curricular requirements defined in this document.

CAAHEP Accreditation Fee **\$450**

This annual fee is separate from the ARC-ST fee of \$1500 and will be billed by CAAHEP in the month of May.

ARC-ST Approved Program-Assessment Exam **\$35 each**

(Can currently be obtained by contacting AST at 800-637-7433.)

According to Standard IV.B, program's must implement this Outcomes Evaluation Tool as part of ongoing outcomes accreditation requirements.

AAD Initial Application Fee **\$250**

This fee is for all programs pursuing the Accelerated Alternate Delivery Course Approval. Due upon submission of application.

Accelerated Alternate Delivery (AAD) Option Annual Fee **\$250**

(effective January 1, 2008)

All surgical technology programs that have been approved to offer the AAD option will be invoiced an annual fee of \$250 in addition to the ARC-ST annual fee.

Distance Education/Satellite/ Consortium Annual Fee **\$500**

(effective January 1, 2008)

All surgical technology and surgical assisting programs that have been approved to offer their program at multiple facilities through a distance education, satellite or consortium model will be invoice an annual fee of \$500, per additional facility, in addition to the ARC-ST annual fee.

Late Fee **\$100**

In addition, the ARC-ST will be strictly enforcing its late fee of \$100. This will apply to any materials received in the ARC-ST office after the assigned/requested date. This fee will only be waived if the program notifies the ARC-ST prior to the due date of its inability to meet the assigned date and an extension is granted by the ARC-ST. Only one extension will be granted to each program.