ARC-ST Communiqué

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

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

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

We have proven that elevated grades exist in today's world of academia; for whatever reason, the median grade appears to be in the A- to B+ range. Many more persons are attending post-secondary institutions than ever before; some may debate whether it is truly academia or just big business. In times past, only certain individuals attended post-secondary institutions; those persons thought to hold the necessary intellect and desire for further study. Clearly, we are involved in a technical career that requires post-secondary study, but with grade compression appearing throughout higher education, the question becomes, are students of today that much smarter than in past years? I would venture to say this is not so. What about the basics—student's reading for comprehension and application skills?

> More than half of students at four-year colleges, and at least 75 percent at two-year colleges, lack the literacy to handle complex, real-life tasks such as understanding credit card offers…students fail to lock in key skills, no matter their field of study. The results cut across three types of literacy: analyzing news stories and other prose, understanding documents and having math skills needed for checkbooks or restaurant tips… They cannot interpret a table about exercise and blood pressure, understand the arguments of newspaper editorials or compare credit card offers with different interest rates and annual fees (*The Jackson Citizen Patriot*, A8, 2006).

Today, almost anyone, as long as it is proven they have the ability to benefit from the experience, can attend some type of college. From the Europe Intelligence Wire (2003) the following question was posed, "Is this generation so much more clever, or have degrees, like everything else, been dumbed-down to let greater numbers past the goalposts?" (p. 1). When everyone is directed toward post-secondary education, and individuals are giving little consideration to other means of making a living, what might our social climate become? The Europe Intelligence Wire (2003) inferred the following: "You never hear an academic speak out, but the time will come when half the nation has a meaningless, dumbed-down degree, and a job to match, and there will be nobody around to do carpentry and plumbing" (p. 1). This sounds frightening, but appears to be that which is coming to fruition.

So, if elevated grades are being assigned to students, who might this impact and what can be done about it? Other than employers not being able to discern the real top of the class students, the most notable negative impact would be relative to the truly exceptional student not receiving his or her deserved recognition; so we sacrifice a few to keep the masses happy. "…only when the brightest, hardest-working students realize that they are being cheated by the present system will there be much hope of any real change" (*The News & Record*, Editorial, 1996, p. A4). Even then, they may have a fight on their hands they cannot win.

What has the climate become on the higher education campuses? Are students in search of the best education they can receive? Some scholars feel that students

Holiday Schedule

The ARC-ST office will be closed on the following dates:
September 4, 2006
November 23-24, 2006
December 22 & 25, 2006
January 1, 2007

need more direction and have been misled relative to his or her education. They believe we must add motivation to the learning process. "From the continuance of high dropout rates, to the many students who are in universities to get a degree rather than an education, to people in the workplace who don't avail themselves of training despite knowing that their skills are becoming obsolete, we can see how critical it is to excite people about education" (Gardner, 1997). Maybe both students and teachers alike are in need of a paradigm shift in thought processes relative to assuring quality in education.

To our advantage, as part of surgical technology training, we are privileged to utilize competencies as a means of assessing our students relative to his or her knowledge gained and application thereof. However, our assessment practices more than likely tend to follow the path that has been practiced over the past several decades; overall grades are on the rise as students expect such practices resulting from grade compression. So, another question arises, can we still maintain integrity and quality in the educational process in the education and training of surgical technologists, or has the dissemination of elevated grades totally undermined our post-secondary educational practices in this regard? And, what might we do concerning this matter?

Teacher, Instructor, Professor; whatever you may choose to call yourself, you must remember, you are the leader and the facilitator. You have the knowledge and you are to provide the direction for your students. And now, whether you choose to believe it or not, you have become the entertainer; and that is okay. I have more of a concern with the so-called instructor that chooses to lecture, and lecture only, in the classroom. We have technology available today to enhance the pedagogical process and students deserve the opportunity to learn in a variety of methods and formats. If you are choosing not to utilize diverse teaching methods to address a wide range of learning styles, then you are not getting the best out of your students; you are short-changing them. We are somewhat advantaged in the field of surgical technology. We have a very focused student body and curriculum, but we still need to evaluate our non-core courses and take a mental picture of our own practices to ensure that we are providing the best education possible for all of our students.

A major concern on most college campuses remains that of the teaching-centered focused approach to education. In other words, at most higher education schools the focus remains on a teaching-centered approach rather than a learning-centered approach as a means of getting the information to the student. What we must do is act now. We must get the students' "buy-in"; get the students to own their education; mold our students to be different than any other profession; help them want to learn; utilize various learning strategies;

and assist them, to make the process fun. How do we do this? We get them more engaged.

Yes, the onus, at least to some degree, must be placed on the student. We as educators must get the students' "buy-in" to the process from the very beginning. Give your students the opportunity to choose some of the means and frequency by which they will be assessed. Grant them a certain degree of autonomy whereby they become the facilitator in the educational environment. Have them work in groups; have them do presentations; take them beyond their comfort zone; ask them what helps them to learn better; and as the leader, you must address specific learning styles.

I concluded my previous paper with the statement that 'maybe the assigning of elevated grades could be viewed as a good thing;' I hope you understood that I was being facetious. Anytime someone is evaluated unfairly, no matter positively or negatively, it is wrong. Could our assessment practices return to their previous state? I doubt it. But, maybe it's just a matter of change in assessment practices; or maybe it's an individual matter. Grades: it does not seem that they should be that hard to construct. What factors may influence grades? Are grades to be earned by the student, or are they something assigned by an instructor? I venture we would say they are earned by the student, but the instructor has the obligation to fairly assess the student and assign the appropriate grade. There appears to be three things common to grades: 1. There is nothing absolute about the assigning of grades; 2. Grades are assigned relative to someone's value system; whether individual or institutional; and 3. The results of the assigning of grades is a variation in resultant values; hence, a variation in assigned grades.

It would not seem that the assigning of grades for student achievement would be that difficult, but maybe there is more to this than a straight-forward objective approach as first imagined. "Concerns about grade inflation is understandable but perhaps misplaced… The substantial literature on the science and art of evaluation suggests that grading is very complicated. To make sense of a particular professor's assignment of a grade to a particular student in a particular course at a particular college, one must account for the instructor's teaching methods, the characteristics of the student, the nature of the subject matter, the culture of the institution, and much more. Not surprisingly, the risk that the grade will be unreliable is great" (*The Chronicle of Higher Education*, May 17, 2002, p. B4).

Returning to the original premise of these three papers: "Is quality being compromised via the assigning of elevated grades?" To a certain degree and in some areas, I believe this to be the case; especially in those courses that lend themselves to much subjectivity relative to assessment practices; but it can be combated.

The practice of posting elevated grades will come to an end at sometime, or the grading system itself may eventually be overhauled. In any case, the intent of this information being shared has been to spark an interest in this matter, and hopefully assist you in your teaching practices for today and for years to come. If this is a vocation for you as it is for me, then as teachers, we are not in this profession for the riches, but we are in it for integrity, quality, and sense of purpose.

In drawing conclusions to this three-part series, I would just like you to remember three points: 1. Although the practice of assigning elevated grades does not seem fair and equitable relative to the truly exceptional student, the overall quality of the education process is probably not being compromised to any real extent by the assigning of elevated grades in some areas, as long as competencies are being met, or an objective rubric is being utilized, along with a variety of other assessment tools; but assuredly, this will continue to be debated in the world of academia; assessment practices are much different today than in years gone by (one of the primary reasons we are witnessing more persons receiving higher grades). It is our job to be as fair, accurate and equitable as possible in all of our assessment, and evaluation practices. 2. Offer the opportunity for your students to take on a more active role in his or her educational experience and assessment process and embrace change and trial new learning-centered approaches in your educational delivery for hoped-for improved learning (but hold the students accountable). 3. Get your students to "buy-in" to his or her education; it is not the receiving of the parchment, but the overall actual knowledge-gained and applied as he or she becomes a respected member of society in his or her new role, a professional in the field of surgical technology.

List of References

Anonymous: Editorial (April 16, 1996). When A is the median what is outstanding? *The News and Record*: Piedmont Triad, North Carolina, p. A4.

Anonymous: Letters to the Editor (May 17, 2002). What grades do and don't say. *The Chronicle of Higher Education*, Washington, Vol. 48, Issue 36, p. B4, B17.

Europe Intelligence Wire (Oct. 6, 2003). College courses need third degree. *Financial Times Information Ltd.* Retrieved January 6, 2006 from infotrac; http://web2.infotrac.galegroup.com.

Gardner, H. (1997). *Multiple intelligences: The theory in practice.* New York, N.Y.: Basic Books, inc.

The Jackson Citizen Patriot. Most college students seen lacking skills for real-life tasks. A8, January 20, 2006.

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. At Lansing Community College he serves on the Curriculum and Instruction Council and is also a member of the Committee on Excellence and Equity in Teaching. While he is the Chair of the ARC-ST, he is its commissioner to CAAHEP and also serves as a CAAHEP Board Member.

Calendar of Events

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

November 17, 2006: CAAHEP Board of Directors Conference Call

March 2007: ARC-ST Board of Directors Meeting

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

Future Mailings

The *Communiqué* will be going out four times a year. Two of those will be 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.

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

Executive Director's Corner

By Ronald Kruzel, CST, MA

Greetings from the ARC-ST! With summer upon us I sincerely hope that all of you who work so hard throughout the year are planning well deserved vacation and family time. It's easy to get caught up in the frantic pace that we all have and to miss out on the time necessary to renew ourselves and be with family and friends. Take some time to relax and recharge; consider it prep time for some new curriculum you are developing! We need you back for the fall.

I would like to begin by saying thank you to all of the program directors, clinical coordinators, and instructors that I have met and had the opportunity to speak with over the past year, my first as the executive director of the ARC-ST. I have met many of you at the Instructor's Forum in Tucson last February, as well as the Instructor's Workshop and AST National Conference last month in Las Vegas. There has been an equally large number that I have conversed with via the telephone or by e-mail. Your input has been extremely valuable to me personally and to the organization, and again I thank you. We are committed to be as responsive as possible to your needs, and are working diligently to refine and improve the accreditation process. Working with so many accredited surgical technology and surgical assisting programs is a tremendous task, which has been made much easier by your constructive suggestions and comments.

What has been accomplished this past year? The Board of Directors is committed to improving consistency related to the program review process. To that end, the Board has approved funding for the PRR panel review process to become a regular component of the assessment of programs moving from initial to continuing accreditation. The PRR panel review brings together a group of highly experienced site visitors from around the country to work collaboratively in the assessment of *Standards* compliance. The benefits of this collaboration are already apparent after one meeting of the panel. Improved consistency in report assessment, active participation between the panel participants, ARC-ST Board, and ARC-ST staff related to *Standards* interpretation, and dialogue on improving the site visitation process are just a few of the areas touched on at the first meeting last December. The ARC-ST looks forward to continued input and participation of the panel on program review and *Standards* interpretation.
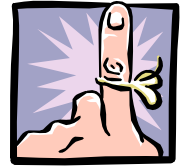
Another area that the Board is committed is in the support of our programs and programmatic staff. A number of efforts in this area have been developed or are in the process of development. First, scholarships to assist educators as well as students have been approved and established. The ARC-ST has committed to annual scholarships of $1000 for both students currently enrolled in CAAHEP accredited programs and for surgical technology and surgical assisting educators in CAAHEP accredited programs seeking advanced degrees or credentialing. Our first year scholarship winners for 2006 include student recipient Susan Anderson of Saint Mary's University located in Minneapolis, Minnesota, and educator recipient Nicole Endres of Rolla Technical Center, Rolla, Missouri. Congratulations to Susan and Nicole!

Interested in publicizing an upcoming program event or state meeting? Looking for that special someone to add to your staff? The ARC-ST wants to help by offering advertising space in our quarterly newsletter, the Communiqué. This is a free service to all of our CAAHEP accredited surgical technology and surgical assisting programs. Please contact accreditation specialist and editor extraordinaire Elaine McFarlane at elaine.mcfarlane@arcst.org for further information.

Other program related projects currently underway at the ARC-ST offices include a marketing package for distribution to all of our programs supporting accreditation through the CAAHEP system; an orientation program for new program staff with educational opportunities in the areas of accreditation, program

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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Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path. You know you will never get to the end of the journey. But this, so far from discouraging, only adds to the joy and glory of the climb.

Sir Winston Churchill
*British politician
(1874 - 1965)*

management, and curriculum development; and product development to assist you in enhancing recognition of your CAAHEP accredited program and students.

Our database and annual report revision process continues to move along nicely. To our programs submitting for April "thank you" for your patience as we work through the inevitable issues and "glitches" that go along with a new IT process. As you may be aware, this new system will provide consistency in reportable outcomes data as well as enable the ARC-ST to better generate reports related to that data. We anticipate that all programs will be incorporated into this new reporting system by early 2007. Again, thank you for your cooperation and patience as we work to improve our IT network and the annual report submission process.

Along with our annual report and IT revision project the ARC-ST is in the process of tabulating survey results related to the effectiveness of the currently used outcomes based survey instruments. Thank you for your participation, nearly 50% of all programs responded to our inquiry. Tabulated data will be reviewed by the Board of Directors at their next meeting, with follow up later in the fall.

Finally, the Board of Directors voted last fall to approve additional staff to better provide accreditation services for our programs. Current staff available to you at the ARC-ST office is:

Ron Kruzel	Executive Director
Cindy Collinsworth	Accreditation Manager
Elaine McFarlane	Accreditation Specialist
Charlotte Collinsworth	Accreditation Specialist

I would also like to take this opportunity to inform you of two new members of the ARC-ST Board of Directors. Sean Harbison, MD is our newest American College of Surgeons representative, and Jeff Bidwell,

CST, CSA represents AST as our surgical assisting educator. With the new appointments the Board of Directors currently consists of:

Joe Long, CST, MPA, EdD	Chair
Julia Jackson, CST, BAH	Vice-Chair
Kathy Lee, CST, MS	Secretary/ Treasurer
Constantine Godellas, MD, FACS	Member
Sean Harbison, MD, FACS	Member
Jeff Bidwell, CST, CSA, MA	Member

With the transition of Jeff Bidwell from the Subcommittee on Accreditation for Surgical Assisting (SASA) to his new Board position, the ARC-ST is actively seeking to fill the vacated position on the SASA. Current representatives serving on the SASA are:

Steve Valand, MS	Vice-Chair
Diane Gerardot, CST, MA	Secretary/Treasurer
Stacy May, CST	Member
Kathy Mendoza, PhD	Member

Interested in working with us at the ARC-ST? The organization is always looking for new members of our site visitation team, panel and committee participants, and possible Board candidates. I encourage you to give us a call so that we can start the process.

Thanks for your time. I want to express my appreciation to all of you for working so hard on behalf of CAAHEP, the ARC-ST, and of most importance your students. As the ARC-ST works in various project areas it is our hope that a more effective accreditation process emerges so that we can more efficiently serve our programs. I look forward to continuing the dialogue with each of you. Again, best wishes for a restful and enjoyable summer.

Update on ARC-ST Happenings

In December 2005, the ARC-ST instituted a Program Review Report (PRR) Panel to assist in the evaluation of the initial to continuing accreditation review process. This is a revolving panel that consists of individuals who are ARC-ST site visitors and meet six other established criteria. New panel members are appointed on an annual basis. The 2005 Panel members consisted of: Julia Bannon, Christina Baumer, Vicki Bushey, Arthur Makin, Mary McNaron, Lisa Reed, Elizabeth Slagle, and Christallia Starks.

In January 2006, the ARC-ST initiated a survey to all accredited surgical technology programs that requested input regarding the current ARC-ST standard-

ized Employer and Graduate surveys. The ARC-ST staff will be analyzing the data collected, and will be providing information related to the survey next winter.

The most recent ARC-ST meeting was held on March 17-18, 2006. During this meeting, the Board reviewed a total of 115 applications. Of the applications reviewed, 10 were initial applications, 37 were continuing applications, one was an AAD application, two were distance education applications, one was a consortium application, one was a satellite/branch campus application, 49 were process reports, 11 were change/general information requests, one was a surgical

assisting program initial application, and two were surgical assisting program continuing applications.

CAAHEP continually accredited four surgical technology programs and two surgical assisting programs at its March 2006 meeting. They also initially accredited one surgical assisting program at their March 2006 meeting. CAAHEP accredited seven initial programs and continually accredited 24 programs at its May 2006 meeting. Based on the above numbers, there will be approximately 410 accredited surgical technology programs as of May 2006. We currently have approximately four programs in the withdrawal process, which will bring the accredited program numbers to 406. There are approximately 53 programs that are in the initial accreditation process and approximately 20 of these applications will be site visited and reviewed before the end of 2006. Based on these numbers, we anticipate approximately 426 accredited surgical technology programs and seven accredited surgical assisting programs, by the end of this fiscal year, December 31, 2006.

The Gathering of Outcomes and Annual Report Faux Pas

June 2006
By Cindy Collinsworth, BA

I'd like to begin this Annual Report update by thanking all of the April 1st submission programs for your patience and flexibility during the ARC-ST database transition. The new E-Report was finally launched on April 12, 2006 and all April 1st annual reports were officially rescheduled to be due on June 14, 2006. If, for some reason, you have not submitted your annual report please contact the ARC-ST immediately and we will make arrangements with you to submit your report.

In 2007 the ARC-ST will institute the use of a "Reporting Period." The Reporting Period will begin January 1, 2007 and end April 1, 2007. Programs will be allowed to submit their Annual Reports any time during the four (4) month Reporting Period. However, all 2007 Annual Reports must be submitted by April 1, 2007. Those schools who would normally have submitted their annual report on or before October 1, 2006 will not submit an Annual Report in 2006 due to the fact that the October 1st submissions have been reporting approximately one year ahead of the April 1st submissions. **Therefore, all surgical technology programs will submit their 2007 Annual Report as follows**:

ARC-ST Reporting Period:
Due January 1, 2007 – April 1, 2007

ARC-ST Reporting Year, Section I:
August 1, 2005 – July 31, 2006

ARC-ST Reporting Year, Section II:
August 1, 2004 – July 31, 2005

The ARC-ST will forward 2007 Annual Report preparation/initiation materials to all programs on or before December 15, 2006.

In the past two newsletters, the ARC-ST focused on preparing you for upcoming Annual Report changes, as well as answered some basic questions regarding the Annual Report process. The intention of this Summer 2006 edition of the ARC-ST *Communiqué* is to: 1) provide additional support and focus on some of the most frequently asked questions; and 2) to focus on the most frequent citations and common errors that the ARC-ST has identified during program submission of the Annual Report.

➢ Standard IV.B requires that each program develop and implement a system for outcomes evaluation. Standard IV.B.1&2 states:

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. 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.

The ARC-ST currently requires that each program use five (5) major indicators as tools for outcomes evaluation. These indicators/tools are as follows:

1) Program Retention
2) Program Assessment Exam (PAE), developed and administered by the Association of Surgical Technologists (AST)
3) Graduate Placement data

4) Employer Survey Return and Satisfaction — Must Use ARC-ST standardized tool

5) Graduate Survey Return and Satisfaction — Must Use ARC-ST standardized tool

For Programs not yet accredited but who have entered the Initial Accreditation Process: While programs that are currently in the initial accreditation process may not be able to provide outcomes data on or before the time of an on-site evaluation, every program is required to have mechanisms in place to ensure that <u>all five indicators will be implemented</u> and used following the first/current graduating class. In addition, programs who are currently in the accreditation process <u>must</u> administer the PAE to their students prior to the graduation of the first class (or the class currently enrolled at the time of the on-site evaluation). The PAE should be administered approximately four (4) weeks prior to student completion of the program.

For Programs Currently Accredited: The PAE is a required outcomes indicator and must be used to complete your Annual Report. The PAE is not the same as the Self Assessment Exam (SAE) developed and administered by the National Board of Surgical Technology and Surgical Assisting (NBSTSA—formally the LCC-ST). The ARC-ST does not discourage the use of the SAE, however, programs <u>must take the PAE</u>. The SAE may not be used as a substitute for the PAE.

➤ Frequently, annual reports are not submitted because of transition within program faculty/staff. The new faculty/staff are unaware that they need to submit the annual report. In other situations, program faculty/staff are unable to complete the annual report because they were unaware of the need to gather the outcomes information (such as surveys, etc). Despite program faculty/staff changes, the program is required and responsible for ensuring that program outcomes are continually gathering and reported to the ARC-ST via the annual report. It is extremely important that each program have a means by which information is passed on to new faculty/staff in the event that a faculty/staff member, currently reporting outcomes information, leaves the program. This plan of action should be updated and revised annually as the program identifies policies and procedures that work and do not work when gathering outcomes data.

➤ In the past, many programs have reported that they are not receiving their Annual Report materials. As a result, the ARC-ST recently instituted a follow-up procedure to ensure the receipt of the "Annual Report Initiation Materials" each year. Programs will now be required to fax an ARC-ST prepared sheet to the ARC-ST corporate office confirming receipt of the Annual Report materials. If the initial fax confirmation is not received, the ARC-ST will e-mail/mail (as applicable) an additional request for confirmation. If confirmation is still not received after the second notification/request, the ARC-ST will send the Annual Report materials addressed to the sponsoring institution President/CEO's office by certified mail.

➤ Finally, the ARC-ST publishes a document titled "*General Operating Room Procedures: Outcomes Based Accreditation, Annual Reporting Procedure*." This document includes information such as: 1) the required thresholds for each outcomes indicator; 2) the random site visit evaluation process; 3) directions and timelines for gathering, submitting, and reporting information for each outcomes indicator. A copy of this document may be obtained at www.arcst.org or by e-mailing elaine.mcfarlane@arcst.org.

Thank you again for your continued hard work and please do not hesitate to contact our office at (303) 694-9262, if you have any questions.

My mother drew a distinction between achievement and success. She said that 'achievement is the knowledge that you have studied and worked hard and done the best that is in you. Success is being praised by others, and that's nice, too, but not as important or satisfying. Always aim for achievement and forget about success.'

Helen Hayes (1900-1993)

Standard Review and Interpretation
By Cindy Collinsworth, BA

Standard II.B. The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee that is representative of these communities of interest must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

The surgical technology program must review its internal goals and learning domains for effectiveness, at least annually, to determine whether those goals and learning domains are effectively addressing the changing needs and expectations of the communities of interest.

The surgical technology program is required to have an advisory committee that meets at least once a year. The advisory committee should maintain an active role in the continued assessment and revision of program goals and learning domains.

This advisory committee must include at least one representative from eight (8) different communities of interest defined in Standard II.A. Those eight (8)

communities include: a current student, a graduate of the program, a faculty member assigned to the program, a member of the sponsoring institution administration, an employer/clinical site, a physician (should have working knowledge of the operating room), a public member, and a practicing surgical technologist that retains the Certified Surgical Technologist (CST) credential.

Important criteria for the public member appointment: 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 requires that the program maintain an advisory committee member listing and copies of all advisory committee meeting minutes at all times, in the event of a random on-site evaluation. The ARC-ST has a standardized Advisory Committee Form that may be obtained by request at charlotte.collinsworth@arcst.org or elaine.mcfarlane@arcst.org.

Schools That Have Received Initial Accreditation:

Congratulations to the following surgical technology programs that were granted accreditation at the March 2006 and May 2006 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* and the *Standards and Guidelines for the Profession of Surgical Assisting*.

Surgical Assisting:
Vincennes University, Vincennes, IN

Surgical Technology:
Concorde Career Institute-Portland, Portland, OR
Indiana Business College-Ft. Wayne, Ft. Wayne, IN
Miller-Motte Technical College-Clarksville, Clarksville, TN
Pennsylvania College of Technology, Williamsport, PA
Technical College of the Lowcountry, Beaufort, SC
Virginia College-Birmingham, Birmingham, AL
Yakima Valley Community College, Yakima, WA

Schools That Have Received Continuing Accreditation:

Surgical Assisting:
Madisonville Community College, Madisonville, KY
South Plains College, Lubbock, TX

Surgical Technology:
American Institute of Medical/Dental Technology, Provo, UT
Apollo Career Center, Lima, OH
Asheville-Buncombe Technical Community College, Asheville, NC
Bluegrass Community and Technical College, Lexington, KY
Capital Area Career Center, Springfield, IL
Cincinnati State Technical and Community College, Cincinnati, OH
Danbury Hospital School of Surgical Technology, Danbury, CT
Dartmouth-Hitchcock Medical Center, Lebanon, NH
Galveston College, Galveston, TX
Horry Georgetown Technical College, Georgetown, SC
Louisiana Technical College, La Fourche, LA
MedVance Institute-Cookeville, Cookeville, TN
Memorial Hermann Healthcare System, Houston, TX
University of Cincinnati, Clermont College, Batavia, OH