Surgical Technology Standards Interpretive Guide (SIG)

Keyed to the 2004 Commission on Accreditation of Allied Health Education Programs (CAAHEP)

Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA)
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The ARC/STSA Standards Interpretive Guide (SIG) is subject to revision. Please view the current version of SIG online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-arcshta-documents
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Please note: The ARC/STSA does not accept documentation that includes confidential personal identification information [e.g. - Social Security numbers] or personal health information. Please delete or black out all confidential personal identification information or confidential personal health information on documentation prior to submission. Documentation submitted with confidential personal identification information or personal health information will be returned to the program without ARC/STSA review.
Section I: Sponsorship

Standard I.A.—Sponsoring Educational Institution

A sponsoring institution must be at least one of the following:
1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP.
3. A hospital or medical center or branch of the United States Armed Forces.

Interpretation of Standard I.A.

The U.S. Department of Education does not accredit colleges, universities or other postsecondary institutions. Accreditation in the U.S. is a non-governmental, peer evaluation of the quality of educational institutions and programs. Private educational associations (accrediting agencies) of regional or national scope have adopted criteria reflecting the qualities of a sound educational program and have developed procedures for evaluating institutions or programs to determine whether or not they are operating at basic levels of quality. The U.S. Secretary of Education is required by statute to publish a list that the Secretary determines to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.

The sponsoring institution must provide evidence of institutional accreditation and state program approval (if indicated) as part of the supporting documentation submitted during the Self-Study process. An on-site evaluation (site visit) will not be conducted until institutional accreditation is obtained.

CAAHEP will require that a program seeking CAAHEP accreditation demonstrate compliance with institution accreditation standards/approval agency requirements in addition to compliance with CAAHEP Standards.

EXAMPLE—Standard I.A.:

Regional institutional accrediting organizations include:
- Middle States Association of Colleges and Schools Commission on Higher Education
- New England Association of Schools and Colleges Commission on Institutions of Higher Education
- New England Association of Schools and Colleges Commission on Technical and Career Institutions
- North Central Association of Colleges and Schools, The Higher Learning Commission
- Northwest Association of Schools and Colleges Commission on Colleges and Universities
- Southern Association of Colleges and Schools Commission on Colleges
- Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges
- Western Association of Schools and Colleges Accrediting Commission for Senior Colleges and Universities.

From: Accrediting Agencies Recognized for their Pre-accreditation Categories link: www.ed.gov/admins/finaid/accred/accreditation_pg9.html

National institutional accrediting organizations for schools that offer surgical technology programs include, but are not limited to:
- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Commission of Career Schools and Colleges (ACCSC) [formerly ACCSCT]
- Accrediting Council for Continuing Education and Training (ACCET)
- Accrediting Council for Independent Colleges and Schools (ACICS)
- Council on Occupational Education (COE)
- Distance Education and Training Council, Accrediting Commission (DETC)

From: Accrediting Agencies Recognized for their Pre-accreditation Categories link: www.ed.gov/admins/finaid/accred/accreditation_pg7.html

Other Agencies
- The Joint Commission (hospital-based programs)
- Healthcare Facilities Accreditation Program (osteopathic hospital-based programs)
- Ambulatory Surgery Center Accreditation
- Healthcare Institutions otherwise authorized by CMS
- Military Branch

NOTE: State Approval/Authorization may also be applicable in addition to institutional accreditation.
**Section I: Sponsorship**

**Standard I.B.—Consortium Sponsor**

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

**Interpretation of Standard I.B.**

Consortium/consortia consist of two or more institutions (including educational institutions and hospital-based educational programs) which, through an affiliation agreement or memorandum of understanding, join together to offer educational courses that lead to completion of a program of studies in surgical technology. Consortium members may offer general education and basic science courses, with only one institution offering the core surgical technology courses. Under a consortium, courses taken in institutions other than the one granting the completion award (diploma, certificate or degree) accept these courses as though they were completed at that institution—they are not considered “transfer credits”. Each member of the consortium is able to grant a completion award (diploma, certificate or degree) from its institution, even though some or many of the courses were completed in other consortium member schools. Consortiums permit schools with small surgical technology student populations to combine populations to create and sustain a financially viable program for several schools which would not be able to sustain a program independently. At least one of the consortium members must be institutionally accredited by an accreditor recognized by the U.S. Department of Education.

A consortium applies for programmatic accreditation the same way individual institutions/programs do. The consortium is recognized as a separate “program of study” and is subject to the same accreditation actions as other programs. Consortia pay an additional ARC/STSA annual consortium fee for maintenance of CAAHEP accreditation.

Clinical affiliation agreements between programs and hospitals, surgicenters, and physician’s offices commonly used by most surgical technology programs to provide off-site clinical experiences for their students, do not constitute the formation of a consortium between the sponsoring institution and the clinical affiliate.

**EXAMPLE—Standard I.B.:**

College X, located in rural southern Idaho and who holds Western Association of Schools and Colleges Accrediting Commission for Community and Junior Colleges accreditation, commonly has 6-8 applicants for their surgical technology program each year. Community College Y, located in rural northern Idaho, also has an equal number of applicants per year. College X and Community College Y enter into a consortium by signing a memorandum of understanding stating that students will complete all general education courses at their respective institutions, but that they will take College X’s surgical technology core didactic/lecture courses via distance learning. Faculty from College X will travel to Community College Y weekly to conduct laboratory courses. Community College Y places students in clinical affiliation sites close to the Community College Y’s campus, and provides a part-time clinical instructor to oversee the students’ clinical experiences. Both College X and Community College Y grant an associate’s degree in applied science in surgical technology to graduates who complete the majority of their course of study on their campus.

Section I: Sponsorship

Standard I.C.—Responsibilities of the Sponsor
The sponsor must assure that the provisions of these Standards are met.

Interpretation of Standard I.C.

The president, chief executive officer or individual in a similar capacity is ultimately responsible for assuring that the surgical technology program demonstrates compliance with CAAHEP Standards.

Critical communication directly affecting CAAHEP programmatic accreditation status or actions (ARC/STSA findings letters and similar notifications) is mailed directly to the president/CEO or equivalent administrator by certified, return receipt US mail.

Less critical communication regarding CAAHEP programmatic accreditation is mailed or e-mailed from the ARC/STSA to the program director and/or the divisional dean.

Changes to the president/CEO, divisional dean and/or program director are considered substantive program changes, under CAAHEP Standard V.E. and must be reported to the ARC/STSA within thirty (30) days, accompanied by supporting documentation or information.

- President/CEO or divisional dean—name, credentials, title, date of appointment, contact information (institutional mailing address, telephone number, fax number, e-mail address)
- Program Director—see Standard III.B.—Personnel—page 18

EXAMPLE—Standard I.C.:

The official CAAHEP letter of notification of the awarding of Initial Accreditation is sent to the president/CEO, with copies sent to the dean and program director.

The program director notifies the ARC/STSA of new core faculty appointments and submits the required documentation supporting their appointments to the ARC/STSA. [Please refer to changes to the faculty information—page 18-20.]

The program director notifies the ARC/STSA of a move to a new classroom/laboratory facility and submits the required documentation supporting the change. [Please refer to changes to facilities information—page 14.]

The president/CEO or program director notifies the ARC/STSA of substantive changes to the program [according to Standard V.E.—see page 38 ], including:
- Change in stated maximum enrollment capacity
- Change/addition/deletion of courses that represent significant departure in curriculum content (such as moving curriculum topics from one course to another) and continued alignment with the latest edition of the Core Curriculum for Surgical Technology—see page 24 for information regarding implementation of the Core Curriculum for Surgical Technology, 6e (CCST6e)
- Change in method of curriculum delivery
- Change in admissions policies, graduation requirements, substantial increase/decrease in clock or credits hours for successful completion of the program, or change in degree or credential awarded
- Change in clinical affiliation (addition or deletion)
- Significant change in program resources—new facilities
- Addition of Accelerated Alternate Delivery (AAD) component
- Addition of distance education component
- Addition of branch/satellite component
Section II: Program Goals

Standard II.A.—Program Goals and Outcomes-Needs Assessment

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.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard II.A.—Program Goals and Outcomes

This component of Standard II requires that a program have a goals statement, which is the program’s mission statement. This goals statement is developed through identification of the needs and expectations of the various communities of interest served by the surgical technology program. In order to determine the focus of the goals statement and the stated maximum enrollment capacity for the proposed or existing program, input should be sought from the communities of interest. This is accomplished by performing a Needs Assessment for new/emerging programs and through Program Advisory Committee (PAC) input for new/emerging and accredited programs.

For new/emerging programs, a Needs Assessment (feasibility study, market survey) must be completed before submission of the Self-Study. This needs assessment must reflect a formal process by which the communities of interest have document-ed their current and future needs with regard to employment and clinical placement (slots). A list of potential clinical sites, capacity for students, and their acknowledgment to accept students for clinical experience must be submitted as part of the needs assessment. Maximum student enrollment for a new/emerging program must be based on the availability of supervised clinical experience and market needs.

There are three primary resource areas that should be surveyed as part of a Needs Assessment:

- Community Resources
- Student Resources
- Education Resources

Community Resources—During a Needs Assessment, data should be collected from employers within a radius of the proposed program. The size of this radius will vary, depending on whether the proposed program is in a rural versus urban community. Data regarding the number of, use of and need for surgical technologists should be collected to provide evidence.

Program Assessment Processes

- **HOW:** Needs Assessment Survey
- **WHO:** Resource areas
- **WHAT:** Projected Level of Student Admissions
  - Institutional Support
  - Community and Clinical Support
- **WHY:** Demonstrates:
  - Need for Program
  - Sufficiency of Resources
  - Appropriate Program Maximum Enrollment Capacity (# of students per cohort, # of cohorts per year, and # of overlapping clinical cohorts at any given point in the program)
  - Compliance with Standard II.A.

- **WHO:** Program Goals
  - Program Goals (Standard II.C)
  - Program Resources (Standard III.D.)
- **WHAT:** Program Outcomes
  - Program Advisory Committee (PAC)
  - Representatives of each Community of Interest
- **WHO:** Program Assessment
  - at least annually
  - after first enrollment
  - at least annually
- **HOW:** Program Effectiveness Plan
- **WHO:** Program Graduates
- **WHY:** Provides data/analysis/action plans for Annual Report(s)
  - Maintains CAAHEP Outcomes-Based Accreditation
Section II: Program Goals

Standard II.A.—Program Goals and Outcomes-Needs Assessment

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.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

that the community of interest demonstrates support for the program’s stated maximum enrollment capacity.

Student Resources—During a Needs Assessment, data should also be collected regarding the community service area that will provide the student applicant pool for the program. Data from national, regional and local demographics, educational preparation levels of the local population, and projected local population growth for 5- and 10-year intervals should be included in the Needs Assessment.

Education Resources—During a Needs Assessment, data should also be collected regarding other educational institutions within the service area that also provide a surgical technology program. Data regarding the resources within the sponsoring institution and the community, including but not limited to financial and physical resources, to support the surgical technology program should also be included.

The data collected is then analyzed and an implementation plan is developed, including the identification of the goals, outcomes, and stated maximum enrollment capacity for the proposed program, based on the data from the communities of interest. A plan to continuously monitor the communities of interest for changes should be a component of the program’s ongoing self-assessment process.

The program’s stated maximum enrollment capacity is stated in the Self-Study and on Annual Reports, and is verified during the On-Site Evaluation via the Needs Assessment (Initial Accreditation), review of Annual Report (s), Random/Continuing On-Site Evaluation or Consultative/Comprehensive On-Site Evaluation or by means of the Program Review Report, or via documentation submitted for approval of sufficient resources for a change in the program’s stated maximum enrollment capacity. The program’s stated maximum enrollment capacity is used by the ARC/STSA to determine sufficiency of program physical, faculty, and curriculum resources (see Standards III.A., III.B., and III.C.). Maximum enrollment capacity is defined as the maximum number of students enrolled in a single cohort (class) multiplied by the number of cohorts enrolled per academic year (August 1-July 31) as limited by the number of overlapping cohorts at any given point in the academic year. Any change to the program’s stated maximum enrollment capacity (increase or decrease in the number of students in a cohort, the number of cohorts per year or the number of cohorts that overlap in the clinical component of the program) requires ARC/STSA approval of sufficient resources to support the change in the program’s stated maximum enrollment capacity.

EXAMPLE—Standard II.A.:

The program should state its maximum enrollment capacity by including numbers for all three (3) components:
- the maximum number of students enrolled in a single cohort (class)
- the number of cohorts enrolled per academic year (August 1-July 31)
- the number of overlapping cohorts at any given point in the academic year

An example of how to state a program’s maximum enrollment capacity: 16 students per cohort, 4 cohorts per year with no overlap of cohorts in the clinical setting.
Section II: Program Goals

Standard II.A.—Program Goals and Outcomes-Needs Assessment

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.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

EXAMPLE—Standard II.A.:

ARC/STSA Needs Assessment Survey form is available online at: www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/. See Standard II.C. for information regarding the development of a program goals statement, based on input from the Needs Assessment. The program goals statement, including program objectives, should be reviewed at least annually by the Program Advisory Committee (PAC).

Needs Assessment Summary
Surgical Technology Program—Denver City College
March 2012

- Service population: 750,000 within 50 mile radius
- Other ST programs: 2
  - one (1) certificate—proprietary school-based; enrollment of 20 students times 3 classes per year; waiting list for enrollment
  - one (1) AAS—Surgical Technology—community-college-based—enrollment of 20 students, waiting list for enrollment
- Employment Potential: 14 hospitals surveyed indicate each has a minimum of 3 open ST positions annually
- Potential Clinical Resources: 10 hospitals will offer 2 clinical affiliation slots each to the DCC program
- School facilities: class/lab capacity: 12

Implementation Plan:
- develop program with 2 enrollments (Fall/Spring) with enrollment cap of 12 per cohort/class—no clinical overlap
- hire qualified PD to develop curriculum 6 months prior to first enrollment
- develop PAC—first meeting to be held 3 month prior to first class enrollment
- initiate institutional accreditation approval
- initiate clinical agreements
Section II: Program Goals

Standard II.B.—Program Goals and Outcomes—Program Advisory Committee

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.

Interpretation of Standard II.B.—Program Advisory Committee

Standard II.B. requires that a program have an active assessment plan in place. Assessment plans vary in structure, but should reflect an annual assessment cycle that analyzes outcomes related to the program’s goals. This component of Standard II.B. requires that the Program Advisory Committee (PAC), which is part of the assessment plan/cycle, meet at least once within a 12-month period (annually) to provide feedback and assess annual program outcomes data and curricular issues. The PAC should maintain an active role in the continued assessment and revision of program goals and learning domains (see Standard II.C.), review of program resources (see Standard III.D.) and review of ARC/STSA-required program outcomes (see Standard IV.B.1.). Minutes must be taken at every meeting.

Standard II.B. also determines that the PAC composition aligns with the member requirements whereas Standard II.A. defines the members of the communities of interest or stakeholders—groups affected by the process of surgical technology education. An institutional or multi-program advisory committee alone is not considered a PAC that meets the requirements of this Standard.

The PAC must include at least one representative from the eight (8) communities of interest defined in Standard II.A. Those eight (8) communities include:

1. a current student
2. a graduate of the program (for new programs—the graduate is appointed after the first cohort completes)
3. a faculty member assigned to the program
4. a member of the sponsoring institution (school) administration
5. an employer (who employs ST’s in the clinical setting or a clinical site representative) who is not also employed by the sponsoring institution (school)
6. a physician (who has working knowledge of the OR) who is not also employed by the sponsoring institution (school)
7. a practicing surgical technologist who holds a current Certified Surgical Technologist (CST) credential who is not also employed by the sponsoring institution (school)
8. a public member—the public member appointed to 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 any clinical affiliate associated with the program
   • a current or former student [graduate] of the surgical technology program
   • a current or former healthcare provider

[NOTE: The most common omission/citation(s) related to Standard II.B. is the lack of a public member, the lack of a practicing CST (who is not a member of the program’s faculty), lack of a physician, the lack of a current student, and the lack of a program graduate.]

The ARC/STSA requires that the program maintain advisory committee member listings, copies of all advisory committee meeting minutes, proof of CST certification for the practicing CST, and a current résumé for the public member as evidence of compliance with Standard II.B.

A sample Program Effectiveness Plan, that includes program goals, all program resources, and all ARC/STSA-required program outcomes is located on page 42 and available online at www.arcstsao.org/index.php/educators/educators-surgical-technology/st-forms-and-facts.

EXAMPLE—Standard II.B.:

The ARC/STSA Program Advisory Committee (PAC) Form is available online at: www.arcstsao.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/.

Sample entries from the ARC/STSA PAC form:

Name: ___Jessie Jones, CST _____________________

Advisory Committee Position Represented: Practicing Certified Surgical Technologist

Place of Employment/Education: ____Denver Medical Center____
Professional Title: ____Staff Surgical Technologist _______
Address: ____6 West Dry Creek Circle, Littleton, CO 80120____
Contact: ____303-694-9262____________________________
Certification #: ___94065_______________________________
Section II: Program Goals

Standard II.B.—Program Goals and Outcomes—Program Advisory Committee

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.

EXAMPLE—Standard II.B.:

On-Going Program Assessment Process:
Section II: Program Goals

Standard II.C.—Program Goals and Outcomes—Minimum Expectations
The program must have the following goal defining minimum expectation: “To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.” Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the identified basic competencies prior to entry into the field.

Interpretation of Standard II.C.
Standard II.C. defines the criteria for the program’s goals statement. The goals statement is not simply a list of educational objectives, it is a mission statement, and must, at a minimum, reflect entry-level graduate preparation in the cognitive, psychomotor, and affective domains of learning. The goals statement may include more than these criteria, such as references to the core curriculum and the institutional mission. The quotation found in Standard I.C. reflects the actual wording required as part of the goals statement. Please note that the program outcomes (a list that usually begins with: “The graduate will...”) reflect the three domains as well, but the program goals statement (program mission statement) must include at least the minimum statement in quotations found in Standard II.C. (see above).

Program-specific goals should be developed that include the three domains of learning:
- Cognitive—knowledge
- Psychomotor—hands-on skills
- Affective—professional behaviors; conduct

The ARC/STSA must be able to easily identify that the cognitive, psychomotor and affective domains have been integrated into the program goals and program outcomes. In addition, student evaluations/program assessments should reflect that the three learning domains—cognitive, psychomotor and affective learning domains— are effectively instructed and assessed during the course of studies. Ultimately, the program goals statement(s) should be representative of how the program will produce “competent entry-level surgical technologists” within the context of the three domains of learning.

In the event that a program has chosen to define minimum expectations that exceed that of preparing “entry-level surgical technologists,” then the program goals and outcomes must clearly demonstrate evidence of a plan of achievement of entry-level competencies, as well as any other minimum expectations defined by the program. Again, the program goals statement(s) should be representative of how the minimum expectations of the program will be achieved through educational activities in the cognitive, psychomotor and affective learning domains.

Program objectives, course objectives and lesson plan objectives are then developed to support the program’s goals. Program objectives are more broad in nature, and based on higher level taxonomy classifications such as analysis, complex motor skills demonstration and/or valuing professional behaviors. Course objectives and lesson plan objectives become more narrow in focus and are based on lower level taxonomy classifications such as discussion, identification, and demonstration. Both goals and objectives commonly use action verbs from Bloom’s Taxonomy of Educational Objectives and should address the needs of the three primary communities of interest—students, educators and practitioners (see Appendix C—Teaching Methodologies—Core Curriculum for Surgical Technology, 6e—page 223-230).
Section II: Program Goals

Standard II.C.—Program Goals and Outcomes—Minimum Expectations

The program must have the following goal defining minimum expectation: “To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.” Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the identified basic competencies prior to entry into the field.

EXAMPLE—Standard II.C. :

Examples of surgical technology program goals can be accessed online by searching for “surgical technology program goals”.

Sample goals statements may also be obtained by request from the ARC/STSA. [NOTE: Samples below are intended only as illustrations and are not required language.]

Sample Program Goal:
“The goal of this program is to provide students with the opportunity to develop the skills and knowledge necessary to gain employment as entry-level surgical technologists and become contributing members of the health care team. This will be accomplished by (1) preparing competent graduates in the cognitive, psychomotor, and affective learning domains, and (2) meeting or exceeding the criteria set forth in the current CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology.”

Sample Program Objectives:
Upon program completion, the graduate will be able to:

- Correlate the knowledge of anatomy, physiology, pathophysiology, and microbiology to their role as a Surgical Technologist.
- Demonstrate a safe level of practice and knowledge in their role as a Surgical Technologist.
- Acquire an understanding of the ethical, legal, moral, and medical values related to the patient and the Operating Room team during the perioperative experience.
- Correlate the elements, action, and use of medications and anesthetic agents used during the perioperative experience.
- Demonstrate safe practice techniques in regards to perioperative routines, patient transportation, positioning, and emergency procedures.
- Demonstrate and integrate principles of surgical asepsis as part of the perioperative experience.
- Apply knowledge and skills as a professional Surgical Technologist to address the biopsychosocial needs of the surgical patient.
- Perform as a competent entry-level surgical technologist in the cognitive, psychomotor, and affective learning domains.
- Value the professional attributes of the Surgical Technologist.

Lock Haven University of PA

EXAMPLE—Standard II.C. cont:

Bloom’s Taxonomy for Developing Program Objectives

(Cognitive Domain (simple to complex):
- Knowledge—recalling information
- Comprehension—restating information
- Application—use the information in a new way
- Analysis—separates concepts into parts to understand
- Synthesis—creating new patterns
- Evaluation—making judgments regarding concepts

Psychomotor Domain (simple to Complex):
- Perception—uses sensory cues to guide skill performance
- Set—readiness to demonstrate a skill
- Guided Response—early skills practice using imitation
- Mechanism—intermediate skills practice with some confidence and proficiency
- Complex Overt Response—skills demonstrating complex movement patterns
- Adaptation—modification of skills to meet special requirements
- Origination—creating new skills patterns

Affective Domain (simple to Complex):
- Receiving—paying attention
- Responding—active participation
- Valuing—acceptance and commitment to a concept
- Organization—comparing, relating, and synthesizing values
- Internalizing Values—consistent and predictable demonstration of a value

online at www.nwlink.com/~donclark/hrd/bloom.html)
Section III: Resources

Standard III.A.—Resources—Type and Amount

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.

Interpretation of Standard III.A.

Finances, Offices and Classroom/Laboratory Facilities, Ancillary Student Facilities

Program resources consist of the following:

- program-specific budget
- classroom facilities and classroom equipment
- student and faculty computer resources—hardware, software and peripherals—printers, scanners, etc.
- instructional reference materials—aides, models and audiovisual materials
- laboratory facilities
- laboratory equipment and instrumentation
- laboratory supplies, including disposables and non-disposables
- library reference resources, materials, and databases
- ancillary student facilities
- clerical/support staff
- faculty/staff professional development including surgical technology-specific and teaching-specific professional development opportunities
- clinical affiliation sites and slots

Each resource is assessed for adequacy based on the program’s stated maximum enrollment capacity and must provide for all aspects/needs of the surgical technology program and therefore ensure the achievement the goals and outcomes of the program.

The surgical technology program must have a program-specific budget. The surgical technology program budget must clearly demonstrate that sufficient financial resources are available, based on the program’s stated maximum enrollment capacity, to indicate financial support for all aspects of the education program. The budget should specify funding for salaries, capital equipment purchases, program maintenance (accreditation fees, lab supplies, etc.), and professional development.

Office space must be available to the surgical technology program director and program faculty/staff in order to fulfill miscellaneous administrative, curriculum development and student advisement responsibilities. Space and equipment should be available for individualized student counseling, program development, communication and for securing the program’s student records and files.

The classroom and classroom equipment should be a space that is conducive to learning, have appropriate heating, lighting, and ventilation, provide adequate accommodations for all students enrolled in the program and have sufficient equipment to support the teaching methodology(ies) included in the program’s master curriculum.

Student and faculty computer resources must be in sufficient number, based on the program’s stated maximum enrollment capacity, and provide access to technology that supports the teaching methodology(ies) included in the program’s master curriculum.

When assessing computer resources, the program should include an inventory of computer software installed or accessible by students related to surgical technology education. Applicable assignments specific to the use of computer software should be included in the program’s lesson plans.

Instructional reference materials, including aids, models, and audiovisual materials, must be in sufficient number, based on the program’s stated maximum enrollment capacity, and provide access to instructional reference materials that support the teaching methodology(ies) included in the program’s master curriculum. Instructional reference materials should include an inventory for both classroom resources and office resources retained by the program (not included in the library resource listing).

Laboratory facilities, equipment, instrumentation and supplies must be sufficient in size/numbers, based on enrollment and laboratory section capacity, to permit conducting the laboratory experience at no greater than a 12-student-to-1-instructor ratio. The program must demonstrate that it has sufficient equipment, instrumentation and supplies to permit all students assigned to the laboratory experience to be actively engaged in the learning process and provide the resources that support the methodology(ies) included in the program’s master curriculum. Opportunities for remediation of laboratory skills should be available to students.

New programs may arrange with hospitals or surgicenters to use their facilities and equipment for teaching laboratory skills until an on-campus lab can be established. Programs using this model should have a separate affiliation agreement / memorandum of understanding or appendix to the clinical affiliation agreement outlining the responsibilities of each party in regards to use of the facility as a lab. Off-campus labs still require programs to provide “open lab” sessions for student remediation.
Section III: Resources

Standard III.A.—Resources—Type and Amount
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.

Interpretation of Standard III.A—cont.

Library resources and materials, including texts, periodicals, and access to online materials and database search engines, must be in sufficient number, based on the program’s stated maximum enrollment capacity, and provide access to resources and materials that support the teaching methodology (ies) included in the program’s master curriculum.

When compiling an inventory of library resources, please do not submit a generic computer-generated listing of all medical-related materials; the inventory should include resources specific to the surgical technology program.

Ancillary Student Facilities must be sufficient for the program’s stated maximum enrollment capacity. (These facilities may differ from program to program; they may include but are not limited to: facilities such as lavatories, lounges, cafeteria or refreshment area, parking, and student support services area.)

The program must have access to clerical/administrative support services. This requirement is discussed further under Standard III.B.—Personnel.

Program faculty/staff must provide evidence of on-going professional development including surgical technology-specific and teaching-specific professional development opportunities and should be appropriately supported by funding within the institutional or programmatic budget(s).

The program must plan and ensure that its faculty/staff receive frequent, ongoing surgical technology education-specific professional development opportunities. While it is recognized that a sponsoring institution may offer its own professional development opportunities, program faculty/staff must have a current and working knowledge of innovative changes within surgical technology education.

Surgical technology programs must document and maintain records regarding all faculty/staff professional development opportunities. The adequacy of the faculty and staff’s professional development will be reviewed during the Initial, Random/Continuing or Comprehensive/Consultative On-Site Evaluation or by means of the Program Review Report.

The surgical technology program must have sufficient clinical resources to achieve the goals and outcomes of the program, which include an operating room scrub slot designated for each student who can be enrolled under the program’s stated enrollment capacity.

Clinical affiliation agreements must be acquired for each clinical affiliation site. Agreements must be current and be signed and dated by both school and clinical site officials.

The surgical technology program must have a method to document the number of available surgical technology student operating room scrub slots at each clinical affiliation site. In addition, the surgical technology program must have one operating room scrub slot per student admitted to the surgical technology program. For example, if a program admits 18 students per year, then the program must have at least 18 operating room scrub slots available at the time of student enrollment.

Programs that have more than one admission class/cohort start date a year must have one operating room scrub slot for every student enrolled in each cohort, in the event that any of the cohorts overlap at any point while students are completing clinical case requirements.

Changes in Program Resources

Changes to the program-specific budget are reported on the next ARC/STSA Annual Report. The adequacy of the program’s budget will be reviewed during Initial, Random/Continuing or Comprehensive/Consultative On-Site Evaluation or by means of the Program Review Report.

Changes to the surgical technology-related classroom, laboratory, offices and ancillary student facilities:

Program changes that involve a change in location or change in availability of program classroom and/or laboratory space, faculty offices, and ancillary student facilities should be reported to the ARC/STSA within 90 days of the change. If these facilities change location or if the surgical technology program is assigned space that is different than the space reviewed during the last accreditation renewal, please submit the following:

- a blueprint or floor plan showing the surgical technology classrooms, laboratory space, and faculty offices, including measurements
- an updated list of office, classroom or laboratory furnishings, equipment, and supplies
- verification of the program’s stated maximum enrollment capacity and actual enrollment and start date(s)
- verification of faculty didactic and laboratory assignments, if the program’s stated maximum enrollment capacity has
Section III: Resources

Standard III.A.—Resources—Type and Amount
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.

Interpretation of Standard III.A—cont.

- submission of an ARC/STSA Clinical Affiliation Site Reporting Form, if the program’s stated maximum enrollment capacity has changed. This documentation should demonstrate that the program has sufficient clinical affiliation sites and operating room scrub slots for the program’s stated maximum enrollment capacity to achieve the goals and outcomes of the program.

Changes to the surgical technology-related classroom equipment, student and faculty computer resources, instructional reference materials, laboratory equipment and instrumentation, laboratory supplies, and library resources and materials: The surgical technology program must maintain and update inventory lists of classroom and laboratory equipment/supplies, computer resources, instructional reference materials and library resources and materials for ARC/STSA review. Maintained and updated lists must demonstrate that the program has adequate equipment, supplies, and resources to support the program’s stated maximum enrollment capacity and to achieve the goals and outcomes of the surgical technology program. Only a significant reduction in any of these resources need to be reported to the ARC/STSA. Otherwise, the adequacy of these specific resources will be reviewed during the Initial, Random/Continuing or Comprehensive/Consultative On-Site Evaluation or by means of the Program Review Report.

Changes to the Surgical Technology-related clerical/support staff:
See the information under Standard III.B.—Personnel

Changes to the Clinical Affiliation Site(s): Programs must notify the ARC/STSA of any changes/additions/deletions to the program’s clinical affiliations within 90 days of the change or on the next Annual Report, whichever is earlier. In the event that a clinical affiliation site is being added or a clinical affiliation agreement is revised, a copy of the clinical affiliation agreement (signed and dated by each party) must be submitted to the ARC/STSA for review and approval of sufficient clinical resources for the program’s stated maximum enrollment capacity. Documentation in support of this change should include:
- An ARC/STSA Clinical Affiliation Site Reporting Form
- A copy of the new/revised clinical affiliation agreement
- Verification of the program’s stated maximum enrollment capacity (the number of students enrolled in a cohort (class), the number of cohorts per year (Aug 1-July 31), and the number of cohorts that overlap in clinical at any point in the program).

Specific information regarding sufficiency of clinical resources are discussed in the interpretation column for this Standard.

Programs should maintain a current inventory of classroom/laboratory supplies/equipment/instruments, library resource references and materials (including texts, periodicals, databases, etc.), instructional reference materials (aides, models, and audiovisual aids), proof of faculty continuing education activities/certificates of participation for both surgical technology-specific and teaching-specific professional development, and copies of current applicable certifications/licenses. An inventory of donated equipment, supplies and instrumentation should also be maintained, especially if the program’s budget does not indicate sufficient funding to maintain laboratory disposable supplies inventories. A list of guest speakers, sales representative demonstrations, and other types of educational activities not accounted for in the program’s budget or inventory may also be maintained to document these additional student learning opportunities. These documents can be useful to the Program Advisory Committee (PAC) during annual resources review and during Random/Continuing On-Site Evaluation, Consultative/Comprehensive On-Site Evaluation or by means of the Program Review Report.

In the laboratory setting, each student assigned to the lab should be actively engaged in the learning process, preferably...
Section III: Resources

Standard III.A.—Resources—Type and Amount
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.

EXAMPLE—Standard III.A.—cont.

engaged in hands-on learning. When 12 students are assigned to a lab, sufficient OR furnishings should be available for use. The program should provide a schedule of activities indicating hands-on learning opportunities for all students scheduled for each lab section.

Examples of laboratory activities where students can work in small groups (1-2 students) to practice skills independent of case preparation include, but are not limited to:

- open gloving
- gowning and gloving others
- loading scalpels
- preparing sutures
- preparing medications for use in the sterile field
- draping the Mayo stand
- passing instruments, including passing with the non-dominant hand
- instrument identification

- catheter preparation
- loading a “sponge on a stick” and kittners (peanuts, KD’s)

The development and use of laboratory guides and evaluation tools or rubrics for the performance and evaluation of all laboratory skills allows students to review the expected skills demonstration in writing, to use the steps for guidance in developing the skill, and to practice the skill until a level of proficiency is attained, without the constant, direct involvement of the instructor. Students, working in pairs, can observe, guide and critique each other during the skills development phase, freeing the instructor to monitor the lab activities and be available for assistance or to work with small focus groups while others are continuing to develop and practice skills. The evaluation rubric would contain the same or similar steps/concepts as the laboratory guide. An example of a laboratory rubric is included below, and can also be found in the laboratory manuals accompanying the various published textbooks in the field of surgical technology.

EXAMPLE—Laboratory Skills Rubric #1

<table>
<thead>
<tr>
<th>Procedural Step</th>
<th>Competency</th>
</tr>
</thead>
</table>
| Student will be able to state purpose for draping the Mayo stand | • The Mayo stand is the primary instrument and supply area, providing immediate access to surgical armamentarium actively used during the surgical procedure  
• The Mayo stand is commonly introduced into the surgical field by bringing it over the sterile field once the sterile patient drapes have been applied |
| Student is able to state concepts of draping the Mayo stand | • The Mayo stand is draped with a sterile, tubular drape, allowing for all surfaces of the tray and much of the leg to be covered and rendered acceptable in the sterile field |
| Equipment and supplies assembled | • Mayo stand  
• Sterile Mayo stand cover |
| Drape the Mayo stand | • Orient the drape so that the opening is away from you and the cuff is accessible  
• Place your gloved hands into the cuff, passing your index fingers around the opening of the drape  
• Grasp the two sides of the Mayo stand drape with your other fingers—hold securely  
• Open the opening of the drape  
• Approach the Mayo stand, placing your foot on one of the feet of the Mayo stand  
• Lowering your hands slightly, catch the back lip of the drape on the underside of the Mayo stand; slide the drape over the Mayo stand tray until it stops  
• Step to the side of the Mayo stand; reposition your foot on the base of the Mayo stand  
• Reposition your hands, with the hand closest to the leg of the Mayo stand under the drape cuff and holding the middle of the folds of the Mayo stand cover with your opposite hand  
• Holding the drape taut, slide the drape over the Mayo tray, stopping to reposition your hands and unfold the drape as necessary; keep your sterile hands on the top surface of the tray  
• Fold the Mayo stand drape under the tray so as to eliminate excess drape material from collecting under the Mayo stand  
• Apply towel(s) over the Mayo tray to protect/organize instruments/supplies  
• Move the Mayo stand close to the back table after draping |
Section III: Resources

Standard III.A.—Resources—Type and Amount

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.

EXAMPLE—Standard III.A.—cont.

The program should demonstrate that the laboratory inventory permits all assigned students to be actively working to acquire the necessary knowledge and skills necessary to enter the clinical setting and complete the course/lab objectives.

The program should also provide opportunities for remedial laboratory activities (open lab sessions) outside of the regularly schedule laboratory course times.

When assessing computer resources, the program should include an inventory of computer software installed or accessible by students related to surgical technology education. Applicable assignments specific to the use of computer software should be included in the program’s lesson plans.

Educational videos and CD-ROMs/DVDs are available at: http://store.ast/org/store/

Library reference resources and materials could include:
- Gray’s Anatomy
- Sabiston’s Textbook of Surgery

- Schwartz Manual of Surgery
- Campbell’s Operative Orthopedics series
- ST Wheeless’ Textbook of Orthopedic Surgery
- Mosby’s Perioperative Nursing series
- CST exam study guides
- The Surgical Technologist
- Point of View

Please note that the ARC/STSA does not endorse any specific surgical technology textbooks, reference resources, or reference materials.

As of January 1, 2009, new program directors are required to attend an ARC/STSA Accreditation Fundamentals for Educators (AFE) workshop during their first year of appointment. This workshop is offered annually in February, May, and July/August. At each workshop, the ARC/STSA provides information regarding the CAAHEP accreditation process, in addition to providing networking opportunities with fellow ST program directors and instructors. Other educational opportunities include State Assembly workshops, continuing education journal articles, and college-level teaching methodology courses.

Announcements, articles related to accreditation, and ARC/STSA updates are found in the ARC/STSA OutReach, our electronic newsletter. The OutReach is sent electronically to all program directors of CAAHEP-accredited programs and is also available on the ARC/STSA website (www.arcstsa.org/index.php/newsletters).

The ARC/STSA website also has current notifications regarding changes in the accreditation process for surgical technology program, a link to the CAAHEP Standards and Guidelines for the Accreditation of Educational Programs in Surgical Technology, access to the Annual Report electronic filing portal, access to standardized ARC/STSA forms, as well as links to related organizations.
Section III: Resources

Standard III.B.—Faculty Resources
The sponsor must appoint sufficient faculty and staff with the necessary qualification to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

III.B. The sponsor must appoint a full-time Program Director.
1. Program Director
   a. Responsibilities: The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.
   b. Qualifications: The credential of the Program Director must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Program Director must have a minimum of three years of current operating room experience in the scrub role and/or three years of current experience as an instructor in Surgical Technology. Persons approved as Program Directors under previous Standards will continue to be approved in that position at that institution.

2. Clinical Coordinator
   a. The Clinical Coordinator must be responsible for organization, administration, continuous review, planning development, and general effectiveness of clinical experiences for students enrolled in the Surgical Technology program.
   b. Qualifications: The credential of the Clinical Coordinator must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Clinical Coordinator should have a minimum of one year of current operating room experience. Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

3. Didactic Faculty
   a. Responsibilities: The instructional staff must be responsible for students attaining the objectives of each course, for evaluation students and reporting progress as required by the institution, and for periodic review and updating of course material.
   b. Qualifications: Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core Surgical Technology courses must have a credential in the field of Surgical Technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies (NCCA).

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard III.B.

Program Director Requirements: This person must be employed full-time in the surgical technology program and must have a current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor, and/or state approval agency, if applicable. 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 or a combination of both.

Clinical Coordinator Requirements: This person must have a current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor(s), and/or state approval agency, if applicable. 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 current, surgical technology-specific credential that is accredited by the National Commission on Certifying Agencies (NCCA) in addition to any other credentials a person may currently retain and/or are required by the sponsoring institution, institutional accreditor(s), and/or state approval agency, if applicable. The sponsoring institution must provide documentation indicating that didactic/clinical core faculty are prepared by education and experience to be effective in teaching the course content related to their assigned position and responsibilities.

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 Surgical First Assistant (CST/CSFA) credential.

A non-core instructor does not have to hold the CST, CSFA or CST/CSFA credential, but he/she must meet the credentialing requirements and experiential requirements defined by the sponsoring institution and institutional accreditor(s) and/or approval agencies. Non-core subjects include: Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, Microbiology, Medical Law and Ethics, Physics, Robotics, Electricity, and Computers Skills. Non-core subjects may be taught by individuals who do not hold the CST, CSFA, or CST/CSFA credential only if the above-defined course content areas are not part of a course that includes surgical technology program core coursework.

Changes to the Program Director: Changes in the program director should be reported to the ARC/STSA within thirty (30) days of the change.
Section III: Resources

Standard III.B.—Faculty Resources—cont.
The sponsor must appoint sufficient faculty and staff with the necessary qualification to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

III.B. The sponsor must appoint a full-time Program Director.

1. Program Director
   a. Responsibilities: The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.
   b. Qualifications: The credential of the Program Director must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Program Director must have a minimum of three years of current operating room experience in the scrub role and/or three years of current experience as an instructor in Surgical Technology. Persons approved as Program Directors under previous Standards will continue to be approved in that position at that institution.

2. Clinical Coordinator
   a. The Clinical Coordinator must be responsible for organization, administration, continuous review, planning development, and general effectiveness of clinical experiences for students enrolled in the Surgical Technology program.
   b. Qualifications: The credential of the Clinical Coordinator must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Clinical Coordinator should have a minimum of one year of current operating room experience. Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

3. Didactic Faculty
   a. Responsibilities: The instructional staff must be responsible for students attaining the objectives of each course, for evaluation students and reporting progress as required by the institution, and for periodic review and updating of course material.
   b. Qualifications: Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core Surgical Technology courses must have a credential in the field of Surgical Technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies NCCA).

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard III.B.—cont.

Changes to program-related faculty: Changes in program faculty/staff should be reported to the ARC/STSA on the Annual Report. (Please see page 20.)

Surgical technology program director/faculty/staff change documentation should be submitted to the ARC/STSA and include:
- an ARC/STSA Program Personnel Report Form, including information for all faculty/staff/administrators directly related to the ST program (available online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts)
- an ARC/STSA Program Faculty Curriculum Vitae Form (available online—see above)
- an ARC/STSA Faculty Schedule of Responsibilities Form (available online—see above)
- a current résumé
- proof of NBSTSA certification (a copy of the certification card, certification certificate, or verification page from the NBSTSA website—www.nbstsa.org/verify/find-cred.htm)

A change of program director also requires submission of a letter of appointment, including name and date of appointment, on institutional letterhead signed by the president/CEO or their designee. This letter is in addition to the change documentation for faculty/staff.

If a new program faculty/staff member has been appointed to teach “non-core” coursework (as defined in Standard III.B.), please submit the following documentation:
- an ARC/STSA Program Personnel Report Form, including information for all faculty/staff/administrators directly related to the ST program (available online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts)
- an ARC/STSA Program Faculty Curriculum Vitae Form (available online—see above)
- an ARC/STSA Faculty Schedule of Responsibilities Form (available online—see above)
- a current résumé

When notifying the ARC/STSA of a college administrator change such as a president/CEO or Dean/Administrator please submit the name, credentials, title, date of appointment, and contact information (institutional mailing address, telephone number, fax number, and e-mail address) for the newly-appointed administrator. An ARC/STSA Program Faculty Curriculum Vitae Form, an ARC/STSA Faculty Schedule of Responsibilities Form, résumé, and proof of certification are not required for these positions.

Clerical/Support Staff Resources—Programs are required to have clerical/support staff as necessary. During surgical tech-
Section III: Resources

Standard III.B.—Faculty Resources—cont.

The sponsor must appoint sufficient faculty and staff with the necessary qualification to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

III.B. The sponsor must appoint a full-time Program Director.

1. Program Director
   a. Responsibilities: The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.
   b. Qualifications: The credential of the Program Director must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Program Director must have a minimum of three years of current operating room experience in the scrub role and/or three years of current experience as an instructor in Surgical Technology. Persons approved as Program Directors under previous Standards will continue to be approved in that position at that institution.

2. Clinical Coordinator
   a. The Clinical Coordinator must be responsible for organization, administration, continuous review, planning development, and general effectiveness of clinical experiences for students enrolled in the Surgical Technology program.
   b. Qualifications: The credential of the Clinical Coordinator must be in the field of Surgical Technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Clinical Coordinator should have a minimum of one year of current operating room experience. Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

3. Didactic Faculty
   a. Responsibilities: The instructional staff must be responsible for students attaining the objectives of each course, for evaluation students and reporting progress as required by the institution, and for periodic review and updating of course material.
   b. Qualifications: Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core Surgical Technology courses must have a credential in the field of Surgical Technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies (NCCA).

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard III.B.—cont.

In an ST program review, the program must clearly specify what clerical/support staff is available to the program. The program should report clerical/support staff changes to the ARC/STSA on the Annual Report. Please submit:
- an ARC/STSA Program Personnel Report form, including information for all faculty/staff/administrators directly related to the ST program
- the name of the individual appointed
- an ARC/STSA Faculty Schedule of Responsibilities form

EXAMPLE—Standard III.B.:

The ARC/STSA standardized forms are available online at: www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts and include:
- ARC/STSA Program Personnel Report Form, including all faculty, staff, and administrators (president/CEO and dean
- or comparable appointments) directly related to the ST program
- ARC/STSA Program Faculty Curriculum Vitae Form
- ARC/STSA Faculty Schedule of Responsibilities Form

The three acceptable NCCA-approved credentials in surgical technology are:
- Certified Surgical Technologist (CST)
- Certified Surgical First Assistant (CSFA)
- Certified Surgical Technologist /Certified Surgical First Assistant (CST/CSFA)

Proof of a NCCA-approved credential in surgical technology includes submission of one of the following:
- A copy of the NBSTSA certification card
- A copy of the NBSTSA certification certificate
- A copy of the verification page from the NBSTSA website (www.nbstsa.org/verify/find-cred.htm).

Résumés for faculty and staff must be updated to reflect their current position and employer (the educational institution—school).

Documentation in support of approval of a change in program director, faculty, staff, or administrators can be submitted via email attachment to info@arcstsa.org.
Section III: Resources

Standard III.C.—Curriculum

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.

Interpretation of Standard III.C.—The Curriculum

The program must have a comprehensive program curriculum that includes all of the curriculum content requirements defined in the current edition of the Core Curriculum for Surgical Technology.

A comprehensive program curriculum consists of:
- a master curriculum list
- course syllabus (syllabi)
- course lesson plan(s)

The comprehensive program curriculum should demonstrate that all curricular components of the surgical technology program are delivered in appropriate sequence and therefore progressively preparing the students for each course/component of the program.

A master curriculum list consists of a document listing all courses required for completion of the program course of study, leading to the award of a certificate, diploma or degree in surgical technology. Information included on this documentation includes:
- the course designation
- course title
- clock hours
- time increment (quarter, semester, trimester, etc.) of instruction

The course syllabus consists of a document containing all course requirements. It is the educational contract between the instructor and the student, and must be consistent with advertised course descriptions and course lesson plans. A course syllabus must be developed for all didactic (lecture/classroom), laboratory, and clinical courses. Course syllabi include, but are not limited to:
- course designation
- course title
- clock hours
- time increment (quarter, semester, trimester, etc.) of instruction
- course faculty
- course schedule
- course overview/description
- course objectives
- method(s) of instruction
- course content/topic outline—sufficiently detailed to permit verification of specific topics listed on the ARC/STSA Curriculum Comparison Form—CCST6e within the program’s master syllabi or companion documentation
- outcomes assessment methods
- grading scale

Lesson plans detail the activities that will be undertaken by the student and/or instructor to assist the learner in knowledge, skills and behavior attainment. Lesson plans are generally developed by instructional unit, or calendar schedule (days of the week or class schedule). Lesson plans should be documented in such detail that any person with knowledge of the educational process and the field of surgical technology should be able to follow the plan and guide the lesson. Lesson plans include, but are not limited to:
- unit of study
- instructional objectives
- content
- instructional activities
- evaluation/assessment tools—assignments, tests
- resources and instructional references (models, aids)

The program must demonstrate, by comparison, that it meets or exceeds the content requirements of the current edition of the Core Curriculum for Surgical Technology. If course syllabi do not include a detailed list of content, programs may choose to demonstrate compliance using a comparison chart or table based on the table of contents from the Core Curriculum for Surgical Technology that indicates the course and lesson where the content is included.

Effective **JANUARY 1, 2013**, all CAAHEP-accredited surgical technology programs must demonstrate compliance with the content requirements of the Core Curriculum for Surgical Technology, 6e (CCST6e) for all new cohort starts. All CAAHEP-accredited surgical technology programs are required to submit documentation in support of approval of implementation of the CCST6e (see changes to program curriculum information below.)

Changes to the program curriculum:

Programs should report all curriculum changes/additions to the ARC/STSA office prior to or within 90 days of the change. Curricular change approval requests require submission of the following:
- notification to the ARC/STSA of the proposed change/addition on institutional letterhead
- An updated Master Curriculum List
- a comparison of the old and new curriculum component(s) to be changed
- copies of syllabi for all relevant curriculum changes [see syllabus content in left-hand column of this page]
Section III: Resources

Standard III.C.—Curriculum

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.

EXAMPLE—Standard III.C.—The Curriculum:

The appendix of the Core Curriculum for Surgical Technology, 6e contains basic information on teaching methodology, including:
- domains of learning
- learning styles
- master curriculum development
- writing behavioral objectives developing a lesson plan
- developing a lesson plan

When completing the ARC/STSA Curriculum Comparison Form (CCF), enter each course and number and name for all courses required for program completion that include content that demonstrates compliance with the CCST6e in the cells in rows 3-4, columns H-A [see blue arrow #1 in illustration below].

Next, indicate the syllabus or companion document page number where each applicable topic can be verified in the applicable “yellow” cells to the right of each topic [see red arrow #2 in illustration below]. Master course syllabi or companion documentation to each syllabus should include sufficient detail to permit verification of each specific topic listed on the ARC/STSA Curriculum Comparison Form—CCST6e.

ARC/STSA Curriculum Comparison Form—CCST6e
Section III: Resources

Standard III.C.—Curriculum—Clinical Case Requirements

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.

Interpretation of Standard III.C.—Clinical Case Requirements—CCST5e

The program must publish the minimum clinical case requirement for successful completion of the program, as approved by the ARC/STSA. This clinical case requirement, defined in the Core Curriculum for Surgical Technology, 5e (CCST5e), must be defined as one of the following:

- Minimum (80 Cases)
- Standard (125 cases)
- Best (140 cases)

The clinical case requirement must meet the criteria for each classification as defined on the “Explanation of Clinical Case Requirements” sheet published in the CCST5e on page 254.

- Minimum
  - 80 Cases in the “first scrub solo” or “first scrub with assist” roles
  - At least 25 “first scrub solo” and of these:
    - 10 should be level I Core
    - 10 should be Level II Core
    - 5 should be Level I Specialty

- Standard
  - 125 cases in the “first scrub solo” or “first scrub with assist” roles
  - At least 35 “first scrub solos” and of these:
    - 10 should be level I Core
    - 10 should be Level II Core
    - 10 should be Level I Specialty
    - 5 should be Level II Specialty

- Best
  - 140 cases in the “first scrub solo” or “first scrub with assist” roles
  - At least 40 first scrub solos and of these:
    - 10 should be level I Core
    - 10 should be Level II Core
    - 5 should be Level III Core
    - 5 should be Level I Specialty
    - 5 should be Level II Specialty
    - 5 should be Level III Specialty

Student clinical case logs must clearly indicate the number and type of cases completed, the role of the student in each case, as defined in the CCST5e, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism(s)/methods to ensure validity of log documentation] and dates).

Student case logs must be consistently maintained, verified, stored in hardcopy or electronically/digitally, retained for a minimum of 5 years, and clearly provide evidence that students are completing the program’s elected clinical case requirement as defined in the CCST5e.

EXAMPLE—Standard III.C.—Clinical Case Requirements—CCST5e:

An example of a clinical case log that demonstrates compliance with Standard III.C. would include the following information:

- Name of student
- Clinical facility
- Preceptor/Clinical Instructor
- Date surgical procedure was performed
- Surgical procedure
- Level of case performed [Note: Refer to the CCST5e, pages 238-250 for listing of surgical procedures case levels]
- Core or Specialty designation
- Skill level performed
  - S1—first scrub solo (90-100% of case activities with proficiency)
  - S2—first scrub with assist (70-90% of case activities with proficiency)
  - S3—second scrub or scrubbed observation (less than 70% of case activities with proficiency)
- C—Assistant Circulate
- O—Observation
- E—Endoscopy cases (non-counted toward cases fulfilling the S1 or S2 requirements but recorded and clinical experiences)
  [Note: Refer to the CCST5e, pages 252-253 for the definition and guidelines for the S1 and S2 roles]
- Signature or initials of Preceptor/Clinical Instructor

Case logs or supporting documentation should contain a key or instructions on how to correctly and accurately document the clinical case experiences.

All clinical case experiences should be recorded in the clinical case log, even if the cases do not count toward completion of the program’s stated case requirement (e.g.: endoscopy procedures).

A case log summary sheet should also be used by the program to demonstrate the following for each student:

- Total number of cases performed
- Number of first scrub with assistance cases performed
- Number of first scrub solo cases performed
- Number of first scrub solos cases distributed across the required core/specialty and level, based on the program’s published clinical case requirement (Minimum, Standard or Best)
Section III: Resources

Standard III.C.—Curriculum—Clinical Case Requirements

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.

Interpretation of Standard III.C.—Clinical Case Requirements—CCST6e

The program must publish the clinical case requirement for successful completion of the program, as defined in the Core Curriculum for Surgical Technology, 6e (CCST6e).

The clinical case requirement must meet the criteria for each classification as defined in the “Surgical Rotation Case Requirements” sheet published in the CCST6e on pages 173-174.

- The total number of cases the student must complete is 120
- Students are required to complete thirty (30) cases in General Surgery. Twenty (20) of the cases must be in the First Scrub Role (as defined on page 175 of the CCST6e).
- Students are required to complete ninety (90) cases in various surgical specialties. Sixty (60) of the cases must be in the First Scrub Role and evenly distributed between a minimum of five (5) surgical Specialties. However, fifteen (15) is the maximum number of cases that can be counted in any one surgical specialty.
- The surgical technology program is required to verify through the surgical rotation documentation the student’s progress in First and Second Scrubbing surgical procedures of increased complexity as he/she moves toward entry-level graduate abilities (as defined on page 175 of the CCST6e).
- Diagnostic endoscopy cases and vaginal delivery cases are not mandatory. But up to ten (10) diagnostic endoscopic cases and five (5) vaginal delivery cases can be counted towards the maximum number of Second Scrub Role cases.
- Observation cases must be documented but do not count towards the one hundred twenty (120) required cases (as defined on page 175 of the CCST6e).
- Counting cases: Cases will be counted according to surgical specialty. Examples:
  - Trauma patient requires a Splenectomy and repair of a LeFort I fracture. Two (2) cases can be counted and documented since the Splenectomy is a general surgery specialty and the Repair of LeFort I is an Oral-Maxillofacial surgical specialty
  - Patient requires a Breast Biopsy followed by a Mastectomy. It is one (1) pathology, breast cancer, and the specialty is General Surgery; therefore, it is counted and documented as one (1) procedure - one case.

Student clinical case logs must clearly indicate the number and type of cases completed, the role of the student in each case, as defined in the CCST6e, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism(s)/methods to ensure validity of log documentation] and dates).

EXAMPLE—Standard III.C.—Clinical Case Requirements—CCST6e:

An example of a clinical case log that demonstrates compliance with Standard III.C. would include the following information:

- Name of student
- Clinical facility
- Preceptor/Clinical Instructor
- Date surgical procedure was performed
- Surgical procedure
- The specialty designation (General Surgery, various Surgical Specialties, Diagnostic Endoscopy, Vaginal Delivery)
- Skill level performed
  - First Scrub Role (S1)***
  - Second Scrub Role (S2)***
  - Observation Role (Obs)***
- Signature or initials of Preceptor/Clinical Instructor

Case logs or supporting documentation should contain a key or instructions on how to correctly and accurately document the clinical case experiences.

All clinical case experiences should be recorded in the clinical case log, even if the cases do not count toward completion of the clinical case requirement (e.g.: endoscopy procedures).

A case log summary sheet should also be used by the program to demonstrate the following for each student:

- Total number of cases performed
- Number of First Scrub Role (S1)*** cases in General Surgery
- Number of Second Scrub Role (S2)*** cases in General Surgery
- Number of First Scrub Role (S1)*** cases in the five (5) surgical specialties
- Number of Second Scrub Role (S2)*** cases in the five (5) surgical specialties
- Number of Diagnostic Endoscopy (DE)*** cases in the Second Scrub Role
- Number of Vaginal Deliveries (VD)*** in the Second Scrub Role

[*** Please note: the suggested abbreviations used in the examples above are not required to be used by programs.]
Section III: Resources

Standard III.D.—Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The result of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Interpretation of Standard III.D.

Formal assessment of the program’s resources should be performed on a periodic basis, no less than once per year. A detailed plan of action for performing assessment of resources should be submitted in the Self-Study or Program Review Report, and be available for review during an Initial, Random/Continuing, or Consultative/Comprehensive On-Site Evaluation, and utilized by the PAC during annual review and assessment of the program (see Standard II.B.).

The program should provide evidence of a formal assessment tool used to document the assessment. This tool may also incorporate assessment of other CAAHEP-required assessments, such as program goals and outcomes.

The program should determine the benchmark(s) associated with each area to be assessed. A benchmark is the target used to determine program effectiveness and is set by each program (school). Program benchmarks should be set to meet or exceed any applicable ARC/STSA-required threshold, such as the ARC/STSA required retention threshold of 70% or the Employer Survey return rate threshold of 50% (see ARC/STSA required Outcomes Thresholds on page 33).

The assessment tool should include the following:
- The area to be assessed—specific resource, program goals, specific outcome
- Identification of the tool to be used to perform data collection
- The timeframe for performing data collection and assessment
- The program benchmark(s) criteria
- An assessment summary
- A plan of action

During assessment of program resources, which must be completed on at least an annual basis, a program can assess whether it meets, does not meet, or exceeds the ARC/STSA-required thresholds. When a program does not meet the ARC/STSA-required threshold for a specific outcome, the program should develop a detailed, comprehensive, measurable plan of action and timeline for implementation to permit the program to meet the ARC/STSA-required threshold(s) as soon as possible (see Plan of Action information, page 47).

The program is required to provide evidence of assessment of the following by its communities of interest on a minimum of an annual basis:
- program’s goals [see Standard II.B.],
- all program resources [see Standard III.A.—physical resources, Standard III.B.—faculty resources, and Standard III.C.—curriculum resource and the clinical case requirement]
- all program outcomes [see Standard IV.B.1.—retention, approved outcomes assessment exam (CST for all CAAHEP-accredited programs effective August 1, 2011), graduate placement, employer survey return rate and satisfaction rate, and graduate survey return rate and satisfaction rate].

The Program Advisory Committee (PAC) agenda and minutes should reflect review, discussion and input regarding the program’s goals, all program resources, all program outcomes, and the monitoring of program needs and expectations by the communities of interest on a minimum of an annual basis (once every 12 months).
**Section III: Resources**

**Standard III.D.—Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The result of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

**EXAMPLE—Standard III.D.—**

**DEVELOPING A PROGRAM EFFECTIVENESS PLAN**

[See an example of all required program resources for annual assessment in the Program Effectiveness Plan on page 42.]

<table>
<thead>
<tr>
<th>Area for Assessment</th>
<th>Measurement Tool</th>
<th>Timeframe</th>
<th>Program Benchmark Criteria</th>
<th>Assessment</th>
<th>Plan of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources: program-specific budget</td>
<td>What evidence will be maintained to clearly indicate the annual review of program goals</td>
<td>When will this evidence be obtained—be specific (ie: month of the year)</td>
<td>What measurement will the program use to determine effectiveness of the measured item [may use an ARC/STSA threshold, if applicable]</td>
<td>What was/were the finding(s) of the actual assessment</td>
<td>If the program did not meet the program’s benchmark it set, what will the program do to raise the results to meet or exceed the program benchmark. Plans of action should be detailed, comprehensive, and measurable. They should include a timeline for reassessment. If the program met the benchmark, the plan should indicate the reassessment timeframe.</td>
</tr>
<tr>
<td>Resources: program-specific budget</td>
<td>Copies of 2011-2012 and 2012-2013 budgets; PAC agenda and PAC minutes; program effectiveness plan</td>
<td>Annually—each April at the Spring PAC meeting</td>
<td>PAC will state that the budget is sufficient to maintain program resources</td>
<td>4/12/12—2011-2012 budget reviewed—concur with use of lab capital funding to purchase mannequin to permit 2 lab set-ups. Proposed 2012-2013 budget reviewed.</td>
<td>No additional action indicated; next PAC review April 2013 POA—lab mannequin purchase.</td>
</tr>
</tbody>
</table>
Section IV: Student and Graduate (Outcomes) Evaluation/Assessment

Standard IV.A.—Student Evaluation

1. Frequency and purpose: Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the student’s progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. Documentation: Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.A.

This component of Standard IV focuses on specific student assessment methods rather than program outcomes assessment. Programs are required to use evaluation tools to directly measure student progress during the education process.

Evaluation tools permit the student and instructor to assess, monitor and track the student’s progress toward attainment of the course objectives and program goals.

Formative evaluation tools are commonly used to provide feedback as students work to master small areas of knowledge, skills or behaviors during the learning process. Examples of formative evaluation tools include “pop quizzes”, question and answer activities, workbook assignments, peer skills assessment, individual lab skills check-offs, or daily clinical evaluation feedback.

Summative evaluation tools are commonly used at the end of a course or segment of a program to assess the student’s overall progress. Summative evaluations should involve a formal, documented process. Examples of summative evaluation tools include final exams, a comprehensive laboratory skills demonstration, or a final clinical evaluation performed by program faculty.

Formal evaluation of student performance (cognitive, psychomotor and/or affective behavior) should be performed in the didactic (classroom), laboratory, and clinical components of the program. Evaluation tools should include clear rubrics for measuring the performance and areas for student and faculty verification signatures and dates, verifying review and discussion of the evaluation. The use and weight of student evaluation tools should be described in each course syllabus. Descriptions of and policies regarding student evaluations should be included in either the course syllabus or program handbook/guide. The course syllabus should also include criteria for determining the final course grade, including evaluations.

Copies of completed student evaluation tools should be maintained by the program, in a program student file. These files should be maintained for a minimum of five (5) years and will be reviewed during the next Program Review Report or a Random/Continuing on-Site Evaluation.

Student evaluation tools should be completed at a frequency that permits the faculty to measure incremental and comprehensive knowledge, skills, and behavior development. Feedback from each student evaluation should be provided to the student in a timely manner to permit students to monitor their progress during either an individual course or the program course of study. The frequency of evaluation should permit students to change and adjust their learning activities to promote success, if necessary. Feedback from student evaluation tools should assist the student in identifying learning strengths and areas for review, revision, or remediation.

EXAMPLE—Standard IV.A.:

Examples of student evaluation tools/methods include:

- Didactic evaluation tools:
  - quizzes/tests/exams
  - assignments/projects
  - reports/research papers/poster presentations
  - threaded discussions
  - completion of CE journal articles
  - journal article review
  - capstone projects and presentations

- Laboratory evaluation tools:
  - peer skills assessment and mentoring
  - skills check-offs/return demonstrations
  - comprehensive skills demonstrations

- Clinical evaluation tools:
  - clinical journals/case “write-ups”/case “reports”
  - procedure research assignments/”case studies”
  - daily informal student feedback
  - clinical performance evaluations
  - clinical seminar presentations
  - clinical case logs/clinical case summary
**Section IV: Student and Graduate (Outcomes) Evaluation/Assessment**

**Standard IV.A.—Student Evaluation**

1. **Frequency and purpose:** Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the student's progress toward and achievement of the competencies and learning domains stated in the curriculum.

2. **Documentation:** Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

   [Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

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**EXAMPLE—Standard IV.A.—**

Example of a Laboratory Skills Evaluation Rubric:

<table>
<thead>
<tr>
<th>Student Name: ____________________________</th>
<th>SURG102—Lab Skill 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>The learner will assemble an unguarded surgical scalpel accurately, safely, and with proficiency</td>
<td></td>
</tr>
<tr>
<td><strong>Preparation</strong></td>
<td>Successful</td>
</tr>
<tr>
<td>√ Selects the required #15 blade</td>
<td>Correct blade, handle, and needle holder = 3 points</td>
</tr>
<tr>
<td>√ Selects the corresponding #7 knife handle</td>
<td>Steps performed in order; timely, safe and accurate performance = 3 points</td>
</tr>
<tr>
<td>√ Selects a 6” Mayo Heager Needle Holder to use in loading the blade</td>
<td></td>
</tr>
<tr>
<td><strong>Performance</strong></td>
<td></td>
</tr>
<tr>
<td>√ Places thumb and fourth finger into needle holder finger rings</td>
<td></td>
</tr>
<tr>
<td>√ Orient the blade using the jaw of the needle holder with the cutting area facing left and the cutting tip pointing away</td>
<td></td>
</tr>
<tr>
<td>√ Grasps the blade just above the fenestration and at a slight angle to the shaft of the needle holder</td>
<td></td>
</tr>
<tr>
<td>√ Orient the knife handle with the blade retaining section pointing away and the beveled area facing up; the hand holds the handle on the lower half of the handle</td>
<td></td>
</tr>
<tr>
<td>√ Blade is grasped firmly with the jaw of the needle holder</td>
<td></td>
</tr>
<tr>
<td>√ The flared section of the blade fenestration is aligned with the grooves of the blade handle</td>
<td></td>
</tr>
<tr>
<td>√ The blade is released; the needle holder is stored in its appropriate location</td>
<td></td>
</tr>
<tr>
<td>√ The scalpel/handle is stored in “sharps” section of the back table, pointing away from the learner</td>
<td></td>
</tr>
<tr>
<td>√ Performs steps in order without repeating</td>
<td></td>
</tr>
<tr>
<td>√ Performs all steps in less than 60 seconds</td>
<td></td>
</tr>
<tr>
<td>√ Performs in less than 3 attempts</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________ Date: ____________

Faculty Signature: ___________________________ Date: ____________
**Section IV: Student and Graduate (Outcomes) Evaluation/Assessment**

**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 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.

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.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

**Interpretation of Standard IV.B.**

This component of Standard IV focuses on program outcomes assessment rather than specific student assessment methods. Program outcomes involve direct or indirect, summative measurement of indicators of the program’s ability to achieve its stated goals.

The program outcomes assessment process requires that a program collect and analyze data regarding a minimum of five outcomes (5) areas, including:

- retention
- approved program assessment exam (CST or Comprehensive (Secure) CST Practice Exam—see information under Program Outcomes Assessment Exam—page 42.]
- graduate placement
- employer satisfaction
- graduate satisfaction

Retention is calculated using cohorts based on on-time completion/graduation date(s), determined by the student’s original enrollment agreement/educational plan (or modified agreement/educational plan for those students who delay completion—are unsuccessful in completing a course, take a leave of absence, etc.). The program determines the on-time completion/graduation cohort appropriate for each student based on the date when students begin their course of studies or when students take their first core ST course (only applicable to pro-

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**EXAMPLE—Enrollment/Retention Tracking Tool:**

<table>
<thead>
<tr>
<th>Student</th>
<th>Enrollment Date (24 mo program)</th>
<th>Anticipated Graduation Date</th>
<th>Actual Graduation Date</th>
<th>Notes</th>
</tr>
</thead>
</table>

Retention for the 9/15/2011 completion date = 2/4 (50%)

<table>
<thead>
<tr>
<th>Student</th>
<th>Enrollment Date (24 mo program)</th>
<th>Anticipated Graduation Date</th>
<th>Actual Graduation Date</th>
<th>Notes</th>
</tr>
</thead>
</table>

Retention for the 12/15/2011 completion date = 4/5 (80%)

Overall Retention for 8/1/2011-7/31/2012 = 6/9 (67%) - does not meet ARC/STSA threshold (70%)
Interpretation of Standard IV.B.—cont.

grams with tiered admissions processes [students admitted to the school to complete pre-requisite coursework, then undergo a separate admissions process for enrollment into the ST program].

Students who have delayed completion timeframes, based on the on-time completion/graduation date determined in the original enrollment agreement, due to course repetition, leaves of absence [LOA], etc. should be calculated into their original on-time completion cohort for retention as attrition (see Retention example—page 29.) Students with delayed completion timeframes are then added to the on-time completion/graduating cohort they join upon return/re-entry. Retention percentages are determined by dividing the number of graduates by the total number of original students enrolled plus students added to the cohort with advanced standing (reenter/transfer-in due to repeating courses, return from LOA, etc), then multiplying that number by 100. The ARC/STSA threshold for retention is 70%.

Outcomes Assessment Exam [OAE]
Outcomes assessment exam results are reported for each completion cohort. All graduates must take an ARC/STSA-approved program outcomes assessment exam. Cohort summary results must be reported on the ARC/STSA Annual Report.

Effective August 1, 2011, all CAAHEP-accredited programs must administer and subsequently report OAE results for the NBSTSA Certified Surgical Technologist (CST) Exam. [The PAE is no longer approved for outcomes assessment reporting.]

Effective August 1, 2011, programs seeking CAAHEP Initial Accreditation are required to administer the NBSTSA Comprehensive (Secure) CST Practice Exam to students in all completion cohorts [100% participation] until the award of CAAHEP Initial Accreditation, unless the program has eligibility for its graduates to take the NBSTSA CST Exam. The program's Initial Application Self-Study should include a detailed plan of action and timeline for administration of the NBSTSA Comprehensive (Secure) CST Practice Exam to students in all completion cohorts until the award of CAAHEP Initial Accreditation. The plan of action should also include a plan to report NBSTSA CST Exam results for graduates of all completion cohorts with a program completion date of 90 days and thereafter following the date of the award of CAAHEP Initial Accreditation.

Certified Surgical Technologist (CST) Exam
Programs should report the total number of students graduating and the number who passed the CST certification exam on the first attempt. Beginning with the 2011 Annual Report, programs will be required to meet the thresholds of 100% participation and 70% pass rate.

Effective August 1, 2009, the ARC/STSA thresholds for the CST exam is 100% participation with 70% passing on 1st attempt.

Effective August 1, 2011, the ARC/STSA threshold for the NBSTSA Comprehensive (Secure) CST Practice Exam is 100% participation.

Graduate Placement
When reporting graduate placement statistics, graduates should only be listed once, using the following categories:

- placed in the field of surgical technology or a related field* or on Active Military Duty
- continuing their education
- placed in field of surgical technology or a related field* AND continuing their education

* placement in a related field requires use of knowledge and skills acquired via the curriculum offered in the surgical technology program, e.g.—Central Sterile Supply Technician

The sum of the three categories above should be reported as the total number of graduates placed. Graduate placement percentages are determined by dividing the number of placed graduates by the total number of graduates and multiplying that number by 100. The ARC/STSA threshold for graduate placement is 80%.

Employer Satisfaction
Employer satisfaction results must be solicited for all graduates in the cohort reported to be placed in the field or a related field. Programs must use the standardized ARC/STSA Employer Survey Form for data collection and reporting employer satisfaction on the program's Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the ARC/STSA Employer Survey Form as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form.
Section IV: Student and Graduate (Outcomes) Evaluation/Assessment

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 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.

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

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

Interpretation of Standard IV.B.—cont.

To calculate the employer satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned.

- An Employer Satisfaction Survey must have 24 out of the 28 questions rated 3 or greater on the 5 point Likert scale to be considered a “satisfactory” survey.

The ARC/STSA thresholds for employer satisfaction include a 50% survey return rate and that 85% of the surveys indicate a “satisfactory” rating or higher.

Graduate Satisfaction

Graduate satisfaction results must be solicited from all graduates in the cohort. Programs must use the standardized ARC/STSA Graduate Survey Form for data collection and reporting employer and graduate satisfaction on the program’s Annual Report. The standardized ARC/STSA form may not be altered. Programs may utilize the ARC/STSA Graduate Survey Form as a template to develop an on-line survey tool that mirrors the ARC/STSA-standardized form exactly.

To calculate the graduate satisfaction rating, divide number of satisfactory surveys by the total number of surveys returned.

- A Graduate Satisfaction Survey must have 7 out of the 8 questions rated 3 or greater on the 5 point Likert scale to be considered a “satisfactory” survey.

The ARC/STSA thresholds for graduate satisfaction include a 50% return rate and that 85% of the surveys indicate a “satisfactory” rating or higher.

Formal Plan for Outcomes Assessment

All programs should utilize an outcomes assessment indicator measurement tool to gather data for analysis in determining whether graduates are, indeed, meeting the outcomes established by the program and institution. This data should be shared with all stakeholders, including the Program Advisory Committee (PAC) on a minimum of an annual [once within a 12-month period of time] basis. The table on the next page summarizes the ARC/STSA 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 a Program Review Report or On-Site Evaluation.

A sample Program Effectiveness Plan, that includes program goals, all program resources, and all ARC/STSA-required program outcomes is located on page 42 and available online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts.

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 should be based on 3–5 years of outcomes assessment data; 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 outcome result falls below a threshold, a detailed plan of action and timeline for implementation is required and must be submitted with the data analysis and narrative on the Annual Report. (see Plan of Action and Timeline for Implementation—page 47).

Although a plan of action is required for each year’s Annual Report where insufficient outcomes performance is reported, trending should be part of the plan of action to effectively identify areas for growth and improvement in the program content and/or policies/procedures.

Outcomes data, supporting documentation and completed data collection tools must be available for review during On-Site Evaluations (Random/Continuing or Consultative/Comprehensive On-Site Evaluation visits). These documents must match/support the statistics submitted in the ARC/STSA Annual Reports. Programs seeking Initial Accreditation must provide evidence of a formal outcomes assessment plan. The detailed, formal outcomes assessment plan is included in the supporting documentation submitted in the Self-Study.

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 of program outcomes, further accreditation action (Probationary Accreditation and/or Involuntary Withdrawal of Accreditation) may result.
Section IV: Student and Graduate (Outcomes) Evaluation/Assessment

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 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.

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.

[Please see the 2004 CAAHEP Standards at the back of this document for guidelines/additional information regarding compliance with this Standard.]

EXAMPLE—Standard IV.B.:

ARC/STSA standardized forms are available online and include:

- ARC/STSA Employer Survey for Graduates of Surgical Technology Education Form (online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/)
- ARC/STSA Graduate Survey for Surgical Technology Education (online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/)
- Sample Program Effectiveness Plan (online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/)
- Electronic copies of standardized ARC/STSA OBA/Annual Report Data Sheets are available by contacting the ARC/STSA at 303-694-9262.

Effective August 1, 2011, when completing an Annual Report:

- Program Outcome pages report program data from the student/graduate cohort for the period between August 1-July 31 of the year preceding the name of the report (2012 AR = August 1, 2010-July 31, 2011).
- Graduate Outcome pages report program data from the student/graduate cohort for the period between August 1-July 31 of the year preceding the dates for the Program Outcomes pages (2012 AR = August 1, 2009-July 31, 2010).
### Section IV: Student and Graduate (Outcomes) Evaluation/Assessment

#### Standard IV.B.—Outcomes Assessment—cont.

<table>
<thead>
<tr>
<th>Core Outcomes Indicator</th>
<th>Outcomes Assessment (Minimum Requirement)</th>
<th>Type of Measure</th>
<th>When to Measure</th>
<th>FYI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programmatic Retention</td>
<td>70% of students that are admitted to the program taking core courses must graduate/complete</td>
<td>Indirect</td>
<td>Measured upon graduation/program completion</td>
<td>Multiple start programs: Each group/cohort must be designated and reported separately. Students who delay graduation beyond their original on-time cohort completion/anticipated graduation date, due to leaves of absence or repeating coursework, are considered attrition, even if they progress and graduate at a later date.</td>
</tr>
<tr>
<td>Outcomes Assessment Exam (OAE) Performance</td>
<td>All programs must administer an ARC/STSA-approved OAE to all program graduates</td>
<td>Direct</td>
<td>Final semester/term of program; within a four (4) week period prior to or after graduation</td>
<td>This threshold does not refer to a class average; it refers to individual student/graduate scores. 100% of completing students must participate for each cohort. On-campus group testing is available for the CST Exam and the Comprehensive (Secure) CST Practice Exam (contact the NBSTSA [<a href="http://www.nbstsa.org">www.nbstsa.org</a>] for more information). Effective August 1, 2011, programs seeking CAAHEP Initial accreditation are required to administer the NBSTSA Comprehensive (Secure) CST Practice Exam to students in all completion cohorts [100% participation] until the award of CAAHEP Initial Accreditation, unless the program has eligibility for its graduates to take the NBSTSA CST Exam. See additional information under OAE on page 30.</td>
</tr>
<tr>
<td>CST Exam for all CAAHEP-accredited and CST Exam-eligible programs</td>
<td>CST: 100% participation rate and 70% pass rate</td>
<td>Direct</td>
<td>ARC/STSA Reporting Year = Aug 1—July 31</td>
<td></td>
</tr>
<tr>
<td>NBSTSA Comprehensive (Secure) CST Practice Exam for all applicant status programs seeking Initial Accreditation</td>
<td>NBSTSA Comprehensive (Secure) CST Practice Exam: 100% participation rate</td>
<td>Direct</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job (positive) Placement (employment)</td>
<td>80% of graduates seeking employment must be employed in a field related to surgical technology</td>
<td>Indirect</td>
<td>At least once within 1 year after graduation</td>
<td>Graduates employed F/T or P/T in the ST field or in a related field* /on active military duty and/or those continuing their education are considered positive placements. Graduates should only be counted once when reporting placement outcomes. [* Placement in a related field requires use of knowledge and skills acquired via the curriculum offered in the surgical technology program, e.g.—Central Sterile Supply Technician.]</td>
</tr>
<tr>
<td>Employer Satisfaction</td>
<td>50% return rate for surveys ~ and ~ 85% of the returned surveys rating the employee at a 3 or higher on a 5 point scale</td>
<td>Indirect</td>
<td>No sooner than 9 months after the graduate’s employment</td>
<td>at least 50% of employers reported under Placement outcomes for the designated year return the survey tool ~ and ~ 85% of surveys indicate a “satisfactory” rating—24 of 28 areas rated 3 or higher on the 5 point Likert scale.</td>
</tr>
<tr>
<td>Graduate Satisfaction</td>
<td>50% return rate for surveys ~ and ~ 85% of the returned surveys rating the employee at a 3 or higher on a 5 point scale</td>
<td>Indirect</td>
<td>No sooner than 6 months after graduation</td>
<td>at least 50% of graduates reported under Retention outcomes for the designated year return the survey tool ~ and ~ 85% of surveys indicate a “satisfactory” rating—7 of 8 areas rated 3 or higher on the 5 point Likert scale.</td>
</tr>
</tbody>
</table>
Section V: Fair Practices

Standard V.A.—Publications and Disclosure

1. Announcements, catalogs, publications and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, address, and phone number of the accrediting agencies, admissions policies and practices, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduations, and policies and processes by which students may perform clinical work while enrolled in the program.

Interpretation of Standard V.A.

Standard V.A. addresses the policies and practices of the program and institution from admissions to graduation.

Programs are required to publish their policies and practices so that students and the public (prospective students) are aware of the institution’s and program’s policies.

Publications should include the following:
- clear and accurate information on institutional accreditation status
- clear and accurate information on programmatic accreditation status (only for accredited programs - see note below)
- admissions policies and practices, including technical standards (when used)
- the number of credits/clock hours required for program completion
- tuition, fees and costs required to complete the program
- a withdrawal policy and procedure
- a published tuition and fees refund policy
- a published tuition and fees refund procedure
- an academic calendar
- a student grievance policy
- a student grievance procedure
- criteria for successful completion of the curriculum and graduation

NOTE: Once CAAHEP Initial Accreditation is awarded (but not before), publications should include the following:
- accurate information on the name, address, and phone number of the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

The program’s clinical case requirement must be published in clinical syllabi or in program publications available to students and the public (prospective students).

Publications include, but are not limited to catalogs, brochures, handbooks and institutional and/or programmatic web pages.

A program should maintain a listing of required policies and procedures. This listing should include the name of the policy/procedure, where it is published—the document and page number, and last date of revision.

Updated publications should be reported on the program’s ARC/STSA Annual Report under changes and an electronic copy of the publication or relevant pages should be attached to the report.

EXAMPLE—Standard V.A.:

CAAHEP contact information:
Commission on Accreditation of Allied Health Education Programs
1361 Park Street
Clearwater, FL 33756
Phone: 727-210-2350; Fax: 727-210-2354
www.caahep.org
Section V: Fair Practices

Standard V.B.—Lawful and Non-discriminatory Practices
All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

Interpretation of Standard V.B.:

Programs are required to follow the laws and regulations [municipal, state, and federal] in the community(ies) where they conduct the business of education. Policies and practices that affect students and faculty should be published. The policies and practices of an accredited institution should be non-discriminatory regarding race, color, gender, national origin, age, religion, creed, disability, veteran’s status, sexual orientation, gender identity or gender expression.

Student and faculty recruitment and admissions practices should be non-discriminatory.

Publications should include the following:
- an institutional policy on non-discrimination
- a faculty grievance policy
- a faculty grievance procedure

EXAMPLE—Standard V.B.:

Student records indicate that all students were admitted to the program using the same process and minimum requirements.

Equal Opportunity Employment regulations/Non-discrimination statement(s) should be included in institutional publications and are followed when employing faculty for the surgical technology program.

Guidelines and legislation regulating non-discrimination in employment practices in education, including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and The Department of Education Section 504 regulations can be found on the U.S. Department of Education website at: www.ed.gov/about/offices/list/ocr/docs/hq53e8.html
Section V: Fair Practices

Standard V.C.—Safeguards
The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

Interpretation of Standard V.C.

The program must provide evidence of safety training and education in the didactic/classroom and laboratory components of the program. Safety issues include, but are not limited to:
- OSHA Bloodborne Pathogens/Standard Precautions
- Body Mechanics
- Sharps Safety
- Biohazardous materials
- Mechanical, chemical, thermal, and radiation occupational exposure and injury prevention
- Infectious diseases and the Infectious Process
- Emergency Preparedness education

The program must maintain records indicating that student and faculty health is assessed prior to and during student clinical affiliation site rotations, as appropriate.

The program should provide evidence that health requirements specified in clinical affiliation site agreements are being maintained. Health requirements may include the following:
- Physical examination
- TB testing
- Hepatitis B vaccination
- Other standardized immunizations, such as polio, DPT (diphtheria, pertussis, tetanus), MMR (measles, mumps and rubella), varicella (Chicken Pox), or meningitis

Clinical affiliation agreements may also require the following:
- CPR certification
- Criminal background check
- Random drug screening
- Evidence of OSHA Bloodborne Pathogens/Standard Precautions education
- Facility orientation

The program is required to publish a Student Work Policy that includes, at a minimum, the following:
- The student shall not be substituted for paid personnel during the clinical component of the program
- The student shall not be paid by the clinical affiliation site during the clinical component of the program.

EXAMPLE—Standard V.C.:

ARC/STSA sample work policy: All student activities associated with the curriculum, especially while students are completing clinical rotations, will be educational in nature. Students will not receive any monetary remuneration during this educational experience, nor will the student be substituted for hired staff personnel within the clinical institution, in the capacity of a surgical technologist.
Section V: Fair Practices

Standard V.D.—Student Records

Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

Interpretation of Standard V.D.

The program is required to maintain student records. Permanent records must be stored in a safe and accessible location. A master listing of student record contents should be included with each file. The program should have a formal plan to assess student records for accuracy and completeness.

Records commonly maintained for each applicant and/or student commonly include, but are not limited to the following:

- Education transcripts (high school, college)
- High school diploma or GED
- Entrance examinations
- Admissions applications and other required admissions supporting documentation
- Selection interview records
- Attendance records
- Health records
- Completed Student Assessment tools—tests, assignments
- Completed clinical assessment tools—assignments, evaluations
- Clinical experience logs and summaries
- Student grades and grade books
- Attendance records
- Final transcripts

Samples of all program assessment tools, including revisions, should be retained by the program for a period of no less than five (5) years.

Programmatic student records should be retained for a period of no less than five (5) years.

Permanent student records should be maintained indefinitely. They should be secured in a safe and damage-resistant environment, such as in a fire-proof, locked filing cabinet.

See the Common Questions Regarding Records Retention information—page 48 for information regarding digital/electronic records maintenance.

EXAMPLE—Standard V.D.:

DENVER COMMUNITY COLLEGE
SURGICAL TECHNOLOGY PROGRAM

STUDENT RECORD VERIFICATION SHEET

<table>
<thead>
<tr>
<th>Record</th>
<th>Date Received/Placed in File</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Application</td>
<td></td>
<td></td>
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<tr>
<td>Wonderlic Exam</td>
<td></td>
<td></td>
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<tr>
<td>Interview with PD</td>
<td></td>
<td></td>
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<tr>
<td>HS transcript/GED</td>
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<tr>
<td>Physical Exam</td>
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<tr>
<td>Immunizations</td>
<td></td>
<td></td>
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<tr>
<td>CPR</td>
<td></td>
<td></td>
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<tr>
<td>Criminal Background Check</td>
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<td></td>
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<tr>
<td>Clinical Orientation/OSHA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Transcript</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section V: Fair Practices

Standard V.E.—Substantive Changes
The sponsor must report substantive changes as described in Appendix A to CAAHEP/CoA in a timely manner. Additional substantive changes to be reported to (CoA) within the time limits prescribed include:

1. admission rate
2. curriculum, including department-wide changes made in other departments
3. continued alignment with the latest edition of the Core Curriculum for Surgical Technology
4. admission policies
5. clinical affiliation changes (additions or subtractions)
6. change of location
7. addition of Accelerated Alternate Delivery (AAD) component
8. addition of distance education component
9. addition of branch/satellite components

Interpretation of Standard V.E.

The program is required to report changes to the accredited program or approved AAD, branch/satellite, consortium or DE component of an accredited program in a timely manner.

Substantive changes should be reported within thirty (30) days of the change. These changes include:
- Program goals
- Facilities
- Program director/clinical coordinator
- Administration directly related to the surgical technology program (president/CEO and/or Dean)
- Clinical affiliation sites
- Program enrollment capacity
- Curriculum
- Clinical Case Requirements

Documentation supporting substantive changes can be submitted by attaching electronic copies to an e-mail to the Director of Accreditation Services or by hard copy submission via standard carrier (U.S. Mail, UPS, FedEx, etc.). Standardized ARC/STSA forms should be used, where applicable.

Less substantive changes can be reported on the Annual Report. These changes include:
- Program Advisory Committee (PAC) membership
- Budget
- Program faculty—core and non-core
- Student assessment tools
- Program outcomes assessments—retention, assessment exam results, placement, employer satisfaction, graduate satisfaction
- Publications
- Policies and procedures listed under Standard V.—Fair Practices

Documentation supporting less that substantive changes can be submitted by attaching electronic copies of the documents to the Annual Report. Standardized ARC/STSA forms should be used, where applicable.

EXAMPLE—Standard V.E.:

ARC/STSA standardized forms are available online at: www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts and include:
- ARC/STSA Needs Assessment Form
- ARC/STSA Program Advisory Committee (PAC) Form
- ARC/STSA Clinical Affiliation Site Reporting Form
- Employer Survey for Surgical Technology Education
- Graduate Survey for Surgical Technology Education
- ARC/STSA Program Faculty Curriculum Vitae Form
- ARC/STSA Faculty Schedule of Responsibilities Form
- ARC/STSA Program Personnel Report Form
- ARC/STSA Curriculum Comparison Form
- ARC/STSA Clinical Affiliation Tracking Form
- ARC/STSA Fair Practices Reporting Form
- A-1—ARC/STSA Budget Form
- A-2—Methods of Didactic and Laboratory Evaluation Form
- C-1—Curriculum Sequencing Form
- C-2—Didactic and Laboratory Courses—Summary Form
- C-3—Clinical Courses—Summary Form

ARC/STSA Annual Report Data Sheets can be obtained by request by contacting the ARC/STSA at 303-694-9262 or info@arcstsa.org.

Accelerated Alternate Delivery programs, branch/satellite programs and distance education programs all require approval. The approval process for each can be found on the ARC/STSA website at www.arcstsa.org/index.php/resources/aad-pathway-information.

The current edition of the Core Curriculum for Surgical Technology, 6e (CCST6e), can be obtained from the Association of Surgical Technologists’ online store at http://store.ast.org/store/ProductListByCategory.aspx?Code=BOOKS or by contacting them directly at 800-637-7433. Note: All surgical technology programs are required to demonstrate implementation of the CCST6e for all cohorts that start the program on or after January 1, 2013.
Glossary of Terms

**Assessment:** In an educational context, the process consists of observing learning; describing, collecting, recording, scoring, and interpreting information about a student's or one's own learning. At its most usefulness, 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 (http://serc.carleton.edu/introgeo/assessment/glossary.html).

**Assessment Plan:** Strategies 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:

1. description of program
2. description of the role of the graduate in professional practice
3. institutional mission statement
4. program goals statement
5. program outcomes
6. how the program outcomes relate to the mission of the institution
7. future focus questions—based on program data
8. tracking of program component where outcomes are addressed (didactic, clinical experience, etc.)
9. assessment tools
10. schedules for assessment
11. timelines
12. thresholds
13. criteria and activities
14. description of the data collection process
15. description of the data analysis process
16. identification and participation of stakeholders/members of the communities of interest
17. evaluation of assessment tools and activities
See the Program Assessment Plan information—page 42

**Bloom's Taxonomy:**
A taxonomy is a system of classification across a specific range of criteria. In education, Bloom's Taxonomy is used to develop learning objectives used to determine course or program outcomes and divides educational objectives into three "domains" or foci, including the cognitive (knowledge), psychomotor (hands-on skills) and affective (behaviors, conduct) domains. Learning objectives that incorporate these three foci create a holistic or well-rounded learning experience. Under this taxonomy, learning at more complex levels is dependent on having attained prerequisite knowledge and skills at more basic levels. See Bloom's Taxonomy of Learning Domains at www.nwlink.com/~donclark/hrd/bloom.html.

**Capstone Course:** "Learning expectations of students should increase with their advancement through a curriculum. A capstone course might be designed to make 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.

**Communities of Interest:** Also known as stakeholders. Those that are served by the program or have a stake in the program and/or its graduates. In surgical technology, the three (3) primary stakeholders are the:
- institutional stakeholders—including school faculty and administration
- learner stakeholders—including students and program graduates,
- practice stakeholders—including employers, physicians, practicing CSTs and the public (representing the surgical patient)

**Direct Measurement of Learning:** 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.

**Formative Assessment:** Assessment used to evaluate student learning to build, change, or revise instructional design of a course or curriculum throughout the learning and teaching process and monitor student progress. Examples include questioning, surveys, quizzes, and discussion.

**Indirect Measurement of Learning:** 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 program advisory committee (PAC) feedback.

**Learning Objective:** Also known as learning outcome and student learning outcome. An objective is a short term, specific measurement or requirement that a learner should be able to perform as a result of the educational process. A learning objective has three (3) components:
- action verb—verbs in the cognitive, psychomotor, or affective domain; higher order verbs are generally used in program objectives and course objectives, whereas lower order verbs are used in daily lesson plans—see Bloom’s Taxonomy
- product, process or outcome—the knowledge, skill or behavior the student should be able to demonstrate

The term has been replaced with learning outcome in many educational institutions. (www.educationoasis.com/curriculum/LP/LP_resources/lesson_objectives.htm)
### Glossary of Terms

**Learning Outcome:** Also known as student learning outcome and learning objective. Current term used to describe course level student performance and/or learning requirements.

**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), outcomes assessment exam scores, graduate surveys, and employer surveys.

**Outcomes-Based Assessment/Accreditation:** Accreditation and assessment that measures a program’s quality and compliance with accreditation standards based on outcomes indicators after initial process based evaluation has occurred. The premise is that there is more than one way to administer a program; the end result (graduate knowledge, skills, and behaviors) and periodic verification of data through on-site evaluation will reflect whether a program is meeting its program goals. Continuing accreditation is outcomes-based.

**Plans of Action:** A series and sequence of steps that must be taken or activities that must be performed for the accomplishment of an objective and to permit a program to demonstrate compliance with the Standards. A proposed or tentative project or course of action. A systematic arrangement of elements or parts; a configuration or outline. Surgical technology plans of action relative to outcomes data that is below established thresholds should be detailed, comprehensive, and measurable. They should describe the problem, the proposed plan for improving outcomes and increasing student performance to meet thresholds as appropriate. Plans of action are specific and should include implementation timelines with initiatives/practices that the program will implement in an attempt to increase outcomes (www.businessdictionary.com/definition/action-plan.html and www.thefreedictionary.com/plan+of+action). See the Plan of Action and Timeline for Implementation information—page 47.

**Process-Based Accreditation:** Accreditation that does not rely on outcomes indicators; it is based on a self-study and regular on-site evaluation. This method relies on the process and means by which a program is structured (its foundation) such as resources, facilities, lab equipment, budgets, and curriculum, as opposed to its end result. The initial accreditation cycle is process based, although the outcomes-based tools must be part of a program’s process, even though they may not have data in the early stages of development.

**Program Goals:** Also known as Program Outcomes. A list (usually no more than 10) that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the program. Should be written beginning with “The graduate will...” Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals.

**Program Goals Statement:** A statement of the goals of the program with regard to the preparation of its graduates. This is not a list and should not be confused with the program goals/outcomes. CAAHEP requires that a program goals statement should, at minimum, include preparing entry-level graduates in the cognitive, psychomotor, and affective learning domains.

**Program Outcomes:** Also known as Program Goals. More readily accepted term referring to program goals and graduate preparation. A list that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the program. Should be written beginning with “The graduate will...” Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals.

**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.

**Rubrics:** A type of formative assessment tool that evaluates student performance based on a sum of criteria rather than a single numeric score. Each rubric includes a stated objective, and specific performance characteristics that should be demonstrated. A scoring system should also be included, so that both the instructor and the learner can assess the degree to which the objective(s) have been met. The scoring rubric should be provided to the learner as they work through the formative learning process, as the tool is also used as a working guide for students and instructors.

**Stakeholders:** Also known as the program’s communities of interest. See Communities of Interest information—page 6.

**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. Standardized assessment tools commonly include rubrics to assist in the continuity of assessment from student to student.
Glossary of Terms

**Strategic Planning:** Strategic planning is a management tool. As with any management tool, it is used for one purpose only: to help an organization do a better job—to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. (Adapted from Bryson's Strategic Planning in Public and Nonprofit Organizations)

**Student Learning Outcome:** Also known as learning outcome and learning objective. This term is used in current educational curriculum development and processes.

**Summative Assessment:** Assessment used to evaluate student competency after completion of a measured segment of instruction (end of term/quarter/semester) and the effectiveness of the learning and instructional process. Assessment may lead to revision or change in 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 outcomes assessment exam, capstone projects, employer and graduate surveys, and retention, and graduate placement.
### Sample Program Effectiveness Plan

<table>
<thead>
<tr>
<th>Area for Assessment</th>
<th>Measurement Tool</th>
<th>Timeframe</th>
<th>Program Benchmark Criteria</th>
<th>Assessment</th>
<th>Plan of Action</th>
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<td>Program goals review/assessment</td>
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<td>Resources: program-specific budget</td>
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<td>Resources: library reference resources, materials, and databases</td>
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<td>Resources: clinical affiliation sites and OR scrub slots</td>
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<td>Resources: sufficient faculty appointed</td>
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<td>Resources: Curriculum—Elected Clinical Case Requirement</td>
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<td><strong>Outcomes: Retention</strong></td>
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<td>Outcomes: Approved Outcomes Assessment Exam (OAE) - CST Exam (NBSTSA) Participation Rate</td>
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<td>Outcomes: Employer Survey Return Rate</td>
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<td>Outcomes: Graduate Survey Return Rate</td>
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<td>Outcomes: Employer Survey Satisfaction Rate</td>
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Formatting a Single-Citation Findings Letter Response—Sample/Example

[Note: the information below does not indicate how a program should respond to this finding. The information is only an illustration of how to format the program’s response. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the Standard(s).]

The Finding [from the findings letter]:
Each finding includes three components:
- the Standard or Standards related to the finding—in bold, non-italicized font
- the actual finding—in non-bold, italicized font
- the request—in non-bold, non-italicized font—a response to each ‘paragraph’ of the request should be clearly addressed in the program’s response

An Example of A Findings with Request:

Standard III.C. 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 clinical case log tools do not include case levels, student role, verification signatures, and sufficient number of cases to meet the program’s elected clinical case requirement.

Please submit a revised copy of the clinical case log tool used to track completion of the student clinical case requirement for program completion. This tool should be comprehensive of all clinical experiences, clearly indicate a key/legend for form completion, the number, level and type of cases completed, the role of the student in each case, as defined in the Core Curriculum for Surgical Technology, 5e, and the ability to verify each case (student, preceptor, [if applicable] and faculty signatures [or other mechanism(s)/methods to ensure validity of log documentation] and dates).

In addition, please indicate the date for implementation of the revised clinical case log tool.

In addition, please submit a comprehensive, detailed, measurable plan of action that will ensure that student clinical case logs are consistently maintained, verified, stored, retained for a minimum of 5 years, and clearly provide evidence that students are completing the program’s elected clinical case requirement as defined in the Core Curriculum for Surgical Technology, 5e.

A Sample/Example of a Program Response to the Findings Request:

The program has revised the program’s clinical case log tool. The log now includes areas to document the level of the case (Level I, Level II or Level III), the student role ( FSS=First scrub solo, FSA=First scrub with assist, and O=cases performed at 70% or less proficiency, observations, or circulating), and areas for students and faculty to verify the accuracy of the documentation included on the log. Please note that there is no area for preceptor signatures as the program assigns a full-time faculty member to the clinical site while students are completing their clinical experience. The log also includes a key to guide student completion of the form that includes the definitions of case levels, case type and student role. The information in the key is also included in an expanded version in the program’s Clinical Handbook, available online on the program’s website and provided to each student during clinical orientation. A copy of the revised tool is found in Appendix A of this response and a copy of the revised Clinical Handbook is found in Appendix B.

The revised log and Clinical Handbook will be implemented on January 17, 2012.

The program’s plan of action for log maintenance includes:
- review of each week’s logs by the student and faculty during Clinical Seminar (Friday)
- the student scans the signed log and submits a copy to the program director via the electronic course management system
- the program director saves a copy of the electronic log to the student Master E-folder, and records the cases on the Clinical Master Summary spreadsheet. A sample spreadsheet is including in Appendix C of this response.
- During the Final Evaluation meeting for each clinical course, the Clinical Master Summary spreadsheet is reviewed to determine student progress in meeting the course objectives and the program’s elected clinical case requirement [125].
- Copies of all logs, the Clinical Master Summary spreadsheet, and copies of all weekly, midterm, and final clinical evaluations are saved to the student’s Master E-folder, stored on the school’s F:drive. Data on the college’s F: drive is backed up daily and retained for 10 years.

SUPPORTING DOCUMENTS:
Appendix A – Revised Clinical Case Log Tool
Appendix B – Clinical Handbook
Appendix C—Sample Clinical Master Summary spreadsheet
Appendix

Formatting a Compound Citation Findings Letter Response—Sample/Example

[Note: the information below does not indicate how a program should respond to this finding. The information is only an example of how to format the program’s response. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the Standard(s).]

An Example of A Findings with Request:

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.

Standard III.D. The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

Standard IV.B.1. 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 does not provide evidence of a formal plan to assess program resources and program outcomes. The program does not provide evidence that the PAC is comprised of representatives of the eight (8) communities of interest, including a physician, a public member and a practicing CST. The program does not provide evidence of PAC review and assessment of all program resources and program outcomes on at least an annual basis.

Please submit a detailed plan of action and timeline for implementation for assessing the appropriateness and effectiveness of program resources, sufficient for the program’s stated maximum enrollment capacity specified above, to ensure achievement of the program’s goals and outcomes.

In addition, please submit a detailed plan of action including a timeline of program follow-up that demonstrates how the program will assess program outcomes, including retention, elected outcomes assessment exam (CST Exam effective August 1, 2011) results, graduate placement, graduate satisfaction and employer satisfaction.

Please submit an updated ARC/STSA Program Advisory Committee (PAC) Form demonstrating that the surgical technology PAC is comprised of membership that represents all communities of interest, including a physician, a public member and a practicing CST. An ARC/STSA Program Advisory Committee (PAC) Form may be obtained online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/.

In addition, please note that the public member appointed to the surgical technology PAC 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
- a current or former employee of any clinical affiliate associated with the program
- a current or former student of the surgical technology program
- a current or former healthcare provider

In addition, please submit a detailed plan of action and timeline for implementation that will ensure that the PAC will meet at least once annually [once every 12 months], including a schedule that specifies when the PAC is scheduled to meet during 2011-2012. This information should include a plan of action indicating future PAC input in the following areas:

- review and assessment of program resources
- review and assessment of program outcomes
- monitoring of program needs and expectations

The plan of action should also ensure program responsiveness to change recommended by the PAC.
Finally, please submit a detailed plan of action to increase attendance by all communities of interest represented on the PAC.

The Sample/Example of a Program Response to the Findings Request:
To assure that the program, at least annually, assess the appropriateness and effectiveness of the resources described in the Standards, the program has developed a Program Effectiveness Plan [PEP] that assesses the sufficiency of program resources, including faculty numbers, professional development in clinical and teaching methods, and annual core faculty credentialing, clerical/support staff, curriculum currency, that graduate meet the program’s elected clinical case requirement, program finances/budget, faculty offices, classroom and laboratory facilities – including equipment, supplies and instrumentation, ancillary student facilities, clinical affiliation OR scrub slots, computer resources, instructional reference materials, and faculty/staff continuing education. The PEP was implemented effective July 1, 2011 and resources are assessed annually during the month of July. The completed resource section of the PEP is reviewed with the dean each August, and reviewed by the Program Advisory Committee during the Fall meeting. A copy of the PEP template and the resource section of the PEP completed July 2011 are found in Appendix 1.

To assure that the program, at least annually, assess the program's outcomes described in the Standards, the program has developed a Program Effectiveness Plan [PEP] that assesses the sufficiency of program outcomes, including admissions, retention, CST exam results, graduate job placement, employer satisfaction and graduate satisfaction. The program’s outcomes benchmarks mirror those required by the ARC/STSA. The PEP was implemented effective July 1, 2011 and retention and CST exam results are assessed annually during the month of July. The completed outcomes section – retention and CST exam results of the PEP is reviewed with the dean each August, and reviewed by the Program Advisory Committee during the Fall meeting. A copy of the PEP template and the outcomes – retention and CST exam results section of the PEP completed July 2011 are found in Appendix 1. Graduate Placement, employer satisfaction and graduate satisfaction are assessed annually during the month of May. The completed outcomes section – Graduate Placement, employer satisfaction and graduate satisfaction section of the PEP is reviewed with the dean each subsequent August following the year of graduation, and reviewed by the Program Advisory Committee during the applicable Fall meeting. A copy of the PEP template and the outcomes section of the PEP completed July 2011 are found in Appendix 1.

An updated ARC/STSA Program Advisory Committee Form for 2011 is found in Appendix 2. Two new surgeons have agreed to be PAC members effective September 1, 2011. In addition, a new public member, Jane Smith, has been appointed to the 2011 PAC. A copy of her résumé, indicating that she meets the requirements for appointment as the public member is found in Appendix 3. Two new practicing CST’s, Mr. Rainey and Ms. Zamilla, have agreed to join the PAC. A copy of the NBSTSA verification page, indicating that they are current CST's is included in Appendix 4. Information for each new member of the PAC is included on the 2011 ARC/STSA PAC Form, found in Appendix 2.

The 2012 PAC meeting will be held on April 14, 2012. The a copy of the completed PEP will be provided to each member prior to the meeting for their review and will be discussed during the meeting, as noted on the PAC agenda for the April 14, 2012 meeting, found in Appendix 5. The agenda includes review of program goals (Item A), review of resources (Item B), review of outcomes – only retention and CST exam results will be available for this meeting due to implementation of the PEP on July 1, 2012 (see Item C), and PAC feedback regarding program needs and expectations. PAC suggestions will be discussed at the November staff meeting. PAC meetings will be scheduled in April and October of 2013.

To increase attendance at the April 14, 2012 PAC meeting, new PAC members were added for 2012, including 2 surgeons and 2 practicing CST’s. The 2012 PAC members were polled via email as to the best date and time for the meeting in July 2012. The meeting is scheduled to be held at 4:30PM at the campus, prior to the Annual Homecoming basketball game, which most of our PAC members attend. The date and time for the subsequent April 2013 PAC meeting will be scheduled at the end of the October 2012 PAC meeting (Appendix 5, Agenda Item F).

SUPPORTING DOCUMENTS:
Appendix 1 – PEP
Appendix 2 – ARC/STSA PAC Form
Appendix 3 – Résumé – Jane Smith – public member
Appendix 4 – CST Verifications – Rainey and Zamilla
Appendix 5 – April 14, 2012 PAC Agenda
Appendix

Preparation and Submission of a Findings Letter Response

When submitting a findings letter or program change to the ARC/STSA, please use the following guidelines when preparing your submission:

1. A cover letter, on institutional letterhead, should include a reference to the purpose for the documentation submission (e.g.: response to a findings letter from the ARC/STSA dated October 11, 2008).

2. A copy of ARC/STSA communication(s) related to the submission (findings letter, CAAHEP letter, etc.), if applicable.

3. If the submission is related to a findings letter, for each Standard citation:
   
   A. Table of Contents
   
   For a findings letter with more than two (2) citations, each citation/response should be listed on a table of contents that includes the Standard and the page of the narrative where the response is located. Citations with the same Standard number should be listed separately (e.g.: III.A. – Resources – Budget and III.A. – Resources – Computers).

   B. Section I – Narrative Response
   
   - List the Standard, finding and request from the findings letter
   - Insert the program’s narrative response

   Note: If supporting documentation is included to demonstrate compliance or to clarify a change, please insert the supporting documentation in an appendix, labeled numerically, following the complete narrative response. Please reference the appendix number and page number in the narrative.)

   C. Section II – Supporting Documentation – on the pages following the complete narrative response, insert any supporting documentation that provides evidence of compliance with the Standards.

   All pages of the submitted response, both hardcopy (paper) and electronic/digital form – including supporting documentation, should be numbered sequentially as one document, beginning with the first page of the narrative through the final page of the supporting documentation.

4. All submissions should include one (1) hard-copy report, printed double-sided and bound (book binding, spiral binding or 3-ring notebook) and one (1) single file or “seamless” (all files and folders combined into one, continuous document) electronic/digital PDF file that matches the hard-copy document exactly [the electronic file should be submitted on a CD-ROM, DVD or external drive (electronic drive or “thumb” drive)]. NOTE: Please do not e-mail large documents (more than 20 pages) to the ARC/STSA.

5. Documentation should be submitted to:
   Mr. Keith Orloff, CST, FAST
   Executive Director
   ARC/STSA
   6 West Dry Creek Circle, Suite 110
   Littleton, CO 80120

Please note that submissions in excess of 20 pages [excluding the ARC/STSA findings letter] that do not include an electronic copy or that include multiple files within the electronic copy will be returned to the program for revision, at the program’s expense. This may delay the program’s document review.

Confidential Personal Identification Information

The ARC/STSA does not accept documentation that includes confidential personal identification information [e.g. - Social Security numbers] or personal health information.

Please delete or black out all confidential personal identification information or confidential personal health information on documentation prior to submission. Documentation submitted with confidential personal identification information or personal health information will be returned to the program without ARC/STSA review.
Plan of Action and Timeline for Implementation

A plan of action and timeline for implementation should be submitted when a program is unable to demonstrate compliance with the Standard(s). Plans include an explanation of the actions to be taken to bring the program into compliance and may documented using a narrative or table format. Supporting documentation that provides further clarification and evidence of the plan of action can also be submitted.

An appropriate plan of action should be detailed, comprehensive, and measurable.

- detailed—who, what, where, when, how,
- comprehensive—address all aspects of the concern/issue/area of non-compliance
- measureable—including program benchmarks, based on applicable ARC/STSA thresholds, to determine compliance, including a timeline for implementation of each aspect of the plan and for assessment of the success of the plan

EXAMPLE OF AN APPROPRIATE PLAN OF ACTION:

Program Advisory Committee Member Attendance

ACTION PLAN: The program will appoint two new public members to the Program Advisory Committee on or before March 15, 2012. The program will use a sign-in sheet at the April 28, 2012 PAC meeting to record attendance. If at least one of the two new public member appointees does not attend the April 28, 2012 PAC meeting, a new, third public member will be appointed to the PAC on or before September 15, 2012.

[Note: the action plan above does not indicate how a program should respond to a finding regarding Program Advisory Committee attendance. The information is only an example of how to develop a meaningful plan of action. The sponsoring institution (school) maintains sole responsibility for providing clear and accurate documentation indicating how the program is compliant with the Standard(s).]
Appendix

Common Questions Regarding Records Retention

How many years should a sponsoring institution (school or program) keep students academic files such as clinical logs, clinical evaluations, laboratory skills check-off documents, didactic/classroom exams, etc.?

RESPONSE: Formative (developmental) and summative (final) academic performance/evaluation records (didactic, laboratory and clinical) should be retained for a minimum of five (5) years for CAAHEP and ARC/STSA verification purposes (e.g., in the event of a Random On-Site Evaluation). In addition, records retention policy requirements from your institutional accreditor and/or state approval agency, if any, may vary and should be verified before document destruction is undertaken. Records for non-surgical technology core courses (e.g., general ed. courses) should be retained consistent with sponsoring institution (school), institutional accreditor and/or state approval agency requirements, if any.

Can programs scan files and save them in a digital format or will the On-Site Evaluators need to review the original documents?

RESPONSE: Student records that are retained electronically/digitally must be immediately available to/accessible by the On-Site Evaluators (site visitors). The documentation must be organized by cohort, by academic year and by student name, to permit ease in review for On-Site verification of program compliance. Before converting student records into a digital/electronic format, the program should verify the records retention policy requirements of your institution (school), institutional accreditor and/or state approval agency, if any, which may vary.

Caveat: In the event that digital/electronically-maintained records cannot be retrieved or effectively reviewed at the time of an On-Site Evaluation, the program will be cited under the applicable Standard(s) (e.g., outcomes, student evaluation and assessment, etc.) as would occur if a program maintaining hardcopy records was unable to produce requested student records for an On-Site Evaluation team.

Is it permissible to scan student records in black/white format or should they be scanned in color?

RESPONSE: Black and white scanned documents retained digitally/electronically may be suitable for many academic performance/evaluation documents maintained by the program.

Caveat: The program should take precautions to retain digital/electronic documentation in color where the data or information presented is distinguished in any meaningful way by color or color-coding (e.g., color font, color highlighted cells/fields, etc. differentiating between achievement/non-achievement of competencies, meeting/not meeting program performance expectations, etc.).

Our office filing space is at a premium and the program does not have fire-proof file cabinets.

RESPONSE: The program may elect to employ a hybrid records retention system where documents of a certain age or type are converted and retained in digital/electronic format, while others remain in the original hard-copy form for a specific period of time. The program may also elect to convert all retained student records and program documentation into a digital/electronic format. Regardless of the mechanism/procedure used, both the sponsoring institution (school) and program must clearly document the records retention policy and procedure and demonstrate, at a minimum, that the procedure is compliant with CAAHEP and ARC/STSA requirements (student records and documentation in support of the program’s Annual Report are retained for a minimum of five (5) years).

The campus president’s office has many old accreditation documents (original Self-Study, progress reports, etc). How much “historical” accreditation documentation does the school and/or program need to keep?

RESPONSE: The ARC/STSA maintains records of all accreditation communications sent to/received from the program. These records can be provided to your program digitally, by request, in PDF or similar format. (Please note that there may be a processing charge for this service).

Can student records and program documentation prior to 2005 be boxed up and/or destroyed?

RESPONSE: The decision to destroy student records and program documentation is the sole responsibility of the sponsoring institution, which should determine what programmatic accreditation records it wishes to retain consistent with institutional policy (usually driven by the organization’s compliance and risk management policies), and institutional accreditor and/or state approval agency requirements, if any. For example, if all accreditation documents are maintained for more than one program and/or more than one campus at a central, college system repository, it may not be useful for the local campus to retain a duplicate set of those accreditation records. The sponsoring institution (school) should have a policy and procedure regarding the retention of accreditation status documentation, which may be available from the school’s administration. The ARC/STSA does not have authority to and will not direct an institution to destroy student records.
Commission on Accreditation of Allied Health Education Programs

Standards and Guidelines
for the Accreditation of Educational Programs in Surgical Technology

American College of Surgeons
Association of Surgical Technologists
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA).

These accreditation Standards are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Surgical Technology profession. The accreditation Standards therefore constitute the minimum requirements to which an accredited program is held accountable.

Standards are printed in regular typeface in outline form. Guidelines are printed in italic typeface in narrative form.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the American College of Surgeons, and the Association of Surgical Technologists cooperate to establish, maintain and promote appropriate standards of quality for educational programs in surgical technology and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation Standards. Lists of accredited programs are published for the information of students, employers, educational institutions and agencies, and the public.

These standards are to be used for the development, evaluation, and self-analysis of surgical technology programs. On-site review teams assist in the evaluation of a program’s relative compliance with the accreditation Standards.

Description of the Profession of Surgical Technology

Surgical technologists are allied health professionals who are an integral part of the team of medical practitioners providing surgical care to patients in a variety of settings.

The surgical technologist works under medical supervision to facilitate the safe and effective conduct of invasive surgical procedures. This individual works under the supervision of a surgeon to ensure that the operating room or environment is safe, that equipment functions properly, and that the operative procedure is conducted under conditions that maximize patient safety.

A surgical technologist possesses expertise in the theory and application of sterile and aseptic technique and combines the knowledge of human anatomy, surgical procedures, and implementation tools and technologies to facilitate a physician’s performance of invasive therapeutic and diagnostic procedures.

Surgical Technology

1
I. Sponsorship

A. Sponsoring Educational Institution
A sponsoring institution must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education, and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate at the completion of the program.
2. A foreign post-secondary academic institution acceptable to CAAHEP.
3. A hospital or medical center or branch of the United States Armed Forces.

B. Consortium Sponsor
1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring educational institution as described in I.A.

2. The responsibilities of each member of the consortium must be clearly documented as a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

C. Responsibilities of Sponsor
The Sponsor must assure that the provisions of these Standards are met.

II. Program Goals

A. Program Goals and Outcomes
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.

The program should demonstrate that it conducted a market survey, established an expected level of student admissions based on this survey that meets local market demands and provides reasonable opportunity for graduates of the program to secure employment. The program should then demonstrate that it is admitting students at a rate in alignment with the expectation or has a marketing strategy to reach that level within three years. The program should also demonstrate that a survey was conducted for the establishment of clinical affiliations. The program should provide a formal statement from a Chair, a Dean, or an appropriate institutional official and from a local committee or group that provides input to the institution indicating that the established expectation and actual practice meet both the institution’s and the community’s needs. The program should demonstrate an ongoing strategy for monitoring community needs, and should provide yearly updates on the conclusions drawn.
B. Appropriateness of Goals and Learning Domains
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.

C. Minimum Expectations
The program must have the following goal defining minimum expectations: “To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.”

Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the identified basic competencies prior to entry into the field.

III. Resources

A. Type and Amount
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.

B. Personnel
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.

Key Administrative Personnel
The sponsor must appoint a full-time Program Director.

Full time is defined as the usual and customary time commitment required by the institution for faculty members in equivalent positions in other health educational activities. Under this definition, the Program Director should be sufficiently free from service and other non-educational responsibilities to fulfill the educational and administrative responsibilities of the surgical technology program.

1. Program Director
(a) Responsibilities
The Program Director must be responsible for all aspects of the program, including the organization, administration, continuous review, planning, development, and general effectiveness of the program.

The Program Director should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities. Program Directors are encouraged to pursue advanced academic degrees.

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(b) Qualifications
The credential of the Program Director must be in the field of surgical technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Program Director must have a minimum of three years of current operating room experience in the scrub role and/or three years of current experience as an instructor in surgical technology. Persons approved as program directors under previous Standards will continue to be approved in that position at that institution.

Experience/training as an educator is recommended. Current operating room experience is defined as a minimum of three of the last five years spent as a practicing surgical technologist and/or as an instructor in surgical technology.

2. Clinical Coordinator
(a) Responsibilities
The Clinical Coordinator must be responsible for organization, administration, continuous review, planning, development, and general effectiveness of clinical experiences for students enrolled in the surgical technology program.

Responsibilities may include didactic and laboratory instruction (in addition to clinical instruction) and direction and guidance of clinical instructors.

The Clinical Coordinator should pursue ongoing formal training designed to maintain and upgrade his/her professional, instructional, and administrative capabilities.

(b) Qualifications
The credential of the Clinical Coordinator must be in the field of surgical technology and through a national credentialing organization that is accredited by the National Commission on Certifying Agencies (NCCA). The Clinical Coordinator should have a minimum of one year of current operating room experience. Persons approved as Clinical Coordinators under previous Standards will continue to be approved in that position at that institution.

Current operating room experience is defined as one of the last three years spent as a practicing surgical technologist and/or instructor in surgical technology. The Program Director may also serve as Clinical Coordinator.

3. Didactic Faculty
(a) Responsibilities
The instructional staff must be responsible for students attaining the objectives of each course, for evaluating students and reporting progress as required by the institution, and for the periodic review and updating of course material.

(b) Qualifications
Faculty must be individually qualified by education and experience, and must be effective in teaching the subjects assigned. Any person with instructional responsibilities in core surgical technology courses must have a credential in the field of surgical technology that is through a national credentialing organization accredited by the National Commission on Certifying Agencies (NCCA).

Core courses are found in the AST Core Curriculum for Surgical Technology, and include the components of Fundamentals and Practice. Examples of non-core courses include Medical Terminology, Pharmacology, Pathophysiology, Anatomy and Physiology, or Microbiology.
C. Curriculum
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.

D. Resource Assessment
The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation
1. Frequency and purpose
Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and learning domains stated in the curriculum.

The documentation should include a plan for routine communication, a copy of all forms used in communicating, a description of how the department and institution handles problem or failing students, a description of the appeals process, and student evaluation of the communication process. Each student file should contain copies of all communication regarding standing.

2. Documentation
Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

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.

Programs not meeting the established thresholds set by the ARC/STSA will begin a dialogue with the ARC/STSA 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.
V. Fair Practices

A. Publications and Disclosure
1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.
2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, address and phone number of the accrediting agencies, admissions policies and practices, number of credits required for completion of the program, tuition/fees and other costs required to complete the program, policies and processes for withdrawal and for refunds of tuition/fees.
3. At least the following must be made known to all students: academic calendar, student grievance procedure, criteria for successful completion of each segment of the curriculum and graduation, and policies and processes by which students may perform clinical work while enrolled in the program.

B. Lawful and Non-discriminatory Practices
All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards
The health and safety of patients, students, and faculty associated with the educational activities of the students must be adequately safeguarded. All activities required in the program must be educational and students must not be substituted for staff.

D. Student Records
Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

E. Substantive Changes
The sponsor must report substantive changes as described in Appendix A to CAAHEP/CoA in a timely manner. Additional substantive changes to be reported to (CoA) within the time limits prescribed include:

1) admission rate
2) curriculum, including department-wide changes made in other departments
3) continued alignment with the latest edition of the Core Curriculum for Surgical Technology
4) admission policies
5) clinical affiliation changes (additions or subtractions)
6) change of location
7) addition of Accelerated Alternate Delivery (AAD) component
8) addition of distance education component
9) addition of branch components
APPENDIX A

Application, Maintenance and Administration of Accreditation

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

   a. The chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form and returns it to:

      Accreditation Review Council on Education in Surgical Technology
      and Surgical Assisting (ARC/STSA)
      6 West Dry Creek Circle, Suite 110
      Littleton, CO 80120

      The “Request for Accreditation Services” form can be obtained from Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA), CAAHEP, or the CAAHEP website at www.caahep.org.

      Note: There is no CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

   b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

      The self-study instructions and report form are available from the ARC/STSA. The on-site review will be scheduled in cooperation with the program and ARC/STSA once the self-study report has been completed, submitted, and accepted by the ARC/STSA.

2. Applying for Continuing Accreditation

   a. Upon written notice from the ARC/STSA, the chief executive officer or an officially designated representative of the sponsor completes a “Request for Accreditation Services” form, and returns it to:

      Accreditation Review Council on Education in Surgical Technology
      and Surgical Assisting (ARC/STSA)
      6 West Dry Creek Circle, Suite 110
      Littleton, CO 80120

   b. The program may undergo a comprehensive review in accordance with the policies and procedures of the ARC/STSA.

      If it is determined that there were significant concerns with the on-site review, the sponsor may request a second site visit with a different team.

      After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the ARC/STSA forwarding a recommendation to CAAHEP.

Surgical Technology
3. **Administrative Requirements for Maintaining Accreditation**

   a. The program must inform the ARC/STSA and CAAHEP within a reasonable period of time (as defined by the ARC/STSA and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel.

   b. The sponsor must inform CAAHEP and the ARC/STSA of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the ARC/STSA that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a “Request for Transfer of Sponsorship Services” form. The ARC/STSA has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer of accreditation will be granted.

   c. The sponsor must promptly inform CAAHEP and the ARC/STSA of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

   d. Comprehensive reviews are scheduled by the ARC/STSA in accordance with its policies and procedures. The time between comprehensive reviews is determined by the ARC/STSA and based on the program’s on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.

   e. The program and the sponsor must pay ARC/STSA and CAAHEP fees within a reasonable period of time, as determined by the ARC/STSA and CAAHEP respectively.

   f. The sponsor must file all reports in a timely manner (self-study report, progress reports, annual reports, etc.) in accordance with ARC/STSA policy.

   g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on a ARC/STSA accreditation recommendation prior to the “next comprehensive review” period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the ARC/STSA.

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. **Voluntary Withdrawal of a CAAHEP- Accredited Program**

   Voluntary withdrawal of accreditation from CAAHEP may be requested at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating: the last date of student enrollment, the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. **Requesting Inactive Status of a CAAHEP- Accredited Program**

   Inactive status may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the ARC/STSA and CAAHEP to maintain its accreditation status.
To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must notify CAAHEP of its intent to do so in writing to both CAAHEP and the ARC/STSA. The sponsor will be notified by the ARC/STSA of additional requirements, if any that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a “Voluntary Withdrawal of Accreditation.”

**B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process**

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the ARC/STSA forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold accreditation, or withdraw accreditation.

   The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the ARC/STSA forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The ARC/STSA reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation and as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors’ decision to confer probationary accreditation is not subject to appeal.

3. Before the ARC/STSA forwards a recommendation to CAAHEP that a program’s accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The ARC/STSA reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the ARC/STSA arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

   The CAAHEP Board of Directors’ decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP “Appeal of Adverse Accreditation Actions” is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

   At the completion of due process, when accreditation is withheld or withdrawn, the sponsor’s Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

   Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.